

THE QUIET MILESTONE

21st August 2019 Nigeria will have gone 3 years with any child being paralyzed by the wild polio virus.

This is just the 1st of 3 milestones.

The partnership has agreed there should be no celebration on this milestone. This is to ensure we don't encourage complacency.

The 2nd milestone will be certification anytime between March and June 2020. This will be celebration time! Africa will be certified polio free.

The 3rd milestone will be world certification when the last of either Afghanistan or Pakistan become polio free.

Until we reach the 2nd milestone, let's keep up the pressure to ensure every child is reached with the polio vaccine and keep the wild polio virus at bay.

DR TUNJI FUNSHO

Chair Nigeria National PolioPlus Committee

Chairman's Address

THE QUIET MILESTONE

There is excitement in the air as we inch gradually towards Nigeria not reporting any case of wild polio virus for three years. Those unfamiliar with our programme may ask what is magical about this three-years without polio timeline. Well, based on our experience in the last three decades, it's the estimated duration within which the virus would emerge if it were present in an environment. Of course this presupposes that that a robust surveillance system is in place.

Getting here is no mean feat and we have good cause to pat ourselves on the back and prepare to be in a celebratory mood and to even celebrate. The journey has been long, arduous and often times frustrating. But then a Nigerian saying reminds us that a delicious pot of soup costs money. There is no doubt whatsoever that nothing can be as satisfying as preventing an innocent child from being crippled for life.

So how should we approach this urge to celebrate now in a big way? I believe the key to this is to recognise that in our journey to a world without polio, we have three milestones worth celebration ahead of us.

The first milestone is the three year without wild polio milestone. There is a belief out there that this milestone comes up on the 21st of August. Actually this is erroneous. This milestone actually comes up on the 27th of September. So please note this correction and share it widely to pre-empt the media spreading the wrong information. This milestone is a major achievement because it means all our hard work has paid off. It also means that the strategies we have adopted in getting this far is

working to keep the wild polio virus at bay. However, we still have a very significant challenge which is the low routine immunisation coverage across most parts of the country. The consequence of this are the recent outbreaks of vaccine derived polio virus either causing paralysis in a child or turning up in environmental samples. This is a significant challenge that needs to be addressed before any overt celebration. This is because overt celebration will send the wrong signal that its time to relax when there is still a lot of work to be done to reach the safe zone; the second milestone.

The second milestone is the declaration by the African certification committee that Nigeria is polio free and Africa certified a polio free continent. Certification is for regions and not countries. This is not likely to happen before mid 2020 because there is a lot of work to be done. We have to put a lid as much as possible on the incidence of vaccine derived polio, the certification committee will comb the nook and cranny of this country to ensure the surveillance system is robust, proper documentation is in place and the routine immunisation infrastructure is receiving due attention. When we scale this hurdle and get certification, then we can roll out the drums and have ear shattering celebration. Until then we should just smile at our achievements and not roar with laughter.

The third milestone is world certification when the last country to remain endemic is certified polio free. This is when we and our partners across the world can heave a sigh of relief and roll out the drums



DR. TUNJI FUNSHO
Chairman NNPPC

in celebration of the fulfilment of the promise we made to the children of the world more than three decades ago. Until this milestone is reached, we have to continue sleeping with one eye open because the polio virus has many tricks up its sleeves. I salute Rotarians and our GPEI partners for their tenacity and remaining resolute to ensure that polio becomes history in the not too distant future. So as we approach this important milestone we must refrain from doing anything, saying and sharing any information either amongst ourselves or with any form of media.

It is difficult to get to the top but it's even more difficult remaining at the top. So it is with polio eradication. It is paramount that we ensure all doors are locked to the re-entry of the polio virus into our country. We can achieve this maintaining our advocacy efforts, creating awareness of the need to continue immunising children particularly through routine immunisation and ensuring we raise funds to meet our obligations to the programme.

It is not celebration time yet but I know with our collective resolve we shall soon get to the third milestone.

FROM EDITOR'S DESK

KEEP THE FOCUS

Last week, a video went viral on the social media space with various people in different sports who were consumed by the anticipation of victory, celebrated too early and lost that victory. In one moment, their ecstasy turned to agony and their joy turned to despair. The video was titled “Do not celebrate too early.”

Nigeria is about to celebrate having gone 36 months without a single case of the Wild Polio Virus. It is the longest we have ever gone in the history of this country without a case of the wild polio virus. This is no mean achievement. It is the culmination of years of tears and sweat, of passion and of heartbreak. Right now, we hold our collective breaths. We keep our fingers tightly crossed in anticipation of that moment

when we will officially cross the line of going 3 years without polio. We anticipate the opportunity to finally exhale, elate and celebrate.

While there will definitely be reason to celebrate when we eventually get certified polio-free, we should also pause because being polio-free doesn't mean that our fight is done. The orphan virus isn't our only foe. Stopping the wild polio virus in Nigeria will not be the peak of our achievements. Our real achievement will come when the entire world is certified polio-free and no child has to be crippled or killed by the virus in its various mutations ever again.

We must not let the resources dry up, we have to keep advocating and raising funds. We have to keep mobilizing because

polio is always just a bus ride or a flight away. As long as one child is at risk anywhere in the world, all children will remain at risk. We must therefore guard against complacency and never let our guard down. Being certified polio-free doesn't mean that we will stop vaccinating or immunizing children against polio immediately. Our work will continue for a while yet.

So, while we deserve a moment to celebrate our achievement, share a few hugs and a few high-fives, we must keep our focus on the fight because our work isn't quite done yet. Let's not be like those people in that video that celebrated a victory that wasn't yet won and lost it all in the end. Our battle is not yet over. It isn't yet time to celebrate.

REVISED SIA CALENDAR

SEPTEMBER 2019 SIPDS -

21ST - 24TH SEPT. 2019
(11 HIGH RISK STATES)



**ROTN. OLUGBENGA
OLAIWOLE**
Editor PolioStop

NIGERIA POLIO UPDATE: AUGUST 2019

REMAINING CHALLENGES

Nigeria will mark 36 months without a case of WPV 1 by September 27th [3 Years Without WPV 1], the latest case of circulating vaccine-derived poliovirus type 2 has been reported in the past week from Konduga district, Borno State, with onset of paralysis reported on 20 June 2019. There are 13 cVDPV2 cases reported in 2019. There were 34 cVDPV2 cases in 2018. One positive environmental sample was reported in the past week from Ilorin East, Kwara East. The sample was collected on 27 June 2019. In 2018 the program faced two separate outbreaks of circulating vaccine derived poliovirus type 2 (cVDPV2) in 2018.

The Global Polio Eradication Initiative is focused on strengthening surveillance to find and respond to the virus, wherever it emerges, and closing immunity gaps to protect the population and stop the virus from circulating. The programme is also committed to advocating for sustained political commitment and ensuring necessary financial resources and technical support for polio eradication at all levels.

In-view of the above and the need to extra commitment to sustain the gains made in Polio Eradication the NEOC and partners embarked on immediate response ,OBR in all states and LGAs identified with CVDPV2 as well as all LGAs that's score below 90% coverage of LQAS

Rotary International Polio Plus activities aimed at stimulating greater commitment towards the eradication of polio. Vaccination in the communities, Rotary International Vice President and Chairman NNPPC plan an impartial advocacy visit to key Traditional leaders and Political leaders to improve quality of the campaign by addressing key challenges The Nigeria National Polio Plus Committee (NNPPC) is contributing to address the felt needs of the communities also by providing safe drinking Solar Powered water Borehole and Hand Pumps across the country.

The NNPPC EXCO members and program staff and Rotarians continue to provide technical assistance to supplemental immunization activities in Nigeria.

During the July 2019 OBR /NIPDs, NNPPC EXCO members who are continuously committed to the Rotary cause in polio eradication were in the hard-to-reach and security compromised states to support advocacy and general immunization efforts in the states. NNPPC Chairman and Exco together with the RI Vice President paid Advocacy visit the Emirs of Keffi and Karu and also to Governors of Benue and Nassarawa states which is aimed at increasing partnership and Political commitment on PEI in the two states

Rotarians and rotary leaders focused on Advocacy fund raising and Community mobilization to improve partnership and support at all levels in view of that the advocacy to traditional and Political leaders yielded results as both the Governors of Nassarawa and Benue promised to reactivate state Task force and improve funding support to Polio eradication considering the fact that Nigeria is reaching the end game strategy which is a difficult phase in the milestone of Polio eradication as such need for clarity and extra commitment after eradication what Next ? Routine immunization need to be scaled up to ensure no child is missed

Global Wild Poliovirus 2014 - 2019



Country or territory ³	Wild virus type 1 confirmed cases								Wild virus type 1 reported from other sources ²							
	Full year total							Date of most recent case	Full year total					01 Jan - 30 Jul		Date of most recent virus
	2014	2015	2016	2017	2018	2018	2019		2014	2015	2016	2017	2018	2018	2019	
Pakistan	306	54	20	8	12	3	47	11-Jul-19	127	84	62	110	141	46	176	10-Jul-19
Afghanistan	28	20	13	14	21	10	12	26-May-19	17	20	2	42	83	28	26	24-Jun-19
Nigeria	6	0	4	0	0	0	0	21-Aug-16	1		1 ⁶					27-Sep-16
Iran	0	0	0	0		0		NA							3	20-May-19
Israel ⁴	0	0	0	0	0	0	0	NA	14							30-Mar-14
West Bank and Gaza	0	0	0	0	0	0	0	NA	1							05-Jan-14
Somalia	5	0	0	0	0	0	0	11-Aug-14								
Cameroon	5	0	0	0	0	0	0	09-Jul-14								
Equatorial Guinea	5	0	0	0	0	0	0	03-May-14								
Iraq	2	0	0	0	0	0	0	07-Apr-14								
Syrian Arab Republic	1	0	0	0	0	0	0	21-Jan-14								
Ethiopia	1	0	0	0	0	0	0	05-Jan-14								
Total	359	74	37	22	33	13	59		160	104	65	152	224	74	205	
Total wild virus type 1	359	74	37	22	33	13	59									
Total wild virus type 3	0	0	0	0	0	0	0									
Tot. in endemic countries	340	74	37	22	33	13	59									
Tot. in non-end countries	19	0	0	0	0	0	0									
No. of countries (infected)	9	2	3	2	2	1	0									
No. of countries (endemic)	3	2 ⁵	2 ⁵	3	3	1	0									

¹Countries in yellow are endemic. ²Data reported to WHO HQ on 31 July 2018 for 2018 data and 30 July 2019 for 2019 data.

³Wild viruses from environmental samples, selected contacts, healthy children and other sources. Last WPV type 3 had its onset on 10 November 2012. ⁴In March 2014, a serotype 1 wild poliovirus was detected in an environment specimen from Brazil, further investigation indicates this is an isolated event without evidence of circulation. ⁵Results are based on L20B positive culture. Prior to reporting week 16, 2014, results were based on a combination of direct qRT-PCR on RNA from concentrated sewage and L20B positive culture.

⁶Between 27 Sep 2015 and 27 Sep 2016, Nigeria was not classified as endemic. NA - Most recent case had onset prior to 1999⁶Exceptionally reporting case-contact of a positive index case given the date of collection is later than the onset date of the most recent WPV.

Data in WHO HQ as of 30 Jul. 2019



AMINU MUHAMMAD
NATIONAL PROGRAMME COORDINATOR

WE WILL DEPLOY ALL NECESSARY RESOURCES TO FIGHT THE MENACE OF POLIO IN KWARA



Governor Abdulrazaq delivering his remarks at the event in Ilorin

The Governor of Kwara State Abdulrahman Abdulrazaq of Kwara State recently said it was unfortunate that the state has recorded a high number of vaccine derived polio cases in recent times. He vowed to deploy all necessary resources to fight the menace.

Speaking while flag-off the Polio outbreak response activities in Ilorin, Governor Abdulrazaq said: "It is a shame that Kwara has a large percentage of the new outbreak. We shouldn't be dealing with fresh polio cases in this state now. But we will give the necessary supports to put an end to that. I call on Kwarans to join hands with our partners to check the transmission of the virus in the state and Nigeria at large. "I am appealing to all mothers, caregivers,

status, as the campaign will be conducted as many times as possible.

"It is highly unacceptable and inexcusable for any parent, caregiver or government to watch our future generation being paralysed from a vaccine-preventable disease like Polio." On his part, Incident Manager of the National Polio Emergency Operations Center of the Primary Healthcare Development Agency, Dr Usman Adamu, lauded the governor for helping to revive the programme in Kwara State after five years.

heads of Adamu said Kwara recorded the households, new polio cases because the religious bodies, state had not been paying enough attention to the markets and schools to, as a programme and had not been paying the necessary matter of immunise the children against the disease. He also commended the state Governor for agreeing to establish the task force to exercise, monitor Kwara's response to the polio emergencies. Also speaking at the event on behalf of Rotary International, the initiator of the global effort to eradicate Polio, the District Governor Elect for Rotary International's District 9125 and wife of a former Military Administrator of Osun State Rotn. Jumoke Bamigboye, commended Governor Abdulrazaq for his prompt response to primary healthcare issues, especially the polio vaccination programme, saying the governor's action "has shown him to be a responsive leader, who cares for the children and the future of the state."



Governor Abdulrazaq with the Executive Secretary Kwara State Primary Health Care Development Agency Dr. Mrs Folorunsho and other leaders at the flag-off



Governor Abdulrazaq supported by Dr. Mrs Folorunsho vaccinates a child at the flag-off ceremony in Ilorin

PROTECTING CHILDREN AND FIGHTING POLIO ON THE WATERS OF MAKOKO



The sprawling water city Makoko is a slum located across the Third Mainland Bridge on the lagoon. It is a largely low-income community with half the population on water and the other half on land. Informal, makeshift houses with corrugated iron roofs sit precariously atop stilts. Down below, narrow wooden boats act as a form of aquatic taxi ferrying goods and people around the bustling community in a poor people's version of Venice. Nobody knows the exact population of this slum district of Lagos, but it is estimated to be as high as 100 000. It is mostly a fishing community inhabited by people from different minority ethnic groups especially the egun. "Our area is a pretty difficult terrain because we live in the water and it is not easy for vaccination teams coming from outside the community to gain access. So, with the aid of hand-drawn maps, we are able to identify areas we have yet to reach during the immunization exercise", says Peter Idowu, a veteran community mobilizer and team supervisor in Makoko — a riverine shanty town

located on the coast of mainland Lagos city, southwest Nigeria. Native to the village, Peter is the man to go to whenever the Polio immunization teams face challenges navigating the waterways or the community. When the PolioStop team visited Makoko, it was Peter that led our team around. When we noticed that he was overworked, we asked him about recruiting others to assist him from within the community. He said that the money being paid to vaccination teams was not attractive enough for many of those he had asked to join him in the fight against Polio. Not everyone can be like Peter who demonstrates his passion for his community by fighting Polio.

"My goal is to see that all the kids in our community are immunized and live healthy lives. That is why I engage our teams in sensitizing parents all the time on the importance of routine immunization and the dangers of Polio. As a member of the community and with a passion of becoming a health worker myself, I kept on mobilizing our people for easy accessibility, because our language is different from Yoruba and most of the Polio teams can't speak the language. It is always easy with me being in the Polio team as our people will be more willing to accept the vaccine" says Peter.

Nigeria is the only country in Africa and one of the only three in the world endemic to wild poliovirus, alongside Afghanistan and Pakistan.

Nigeria is also affected by circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreaks.

Community mobilizers and health workers like Peter are the ones helping to keep Polio at bay, even in difficult to reach places like the slums of Makoko.



Peter leads his vaccination team on the waters of Makoko



Rotns Kasim and Olayiwole with the Lagos State Health Education team on the waters of Makoko.



Rotn Lanre Kasim interacts with a vaccinator on the waters of Makoko

Adapted from polioeradication.org

Once again the G20 leaders reaffirm commitment to eradicate Polio



In Osaka, Japan, G20 Leaders met on 28-29 June 2019, and discussed major challenges facing the world and the importance of eradicating polio. The G20 declaration states, “We reaffirm our commitment to eradicate polio as well as to end the epidemics of AIDS, tuberculosis and malaria and look forward to the success of the sixth replenishment of the Global Fund to fight AIDS, Tuberculosis, and Malaria.”

The pledging event of the Global Polio Eradication Initiative will be hosted by the UAE in November 2019 to ensure full financing and implementation of the efforts to finish the job.

There has been strong historical political support for polio eradication from both the G7 and the G20, at leaders- and Ministers of health-levels.

The G20 Declaration outlines that

“Primary healthcare, including access to medicines, vaccination, nutrition, water and sanitation, health promotion and disease prevention is a cornerstone for advancing health and inclusion.”

The Japanese Presidency has been promoting a powerful global health agenda, both during its G7 Presidency in 2016 and this year at the G20, in recognition that health is a prerequisite for sustainable and inclusive economic growth. Japan's leadership has focused on Universal Healthcare Coverage (UHC) and demonstrated essential linkages with programmes contributing to health systems strengthening, and forming integral part of primary health care, including routine immunization and polio eradication.

Japan will be leading the organization of the United Nations General Assembly (UNGA) high-level meeting on UHC in September 2019 and the consultation process to finalize the political declaration “UHC: Moving Together to Build a Healthier World”.

In addition to the G20 Health Ministers meeting in Okayama in October 2019, Japan will also organize the Tokyo International Conference on African Development (TICAD) in Yokohama in the summer 2019, during which it will host the replenishment launch of Gavi, the Global Polio Eradication Initiative's newest partner.

Source: polioeradication.org

11 COUNTRIES HAVE REPORTED VACCINE DERIVED POLIO VIRUS IN 2019

The World Health Organization (WHO) published an update regarding the ongoing expansion of poliovirus cases around the world.

As of July 31, 2019, the WHO reported 11 countries have confirmed circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreaks. Additionally, the WHO assesses the risk of international spread and/or the emergence of cVDPV2 across Africa to be 'high' due to suboptimal immunity of population, ongoing population movement, and increasing mucosal immunity gaps to type 2 poliovirus.

Furthermore, it is important that all countries, in particular, those with frequent travel and contacts with polio-affected countries and areas, strengthen surveillance for Acute Flaccid Paralysis (AFP) cases in order to rapidly detect any new virus importation and to facilitate a rapid response.

Excerpts from this new WHO report for the African and Eastern Mediterranean regions are below:

Lake Chad Basin (LCB) sub-region

In the Lake Chad Basin sub-region, which includes Niger, Cameroon, and Nigeria, multiple cVDPV2 outbreaks continue to spread.

In Niger, an outbreak of cVDPV2 was reported in the health districts of Magaria and Tanout in the Zinder region. Genetic sequencing of the viruses indicated that they were linked to the outbreak in Borno state, Nigeria.

As an extension of the outbreaks in the LCB, a cVDPV2 was isolated from an environmental sample collected from the Koblimagu site in Tamale Metropolis in Ghana, on 11 July 2019. Genetic sequencing of the virus indicated that it was linked to the outbreaks in the Kwara state of Nigeria.

Nigeria

In Nigeria, 17 states have been affected including Adamawa, Bauchi, Borno, Gombe, Jigawa, Kaduna, Kano, Katsina, Kwara, Lagos, Niger, Ogun, Osun, Sokoto, Taraba, Yobe and Zamfara states. The viruses isolated from most of the states are genetically linked to the outbreak in Jigawa that was reported on 13 October 2018, though separate cVDPV2 were detected in Borno and Sokoto states.

As of 22 July 2019, 50 samples from the environment have tested positive for cVDPV2 while the virus has been isolated from the stool samples of 23 children who presented with acute flaccid paralysis (AFP) or in healthy community contacts.

Cameroon

On 16 May 2019, the Centre Pasteur of Cameroon isolated a cVDPV2 from an environmental sample collected from the Mada District Hospital site on 20 April 2019 in the Far North region of the country. Genetic sequencing of the isolates also confirmed that it was linked to the ongoing outbreak in Borno state, Nigeria.

The Democratic Republic of the Congo

From January 2018 to 5 July 2019, a total of 31 cases of cVDPV2 have been reported from seven provinces across the Democratic Republic of the Congo, namely; Mongala (11), Haut Katanga (4), Kasai (4), Haut-Lomami (5), Sankuru (4), Tanganyika (2), and Ituri (1).

The latest case was reported from the Kamonia health zone in Kasai who experienced the onset of symptoms on 28 May 2019. The 26 cases reported since 2018 have been associated to seven genetically-distinct cVDPV2 strains affecting the seven provinces, with Kasai and Haut-Lomami being affected by two distinct cVDPV2 strains each.

In Kasai province, two new genetically-linked viruses, with six nucleotide changes from Sabin 2 for both, were isolated from two separate AFP cases with onset of paralysis on 8 and 21 April 2019. Kasai had already been participating in mOPV2 outbreak campaigns, as it had already been affected by a separate cVDPV2 outbreak.

Angola

In Angola, two genetically-distinct outbreaks of cVDPV2 have been detected in Luanda Norte and Huila provinces in 2019.

The first case of cVDPV2, with ten nucleotides changes from Sabin 2, was isolated from an AFP case with onset of paralysis on 22 March 2018. The case was reported during the week 23 (week ending 9 June 2019) from Lunda Norte province, bordering the Democratic Republic of the Congo.

The Central African Republic

In the Central African Republic (CAR), several genetically-distinct VDPV2s have emerged and a cVDPV2 has been confirmed. VDPV2 was isolated from an AFP case with onset of paralysis on 4 May 2019, from Bambari district Region Sanitaire 4 (RS4), as well as from a healthy community contact.

The isolated virus has 10 nucleotide changes from Sabin 2 and is not known to VDPV2s circulating elsewhere in the region, suggesting it is a new emergence.

Additionally, poliovirus type 2 has been isolated from five healthy close contacts of the case, and final sequencing of these viruses are pending.

Separately, a VDPV2 was isolated from an AFP case from RS7 province, with the onset of paralysis on 6 May, with 6 nucleotide changes from Sabin 2 and unrelated to the VDPV2 confirmed in RS4. IPV coverage in the CAR was 47% for the country in 2018. Ethiopia / Somalia / Kenya - Horn of Africa

A cVDPV2 outbreak in the Horn of Africa has been detected in Somali province, Ethiopia. The virus was isolated from an AFP case with onset of paralysis on 20 May 2019. Genetic sequencing confirms that the isolated virus is linked to an ongoing cVDPV2 outbreak detected in the Horn of Africa in 2018, with cases reported in Somalia as well as from an environmental sample in Kenya.

Since detection of the cVDPVs in the Horn of Africa in 2018, Ethiopia had declared this outbreak – together with the Ministries of Health of Kenya and Somalia – to be a regional public health emergency and has been participating in regional outbreak response.

Given cross-border population movements across the Horn of Africa specifically between Somalia, Kenya, and Ethiopia, as well as suboptimal subnational immunity and surveillance gaps, the Horn of Africa, is considered at high risk of further transmission of this cVDPV2.

The detection of cVDPV2s underscores the importance of maintaining high routine vaccination coverage everywhere to minimize the risk and consequences of any poliovirus circulation.

Source: www.vaxbeforetravel



Rtn. Jumoke Olaleye D9125 Polio Chair immunising during the July SIPDs in Abuja



Presentation of Rotary Gift to the Priest of Holy Trinity Catholic Church, Abuja



DG Nze Anizor Of D9141, immunising at Ansaruddeen Mosque, Abuja



Sir Emeka Offer in a warm handshake with one of the Clerics of Ansaruddeen Mosque Abuja



Sir Emeka Offer immunising a child during the July SIPDs In Abuja



DG Victor Onukwugha -D9125, immunising In Abuja



Chief Imam of Ansaruddeen Mosque Abuja immunising during the July IPDs .



Barrister Adaora Emeka Offer immunising at the Ansaruddeen Mosque, Abuja



Emir of Kaltungo Gombe State, HRH Engr. Saleh Muhammad immunising at the Flag Off



Emir Of Kaltungo Gombe State, HRH Engr. Saleh Muhammad, presenting Rotary souvenirs to the Deputy Governor Dr Manasseh Daniel Jatau



Deputy Of Gombe State Dr Manasseh Daniel Jatau immunising during the Flag off of August immunisation Campaign



The Governor of Nasarawa State Engr. Abdullahi Sule Kitted in Rotary Apron and Cap



RI Vice President Yinka Babalola supported by Dr Tunji Funsho presenting Rotary souvenirs to Nasarawa State Governor, His Excellency Engr. Abdullahi Sule



From Left, Mrs Eunice Ortom, RI Vice President Yinka Babalola, His Excellency Samuel Ortom Governor of Benue State and Dr Tunji Funsho



Dr Tunji Funsho (right) and RI Vice President Yinka Babalola decorating His Excellency Samuel Ortom, the Governor of Benue State, with Rotary Apron.



Rotary high level advocacy to the Emir of Keffi HRH Alh. Shehu Usman Chindo Yamusa III, Nasarawa State



From Right, Dr Tunji Funsho, Emir of Keffi Alhaji Shehu Usman Chindo Yamusa III and Rotary Intl Vice President, Yinka Babalola



Rotary Support Vaccination team with the Church Leaders of Holy Trinity Catholic Church, Abuja



Rotary Advocacy visit to the Director General of Nigeria Governors' Forum, Mr. A. B. Okauru



Baale Of Idi-araba, Lagos immunising a baby



2019 Rotary Field Workers Awardees for Katsina State



The Emir Of Dukku, Gombe State, HRH Haruna Rashid 11, immunising during the Flag Off of August 2019 IPDs.



District Governor Dr Jide Akeredolu D9110 (in Blue Attire), led a Rotary Team to the Palace of Sarkin-Hausawa of Idi-Araba during the IPDs campaign in Lagos



District Governor Dr Jide Akeredolu D9110, decorating the Sarkin-Hausawa of Idi-Araba Lagos with End Polio Now apron



Dr Tunji Funsho in a warm handshake with Governor Oluwaseyi Makinde, Governor of Oyo State while RI Vice President Yinka Babalola looks on.



His Excellency Oluwaseyi Makinde, Governor of Oyo State addressing the Rotary Team and press during the Rotary advocacy visit to the State



Rotaractor Clement Owums discussing Nigerian Rotaractors participation in the final push to End Polio with Dr Tunji Funsho in Lagos



Rotarians and representatives of Partner Agencies in a photograph with the Field Workers Awardees for Gombe State



Rotaractor Clement Owums of D9142 immunising In Lagos



RI Vice President Yinka Babalola supported by Dr Tunji Funsho presenting 2000 Rotary Aprons to Nasarawa State Primary Health Care Board



Group photograph of 2019 Sokoto State Field Workers Awardees, courtesy of Rotary International

ROTARY'S
WORLD POLIO DAY
ONLINE GLOBAL UPDATE
24 OCTOBER 2019

Visit the Rotary International
Facebook page to RSVP.

#endpolio | endpolio.org



Rotary



**I WANT
TO END
POLIO.
JOIN ME.**

PolioStop is published by the NNPPC 8, Ladoke Akintola Street, Ikeja GRA, Lagos.

E-mail: endpolio@polioplusng.org, www.polioplusng.org

All correspondence to the NNPPC Chairman, PDG Tunji Funsho, Tel: 0817 200 0246, Email: rotarypolioplusnigeria@gmail.com