

**FROM RIGHT - DGE SAM UKO; DR TUNJI FUNSHO;  
DGE DGE VICTOR ONUKWUGHA  
AND DGE NZE ANIZOR**

## Chairman's Address

# CHALLENGING TIMES: UPSURGE IN POLIO CASES

These are challenging times for our polio eradication efforts globally and locally. Globally we've had a galloping increase of polio cases due to a marked increase in the number of cases in Pakistan. This is due in major part to the spread of mischievous rumours about the safety of the oral polio vaccine and the unfortunate consequences of loss of life of polio field workers and some security agents. Consequently the government of Pakistan has stopped immunisation activities until after the month of Ramadan in the Islamic calendar. Added to this unfortunate incident, across the border in Afghanistan, the Taliban has banned immunisation in the territories under their control. This we expect will have dire consequences for our polio eradication efforts in the short term.

Now, locally in Nigeria, we are still looking towards the end of August to be three years without any case of paralysis in a child by the wild polio virus. This is very salutary to all of us involved in this effort; Rotary, our GPEI partners and the government of Nigeria.

However, there has been a recent upsurge in the occurrence of vaccine derived polio virus (cVDPV) causing paralysis in children as well as

positive environmental samples. Of the 11 cases of vaccine derived polio virus (cVDPV) reported worldwide this year, 8 are from Nigeria. This has further exposed the weakness in our routine immunisation (RI) coverage and primary health care infrastructure. It is more worrying that some of these vaccine derived cases have been found in southern states that have not seen any cases of polio for upwards of 8 years.

It is however gratifying that in response to these outbreaks, a robust outbreak response was rolled out which led to six outbreak responses within a space of seven weeks across the country. These responses were scattered in time to ensure the responses were qualitative both in terms of human and material resources. Five to seven states were targeted at a time. Senior staff members from all agencies and partners were deployed and vaccine availability was ensured. By and large, the main objective of the outbreak responses was realised; that is ensuring children are protected. However, it also exposed the weakness in the outbreak response preparedness in those states that have not had regular Supplementary Immunisation Activities (SIAs), particularly in the south. Lessons learnt are being fully analyzed and hopefully will be



**DR. TUNJI FUNSHO**  
Chairman NNPPC

utilised to strengthen the programme.

So, we are facing challenges but we have been here before in the past and have overcome with innovation and more determination. In Pakistan it's being planned for the house to house exercise to be made less intrusive and less frequent in order to remove some of the concerns of the people while in Nigeria, we are pushing to ensure higher routine immunisation coverage and embarking on a robust advocacy effort to ensure that more states have functioning state task forces on immunisation. This will be put in high gear as soon as the new governments at the state level settle down and can be engaged.

We are full speed ahead and we are confident that we shall overcome this current challenge as we have done in the past.

FROM EDITOR'S DESK

# A NEW STRATEGY BUT THE SAME GOAL

There comes a time in any life when it becomes necessary to review materials, methods and strategies to see what works, what needs to be reinforced and what needs to be eliminated. This is also applicable to the life or cycle of any programme. One thing which makes the Global Polio Eradication Initiative so effective and is perhaps responsible for the tremendous success of the programme in the last decade is its ability to be flexible, to repurpose, refocus and re-strategise. The speed with which it does this is unique for a programme its size. It is after all the largest public-private health initiative that the world has ever seen which works to protect billions of children.

The success of the 2013-2018 Polio Eradication and Endgame Strategic plan is not in doubt, it has helped to corner the disease to a single epidemiologic belt in two countries bring about the lowest incidence of the disease in recorded history and successfully put two out of three strains of the disease out of circulation. Billions have been immunized and an estimated 18 million people are able to walk and lead

independent lives today. The nature of our challenge is however constantly evolving and the polio virus is sneaky. While it cannot exactly be termed an opportunistic infection, it certainly takes advantage of weaknesses wherever it finds them to try to perpetuate its existence. For such a weak virus, it possesses exceptional abilities to take advantage of situations and survive. We therefore need to also evolve as a programme and adapt our strategy to ensure that it can no longer afflict another child. Our goal is to ensure that the poliovirus does not survive but if we do not constantly adapt our strategies and evolve, it may not only survive, it may actually thrive and cause as many as 200,000 cases in ten years.

That is what has necessitated the development of the Polio Endgame Strategy 2019-2023.

The Polio Endgame Strategy 2019-2023 has three goals; Eradication, Integration and Certification and Containment. It aims to interrupt wild poliovirus transmission, stop the circulation of vaccine derived polioviruses and prevent reemergence of

vaccine derived polioviruses. It also aims to help strengthen health systems to be able to keep polio and other diseases at bay, improve polio surveillance sensitivity by integrating it with surveillance for other vaccine preventable diseases while helping to prepare for and prevent future epidemics and emergencies. It is also hoped that it will help to achieve polio eradication certification and the containment of all polioviruses.

It will continue to focus on protecting and supporting the dedicated people at the forefront of the eradication efforts, particularly in security-compromised regions while seeking the financial and material resources that are required to make sure that this generation is the one that puts an end to polio. We at PolioStop welcome this strategic plan and are committed to ensuring that its goals are achieved. Hopefully it will be the last strategic plan we will need to make polio history.

## REVISED SIA CALENDAR

July	13 <sup>th</sup> -16 <sup>th</sup> July	<b>NIPDs Phase 1:</b> Southern States (SSZ, SEZ, + selected SWZ & NCZ States - Ekiti, Ondo, Osun, Benue, Kogi, , FCT, Plateau & Nasarawa)
July	20 <sup>th</sup> - 23 <sup>rd</sup> July	<b>2nd NIPDs</b>
July-August	30 <sup>th</sup> July- 2 <sup>nd</sup> August	<b>NIPDs Phase 2:</b> NIPDs in Northern States (Adamawa, Gombe, Jigawa and Taraba )
	30 <sup>th</sup> July- 5 <sup>th</sup> August	<b>NIPDs Phase 2:</b> NIPDs in Northern States (RI Intensification in selected LGAs in 14 States) <ul style="list-style-type: none"> <li>▪ <b>State wide:</b> Borno, Kwara and Zamfara states</li> <li>▪ <b>Selected LGAs:</b> Bauchi, Kaduna, Kano, Katsina, Kebbi, Lagos, Niger, Ogun, Oyo, Sokoto and Yobe states.</li> </ul>



**ROTN. OLUGBENGA OLAIWOLE**  
Editor PolioStop



# NIGERIA POLIO UPDATE: JUNE 2019

## GLOBAL AND NIGERIA POLIO-STOP UPDATE MAY 2019 NIGERIA

Nigeria has made an appreciable progress in the polio eradication. The country has not reported any Wild Polio Virus (WPV) case in over 20 Years, with the last case reported in August 2016 in Monguno LGA. The success in halting the transmission of the WPV in the country can be attributed to several innovations deployed by the program in reaching children in both security compromised and underserved areas, as well as areas with high number of rejection of the polio vaccine. The implementation of Immunization plus Days (IPDs) played a prominent role in the successes achieved

There are now only 3 countries Pakistan, Afghanistan and Nigeria that have never stopped polio transmission and global incidence of polio cases has decreased by 99%. There has also been success in eradicating certain strains of the virus; of the three types of wild polioviruses (WPVs), the last case of type 2 was reported in 1999 and its eradication was declared in September 2015; the most recent case of type 3 dates to November 2012.

There are eight cVDPV2 cases reported in 2019 so far. The total number of cVDPV2 cases in 2018 remains 34 onset of paralysis of most recent case: 29-Mar-19. The recent confirmation of spread of the cVDPV2 outbreak, both within Nigeria and internationally, underscores the urgent need to fill remaining vaccination gaps in the ongoing outbreak response, and to optimize the geographic extent and operational quality of mono-valent OPV type 2 (mOPV2) response

Intense efforts were made to interrupt cVDPV2 transmission through implementation of a series of SIAs using mOPV2 of varying scope, and use of IPV to rapidly boost population immunity as well as Prompt investigation and response to cVDPV2 outbreaks. As the program continues to implement response activities in a wider scope

Following the discovery of 3 positive environmental samples and one case of the circulating vaccine derived polio virus

in Lagos and Ogun States a series of outbreak response activities was planned for the southwest states. OBR Outbreak responses planned and implemented ranging from breakthrough transmission in Kwara, Niger Borno, Yobe to 1st and 2nd OBR Schedule for 6 Southwest states of Lagos Oyo, Osun, Ondo, Ogun and Ekiti states. However, tackling the last 1% of polio cases has still proved to be difficult. Conflict, political instability, hard-to-reach populations, and poor infrastructure continue to pose challenges to eradicating the disease. Each country offers a unique set of challenges which require local solutions. Thus, in 2013 the Global Polio Eradication Initiative launched its most comprehensive and ambitious plan for completely eradicating polio. It is an all-encompassing strategic plan that clearly outlines measures for eliminating polio in its last strongholds and for maintaining a polio-free world.

A polio-free world requires updated vaccination policies, including the phased withdrawal of oral polio vaccines (OPV), appropriate containment of the poliovirus in facilities, certification that polio has been eradicated, and planning for the transition of knowledge and infrastructure to serve other health goals.

### POLIO VIRUS UPDATE AS AT 31 MAY 2019 Nigeria

Two circulating vaccine-derived poliovirus type 2 (cVDPV2)-positive environmental samples were reported in the past week, from Kwara state, collected on 24 and 27 April. There are eight cVDPV2 cases reported in 2019 so far.

The total number of cVDPV2 cases in 2018 remains 34. No cases of wild poliovirus type 1 (WPV1) has been reported in the country since the one detected from Borno State with a date of onset of paralysis on 21 August 2016.

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gaps in the ongoing outbreak response, and to optimize the geographic extent and operational quality of mono-valent OPV type 2 (mOPV2) response.

### Summary of new viruses this week:

- ❖ Pakistan - two wild Polio-virus type 1 (WPV1) cases and six WPV1-positive environmental samples;
- ❖ Afghanistan – one WPV1-Positive environmental sample;
- ❖ Nigeria – two circulating vaccine-derived Polio-virus type 2 (cVDPV2)-positive environmental samples;
- ❖ Somalia – one cVDPV2 case;
- ❖ Cameroon – one cVDPV2-positive environmental sample; and,
- ❖ Iran - one WPV1-positive environmental sample

#### Pakistan

Two wild poliovirus type 1 (WPV1) cases were reported in the past week, from North Waziristan, KPTD (with onset of paralysis on 3 May), and Dera Ismail Khan (DI Khan), Khyber Pakhtunkhwa (with onset of paralysis on 5 May), bringing the total number of WPV1 cases in 2019 to 19. The total number of WPV1 cases for 2018 remains 12. Six WPV1-positive environmental samples were reported in the past week, four from greater Karachi and one from Hyderabad, Sindh province, and one from Multan, Punjab province, all collected in early May.



**AMINU MUHAMMAD**  
NATIONAL PROGRAMME COORDINATOR

## Polio Vaccination: Nigerian soldiers to lead health workers to hostile locations



The Nigeria army will henceforth conduct polio vaccination in locations in Borno State made inaccessible to health workers by the Boko Haram insurgency, the Chief of Army Staff, Tukur Buratai, has said. This decision was taken as the world looks up to Nigeria and sub-Saharan Africa to do the needful for the eradication of poliomyelitis in the world.

But for the 2016 outbreak of polio virus in Borno State, Africa would have long ago celebrated the kicking out of poliomyelitis in its continent.

With the Boko Haram threat in many parts of Borno State making it difficult for health workers to get the polio vaccine to children in those communities, there is a need to shore up vaccination in order not to imperil Nigeria's possible polio-free certification towards the end of this year. The Chief of Army Staff recently re-inaugurated what he called The Theatre Command Buratai Initiative Task Force (TCBITF).

This task force was set up to help eradicate polio in Borno State. It could be recalled that the BITF was in 2016 inaugurated but its activities later went down.

According to the Chief of Army Staff, "Nigeria being one of the three countries in the world with Borno as the state with the last known case of the wild polio virus warranted the establishment of the BITF. He spoke in a keynote address at the opening of sensitization training for soldiers on polio eradication which was organized by the Nigerian army in

collaboration with the Borno State Primary Health Development Agency and Global Polio Eradication Initiative partners.

The Army chief said in the last three years, the initiative has reached many security-compromised communities with the oral polio vaccine, thereby enhancing the progress in polio interruption in the northeast.



Despite that achievement, the COAS who was represented by the Theatre Commander of Operation Lafiya Dole, Major General Benson Akinroluyo, said "there still remain areas where children were not reached with the vaccine due to the insurgency by the Boko Haram terrorists."

The National Primary Healthcare Development Agency recently urged the Army to step up the activities of the BITF in the unreachable areas "in order to deescalate the risk of polio transmission.

In response, the COAS instructed that a task force be set up at the Headquarters of the Theatre Command and replicated in all the sectors, brigades and units level across the theatre.

"This is to ensure deep penetration of all settlements which were hitherto inaccessible are reached within three months as against six months proposed by the NPHCDA," said the Theatre Commander.

With this development, Major General Akinroluyo said the Theatre Commander BITF becomes the central coordinating task for the polio eradication in Northeast Nigeria. Since the task force was set up in

Maiduguri, the BITF has mapped out its strategies which include clustering of the theatre environment into six zones, establishment of four levels of engagements to get the vaccines to the unreachable settlements and further composition of the BITF at formations and unit levels. The Theatre commander said he is optimistic that the sensitization programme for soldiers on polio will add impetus to the drive for the eradication of polio in Nigeria.

Earlier, the Executive Director, Borno State PHCDA, Dr. Sule Mele, said it was as a result of the commitments of the theatre Command that the state was able to achieve 32 months without any case of wild polio outbreak. Dr. Mele said about 37 per cent of the Borno state unreachable settlements is still inaccessible due to the activities of the Boko Haram. "We've also been able to reach 63 per cent of our inaccessible settlements with life-saving oral polio vaccines," he said. "Our civilian vaccination teams were able to visit inaccessible settlements due to the improved security situation in the state. Despite the successes; there is still more work to be done."

According to him, there are still an estimated 60,484 unreachable children trapped in 2,622 settlements in the state. "We need to reach these children and communities before October this year."

Commending the Chief of Army staff for reinvigorating the BITF, Dr. Mele said his directives would enable Nigeria to reach the children in those isolated communities by August.

He said "the country and Africa are looking up to the military to access these settlements to achieve polio-free certification.

*Adapted from the reporting of Abdulkareem Haruna for premiumtimeng.com*

## NO NEW CASE OF POLIO IN KANO



The Kano State Government on recently declared there has been no new case of wild polio virus in the State since July 2014. The Permanent Secretary of the Ministry of Health, Malam Usman Bala Muhammad told reporters that the feat which was achieved in the bid to halt the transmission of poliomyelitis was achieved through sustained and collective efforts by the Kano State Government, traditional institutions, development partners, stakeholders and cooperation from members of the public.

According to him, Kano has 7 sites where environmental samples are being collected and tested for polio virus on a regular basis to ensure that no any trace of the virus is found to be circulating in the environment. Through this intensive environmental surveillance, circulating Vaccine Derived Polio Virus (cVDPV) was detected in an environmental sample collected from Hassan Gwarzo/Lambu bridge of Darmanawa ward of Tarauni Local Government Area on March 15, 2019. He further stated that, it is important to note that this incident was not an isolated case as there were 8 other recorded circulating Vaccine Derived Polio cases across the country from January to May 2019. He stated emphatically that the Tarauni March 15 positive sample was not a case of Wild Polio Virus and that Kano state has not had a Wild Polio outbreak since July 2014.

He further explained that circulating Vaccine Derived Polio Virus is a weakened polio virus that can be excreted by unimmunized child which can continue to circulate for an extended period of time and can genetically change into a form that can paralyze an unimmunized child.

He enjoined the general public to disregard the unfounded rumour of an outbreak of wild polio virus in Kano.

*Adapted from the reporting of Kolade Adeyemi for thenationonline.ng.net*

## Renowned Nigerian Islamic Scholar, Sheikh Dahiru Bauchi Tasks Parents To Embrace Polio Immunization



A renowned Islamic Scholar, Sheikh Dahiru Usman Bauchi has appealed to parents to accept polio immunization with a view to making their children healthier. Sheikh Bauchi who made the appeal at the closing ceremony of his 2019 Ramadan Tafsir at Murtala Square in Kaduna, said the fight Against Polio virus is not over, hence the need for parents and caregivers to give all the needed support to end polio in Nigeria.

The Scholar promised to support polio activities/routine immunization so as to achieve success in the fight against polio and other children diseases in the country. He called on Nigerians to report outbreak of any disease to the concern authority to achieving good health care.

On the commencement of Maternal New Born Child Health week in Kaduna state, Sheikh Bauchi urged parents, pregnant women, caregivers among others to make good use of the week to uptake the interventions with a view to achieving excellent health for women and children.

He said “We learnt that the week is set aside to deliver a package of high-impact, low-cost preventive and curative services designed to improve maternal health and child survival through facility based interventions and outreach services”.

Sheikh Bauchi commended the Government, Health Stakeholders and development partners for their hard work and commitment to ensure better health in Nigeria.

*From the reporting of Joseph Edegbo for africaprimernews.com*



## Our Challenge is not feasibility but determination-WHA



Polio eradication was in high-level spotlight in the top echelons of global leadership as World Health Organization (WHO) Member States, donors, partners, civil society organizations, health and development actors gathered at the 72nd World Health Assembly (WHA) in Geneva, Switzerland.

In his opening address to delegates, WHO Director-General and Chair of the Polio Oversight Board (POB), Dr Tedros Adhanom Ghebreyesus talked about the long-winding journey of polio eradication since its adoption as a landmark resolution at the WHA in 1988 and the hopes of finishing eradication in the near future: “Together with our partners at Rotary, CDC, UNICEF, the Bill & Melinda Gates Foundation and Gavi, the Vaccine Alliance in the Global Polio Eradication Initiative, we have launched a new strategy to address the most difficult remaining areas in Afghanistan and Pakistan. Earlier this year I came across a video of a man called Irfanullah, wading through snow to deliver polio vaccines in Pakistan. With the dedication and commitment of people like him, I have no doubt we will succeed in making polio history.”

Member States expressed overwhelming support of the Polio Endgame Strategy 2019-2023. The new strategy sets the stage for a decisive win against polio through the parallel pursuit of the wild poliovirus and circulating vaccine-derived poliovirus. The Strategic Plan incorporates collaboration with other health interventions, fostering stronger alliances and managerial innovations by working in close coordination with governments in endemic countries. The Member States welcomed the trifecta of Eradication,

Integration, and Containment/Certification, which set the foundations of a sustainable polio-free world by anchoring polio activities within the broader immunization system, ensuring an effective transition of eradication knowledge and assets and ensuring that no poliovirus can paralyze children again. With an eye towards an inclusive and sustainable polio-free future, there was broad consensus that all stakeholders—governments, GPEI partners, private and public donors, policy makers, health, and non-health actors—are in this together. One of the recurring themes was the need to ensure concerted efforts—financial and programmatic—to get over the hump in this last mile over to the finish line.

The general air was that of cautious optimism, as all Member States acknowledged that the path to finishing polio eradication is well within sight, all thanks to the Endgame Plan 2013-2018 which succeeded in certifying South-East Asia (SEARO) as polio-free, brought the African Region closer than ever to eradication of wild poliovirus, possibly eradicated two out of three wild poliovirus strains, set the world on the path of phased Oral Polio Vaccine (OPV) removal, stopped outbreaks in Syria and Horn of Africa, and cornered wild poliovirus circulation to a joint cross-border reservoir between Afghanistan and Pakistan.

The delegates particularly appreciated the strong commitments espoused by Afghanistan and Pakistan for a more systematic collaboration to jointly target the common wild poliovirus reservoir on all fronts with an approach that combines the scientific with the social and anthropological. Pakistan's representative said, “We remain resolute with the highest level of political commitment...strengthening routine immunization, addressing prevalent malnutrition, and provision of safe water and sanitation are strategies being implemented in tandem. Communication challenges of low-risk perception and concerns

around vaccine safety and efficacy are being addressed through a revised communication strategy. We continue to coordinate with Afghanistan programme to share experience in strategies to manage the common epidemiological block. In light of the recent cases, the Government of Pakistan has decided to carry out a comprehensive programme review on an urgent footing. I would like to sincerely thank our partners and donors who are a part of this initiative and helped us get this far. We pledge our complete commitment to reach every last child, so no future generations have to suffer from a crippling disease like polio.”

Rotary International, one of the pioneering partners of the GPEI, maintained that wild poliovirus eradication remains the overriding priority, and to that end, re-affirmed collective commitment of their 1.2 million members around the world: “It is easy to forget the hurdles we have overcome—such as: addressing outbreaks in more than 20 countries in Africa, or how India had 80% burden of the total polio caseload in the world. Our challenge is not feasibility, but determination...global commitment has brought us to the threshold of a polio-free world. Let us act with urgency to end polio forever.” In his closing remarks, Dr Tedros thanked the Crown Prince of Abu Dhabi and the United Arab Emirates for hosting a pledging moment for the Global Polio Eradication Initiative, “Global progress to end polio would not be possible without partners like the UAE. I would like to thank His Highness Sheikh Mohamed bin Zayed Al Nahyan, Crown Prince of Abu Dhabi, and the UAE – a long-time supporter of the polio programme – for agreeing to host the GPEI pledging event this November at the Reaching the Last Mile Forum, a gathering of leaders from across the global health space.”

*Source: polioeradication.org*

# Why Bill Gates partners with Rotary to Eradicate Polio



Foundation matches donations raised through Rotary on a two to one basis, such that a \$1 donation becomes \$3 to fight polio.



Bill Gates, the co-chair of the Bill and Melinda Gates Foundation was asked why he chose to support the eradication of polio, he stated in his usual candid and simple manner “Polio is a terrible disease.” He would later add, “You know, we’re going to get to the end of this and Rotary will be the reason that will happen.”

The partnership of the Gates Foundation with Rotary seems unlikely, almost like the well-known viral story of the elephant who befriended a dog.

The Gates Foundation has nearly 40 times the assets of the Rotary Foundation’s \$1.25 billion. While Rotary engages in a variety of global public health initiatives it does not have the expertise of the U.S. Centers for Disease Control, the World Health Organization or UNICEF—the three organizations that round out the five key members of the Global Polio Eradication Initiative.

Rotary led the formation of the GPEI, as it is commonly known within polio circles, in the mid-1980s, formally launching in 1988. The Gates Foundation joined the effort in 2000. Over the ensuing years, the GPEI has functioned effectively, reducing polio cases by more than 90% since the year 2000. Within that framework, however, a special partnership between the Gates Foundation and Rotary has emerged.

Through January 2019, Rotary has provided \$1.9 billion, funding the partners on a roughly quarterly basis.

Of the \$1.9 billion Rotary has raised and funded since the mid-1980s, \$885 million has come from the Gates Foundation in the form of matching grants. For the past several years and for the foreseeable future, the Gates

The Gates Foundation’s total giving for the fight against polio was approximately \$3.7 billion, through the end of 2018. Roughly a quarter of its polio funding is made in the form of matching grants to Rotary. Together, Rotary and the Gates Foundation represent more than 28% of all polio funding, including funding from governments.

Gates says of the collaboration, “The two partners who talk the most are Rotary and the Gates Foundation. You know we both talk to governments. We both talk to philanthropists.”

The GPEI is unique in the global health world and may not have a parallel in any sphere. You can’t visit the offices of the GPEI because it essentially exists only on paper. Each of the members controls its own funds and operations. The umbrella organization serves as a tool to facilitate collaboration.

Gates acknowledged the importance of the decision not to create a new institution for the polio fight—made before the Gates Foundation joined the effort. He credits low overhead, regular meetings and good leadership—pointing to Rotary—for the GPEI’s success.

Since the mid-1980s, the success has been remarkable—so much so that its success is one of its greatest challenges. While the number of polio cases has been reduced from about 350,000 per year to 33 in 2018, the disease has not been eradicated though many people assume it has been. There hasn’t been a case in the Americas or Western Europe since before the GPEI was launched.

The Gates Foundation plays an interesting strategic role beyond funding. Gates himself is key. He attributes his foresight to patience

learned at Microsoft. While new products there sometimes took five or six years, he says ten years is often required in global health. Gates personally drove the development of a new polio vaccine that is now in the final stages of testing. When the idea was put forward about the time of the last case of polio to happen in India, many were thinking the vaccine would play no important role in eradication, but Gates insisted.

The new vaccine is a variant of the oral vaccine developed by Albert Sabin, that can be administered with drops and which delivers a more potent form of immunity than the injectable Salk vaccine introduced earlier. The problem with the Sabin vaccine is that in rare cases, perhaps one in five million doses, the vaccine reverts to an active form and the disease can spread. These cases are known as vaccine-derived poliovirus or VDPV cases. If proven successful, the vaccine now in development with the Gates Foundation would provide the same protection as the current oral vaccine, but without the risk of mutating into a form of the virus that can cause new cases.

It is this new vaccine that exemplifies the thinking of Bill Gates about global health. He notes that diseases that affect only poor countries have no market-driven solution. Whose job is it to create new “tools” as Gates calls the vaccine? “It really was obvious that we were the ones who should push that forward,” he says.

The work on the vaccine changes the direction of the light on Gates and the Foundation, shifting the view from philanthropist to social entrepreneur. The Foundation he leads with Co-Chair Melinda Gates isn’t merely a grant-making organization but also an innovation engine. Gates attributes the partnership with Rotary to its breadth. “Rotary plays a lot of different roles.” He highlights volunteers, fundraising and advocacy with governments around the globe.

Having the ability to write big checks and innovate itself, the Gates Foundation’s close partnership with Rotary within the GPEI is all the more interesting. Whatever the reasons for the partnership or its success, the children who will one day live in a world without polio won’t much care who gets the credit.

*Adapted from the writing of Devin Thorpe for [www.forbes.com](http://www.forbes.com)*



# HANDLE WITH CARE

## WHO supports DRC in managing live type 2 polio vaccine in the field



Vaccinators counting empty, open and broken vials under supervision in Bwamanda, Sud-Ubangi province. © WHO/DRC

'Every single vaccine vial matters' was the message ringing in participants' ears following meetings between polio eradication counterparts across the Democratic Republic of Congo, late last year. Led by the World Health Organization Africa Regional Office (WHO AFRO), health workers, epidemiologists, and experts in poliovirus containment, immunization and waste management came together to evaluate and get oriented on monovalent oral polio vaccine type 2 (mOPV2) safe usage and handling.

Participants examined how retrieval, packaging of empty, broken or partially used vaccine vials should be carried out following an immunization response to minimize risk of spillage and leakage, and learned about vaccine inactivation techniques.

"We're dealing with a special kind of vaccine here – one that comes with significant containment implications," said Dr Jacob Barnor, WHO AFRO Technical Officer for Poliovirus Containment. "The focus of these meetings was how we improve handling and accountability controls for mOPV2

– the only tool we have to effectively combat vaccine-derived poliovirus type 2 outbreaks — so that we don't see more of these outbreaks," he added



Orientation session on mOPV2 safe handling in Likasi, Haut Katanga province. © WHO/DRC

Since the declaration of eradication of type 2 wild poliovirus in 2015, to prevent the strain from resurging WHO has urged countries around the world to destroy or securely contain type 2 wild poliovirus materials. Strict measures for the containment of the weakened but live type 2 oral polio vaccine virus (OPV2) also exist and came into play after WHO ordered its removal from routine use in 2016.

The reason for its removal being that although effective in providing immunity against type 2 polio, in rare instances and given the right conditions, OPV2 can mutate into a form which can cause paralysis and death just like the wild virus. This reversion to virulence is known as type 2 vaccine-derived poliovirus (VDPV2).

The only oral polio vaccine now containing the OPV2 component is mOPV2, reserved

for special use in responding to VDPV2 outbreaks.

"It's a Catch-22. Circulation of VDPV2 can only be stopped by the live vaccine itself, contained in mOPV2," said Dr Pascal Mkanda, WHO AFRO Polio

Eradiation Programme Coordinator. "The decision to use it, because of its implications, is not taken lightly. An advisory committee carefully weighs the risks and benefits of using mOPV2 and the vaccine is only released for use by the authority of

WHO's Director-General," he added.

"We need to make sure that when mOPV2 is used in an immunization response, that it is used only when and where it is needed, and that every last vial is accounted for to prevent mismanagement. This requires a coordinated and careful approach across different partners and sectors. And this is what these meetings were all about: improving understanding of the various stakeholders to mitigate risks," he said.

The evaluation and coordination meetings took place in Kinshasa, Gemena, Likasi and Goma, and involved more than 109 participants. Feedback has been positive with local health workers expressing appreciation for the guidance provided.

DRC is currently affected by an ongoing circulating vaccine-derived poliovirus type 2 outbreak. In 2018, 20 cases were reported. One case has





NNPPC TEAM at the Hamburg Convention



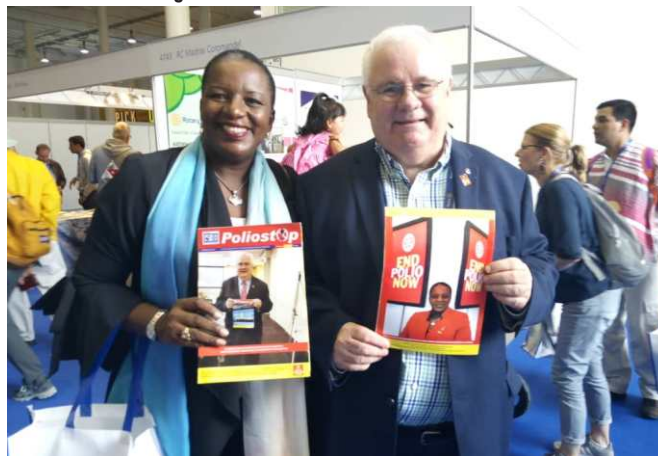
Round table breakfast meeting with Rotary Ambassador, Sir Emeka Offor at Hamburg Convention



IPPC Chair Mike McGovern (right), German Minister of International Development, and Dr Tunji Funsho at the just concluded Hamburg Convention



Front row - Carol Pandak, Sani Danja, PRIP Jon B. Majiyagbe and PDG Peter Wan in Abuja



IPPC Chair Mike McGovern and PDG Ijeoma Okoro displaying PolioStop Newsletters.



PDG Ijeoma Okoro and Dr Tunji Funsho at Hamburg Polio Booth



Pleateau State Governor Simon Bako Lalong adoring the polio pin and inspiration tire during his swearing in ceremony



(Nigeria Rotarians at the Polio Booth in Hamburg)







From left - Dr Tunji Funsho\_ DG Kola Sodipo receiving Appreciation Plaque from Director Yinka Babalola during the NNPPC Meeting in Lagos



From left - Dr Tunji Funsho\_ DG Dan Ajawara receiving NNPPC Appreciation Plaque from Director Yinka Babalola



Director Yinka Babalola presenting NNPPC Appreciation Plaque to DG Adeyemi Oladokun . To the left is Dr Tunji Funsho



Director Yinka Babalola presenting Appreciation Plaque to DG Elvis Chukwu, on behalf of NNPPC in Lagos.



Dr Tunji Funsho (left) presenting gifts to PDG Peter Wan during his visit to Abuja



Dr Tunji Funsho(left)\_ Rotn. Lanre Kasim\_ IPPC Chair Mike McGovern and Rotn. Kayode Aderinokun at the Polio Booth in Hamburg



From left PDG Joshua Hassan, DGE Victor Onukwugha, DG Elvis Chukwu Director Yinka Babalola and PAG Yakubu Ndanusa during NNPPC meeting in Lagos



Dr Tunji Funsho exchanging pleasantries with His Excellency Governor of Plateau State, Simon Bako Lalong at the Hamburg Convention

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