



**DR TUNJI FUNSHO, CHAIRMAN NNPPC, (3RD FROM RIGHT);
DISTRICT GOVERNOR 9110, KOLA SODIPO (3RD FROM LEFT)
AND SOME ROTARY LEADERS AT THE JUST CONCLUDED
PRESIDENTS- ELECT TRAINING SEMINAR**

National Polio Plus Committee: PDG Tunji Funsho - Chairman, PDG Yomi Adewunmi - Vice Chairman, PDG Charles Femi Lawani - Vice Chairman, PDG Kazeem Mustapha - Vice Chairman, PAG Yakubu Ndanusa - Vice Chairman, PDG Obafunso Ogunkeye - Secretary, PAG Remi Bello - Treasurer, PDG Joshua Hassan - PR Adviser, PDG Tolu Omatsola, PDG Ijeoma Okoro, PDG Alaba Akinsete - Representing CRODIGON, PDG Yinka Babalola - Special Representative, DG Kola Sodipo, DG Elvis Chukwu, DG Adeyemi Oladokun, DG Dan Ajawara



Chairman's Address

SALUTE TO OUR POLIO AMAZONS

One of the enduring legacies of the global polio eradication initiative (GPEI) which was initiated by Rotary more than three decades ago now is the phenomenal number of Rotarians who along with our GPEI partners have invested millions of hours and unquantifiable amount milk of human kindness; to use a Shakespearian phrase to ensure no child is paralyzed again by the polio virus. Expectedly, about 80% of these people are women. Women have always borne a very large chunk of the responsibility of caring for children afflicted with polio paralysis. After the initial trauma of seeing their child paralyzed by polio, they are literarily the ones left holding the hand of the child into adulthood.

It is therefore appropriate during this month of International Women's day to celebrate the women who have climbed mountains, waded through flooded valleys, trudged through deep snow and ridden on donkeys while dodging bullets in many of the conflict regions where vulnerable children exist. Some of them have indeed paid the supreme sacrifice with their lives to ensure no child is left behind in our efforts to ensure polio is eradicated.

In this month of March, Poliostop is supporting Rotary in recognizing five phenomenal women who epitomize the efforts to eradicate polio in all its ramifications: advocacy, creating awareness, raising funds and dropping those two precious drops of the oral polio vaccine into the mouths of children around the world.

IJEOMA OKORO



Ijeoma Pearl Okoro is a member of the Rotary Club of Port Harcourt, Nigeria. She is the End Polio Now Zonal Coordinator for sub-Saharan Africa. She is primarily responsible for fund raising advocacy but Ijeoma extends her efforts into all facets of polio eradication activities. She is dogged and never misses any opportunity to

promote polio eradication. She insists that "Until the last child is reached and immunized, no child in the world is free. Let us all support the cause to end polio now."

JUDITH DIMENT



Diment, of the Rotary Club of Maidenhead Thames England, leads Rotary's UK advocacy efforts and is a passionate fundraiser and International PolioPlus Committee member. In 2017, she led Rotary's efforts to create champions for polio eradication among UK political leaders, resulting in the country committing an additional £100 million to the global initiative. Judith brings to bear her enormous public relations skill with persistence and tenacity to ensure that the funds needed to get the job done is made available.

TAYYABA GUL



A member of the Rotary Club of Islamabad (Metropolitan), Pakistan, Gul runs a Rotary-funded health center in Nowshera, working with teams of female vaccinators help reach neighborhoods of ethnic Afghan refugees displaced by conflict in tribal border regions. Gul's teams use cellphones for daily data reporting on immunization progress, which helps health organizations analyze data and report back in real time. Gul Works under the threat of gun men regularly shooting and killing people working to immunize children.

"I just contribute my part as a Rotarian. I'm happy to work in remote areas, especially with women, motivating them to play their role in society," Gul says

ANN LEE HUSSEY



Ann Lee Hussey has led Rotary volunteers on nearly 30 trips to places like Pakistan and Nigeria to immunize kids against polio, the disease that has affected her since she was 17 months old. A member of the Portland Sunrise Rotary Club, Maine, USA, she is an outspoken advocate for polio eradication and immunization in general and has testified at state legislative hearings in Maine on the importance of vaccination. In January, Hussey spoke of her experience as a polio survivor and her Rotary service at Rotary's International Assembly, highlighting the role of frontline polio workers: "Without question, the many health workers around the world—80 percent of whom are women—are the unsung heroes on the polio front. Without them, we would not be where we are today."

MARIE-IRÈNE RICHMOND-AHOUA



Richmond-Ahoua joined the Rotary Club of Abidjan-Biétry, Côte d'Ivoire, in 1991, making her one of the first female Rotarians in Africa. When a General canceled a national immunization day during a 1999 coup in her country, Richmond-Ahoua appealed directly to the General's family, pleading that innocent children had nothing to do with the war. Shortly afterward, the General granted her request and presided over the opening of the rescheduled immunization day. Richmond-Ahoua coordinates national polio immunizations and serves on the Africa Regional PolioPlus Committee. She also spoke at last year's World Bank International Women's Day event

FROM EDITOR'S DESK

CELEBRATING THE WOMEN WHO HAVE BROUGHT US THIS FAR

On a recent field assignment to a rural community, we encountered non compliance in the form of an old man who had been refusing vaccination for his wards for more than 2 decades. He had refused for his children and was now refusing for his grandchildren.

We got innovative and over a few visits, we were able to resolve the non compliance. What was interesting about this was that despite the man refusing vaccines, the women in the house would waylay the vaccination teams outside the home and beg for the children to be vaccinated without the finger marking. That is the impossible situation that many women find themselves in our society, having to choose whether to be scared of their children getting polio or being scared of wrath of the patriarch of the house. In many instances these women choose to protect their children, even at their own expense and sometimes with grave consequences. Many men complain about

the sheer number of days devoted to the celebration of women every year and why there are not more days for men to be celebrated. I believe that there are not enough days in a year to devote to the celebration of our women. This is affirmed in both culture and religion. One says that heaven is directly beneath the feet of our mothers while another says that besides God, the only other person worthy of obeisance is our mother. The Late Kofi Annan, the respected former United Nations Secretary General once said that "there is no tool more effective for development than the empowerment of women." Harriet Beecher Stowe also opined that "women are the real architects of the society."

I am convinced beyond a doubt that there is a reason why certain societies are advanced and others are not so advanced and that reason is associated with the rights and the empowerment of women. It's no coincidence that societies where women are empowered were the first

ones to interrupt the transmission of polio. Also, the reason we are so close to getting rid of polio in Nigeria is because of the tireless dedication and sacrifice of our women.

So this edition, in the international women's month is dedicated to our women, typified by the indefatigable PDG Ijeoma Pearl Okoro. Her influence cannot be celebrated enough. Also, we celebrate our women, from the Voluntary Community Mobilizers (VCMs) and their supervisors, the team leaders and vaccinators, the women leaders who facilitate community entry, the market women leaders and the leaders of the faith based women associations who have done their best to help us get this far. We celebrate you. We have always needed you and we will continue to need you. Thank you for all you do for us. .

REVISED SIA CALENDAR

	DATE	STATES
Phase 1	13 th – 16 th April, 2019	Kaduna, Kebbi, Sokoto, Zamfara, Kwara and Niger
Phase 2	27 th – 30 th April, 2019	Borno, Yobe, Jigawa and Kano
Phase 3	4 th – 7 th May, 2019	Adamawa, Bauchi, Gombe, Taraba, Katsina and Plateau



ROTN. OLUGBENGA OLAIWOLE
Editor PolioStop

NIGERIA POLIO UPDATE: MARCH 2019

STOPPING POLIO IN NIGERIA

Following the detection of wild poliovirus in northern Nigeria in 2016 for the first time in two years, Nigeria and neighboring countries in the Lake Chad Basin (Cameroon, the Central African Republic, Chad and Niger) have held multiple vaccination campaigns to raise population immunity and prevent spread of the virus. Activities in the area continue to focus on reaching every child with vaccines, especially in identifying and vaccinating missed children and closing immunity gaps in populations that have previously

been inaccessible. Countries are also working to increase surveillance efforts.

The country continues to be affected by two separate cVDPV2 outbreaks, the first centered in Jigawa State with subsequent spread to other states as well as to neighboring Republic of Niger, and the second in Sokoto State

Recent confirmation of spread of one of the cVDPV2 outbreaks, 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 mOPV2 response.

At the same time, outbreak response to WPV1 continues, including efforts to address surveillance and immunity gaps in parts of Borno State.

Nigeria Polio Update as at 27 March 2019

Two cases of circulating vaccine-derived poliovirus type 2 have been reported this week in Konduga LGA, Borno State and Baruten LGA, Kwara State with onset of paralysis reported on 14 February and 20 February 2019 respectively. There are now four cVDPV2 cases reported in 2019 so far. The total number of cVDPV2 cases in 2018 remains 34.

- One cVDPV2-positive environmental sample has been reported this week in Maiduguri, Borno State. The sample was collected on 26 February 2019.

- 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

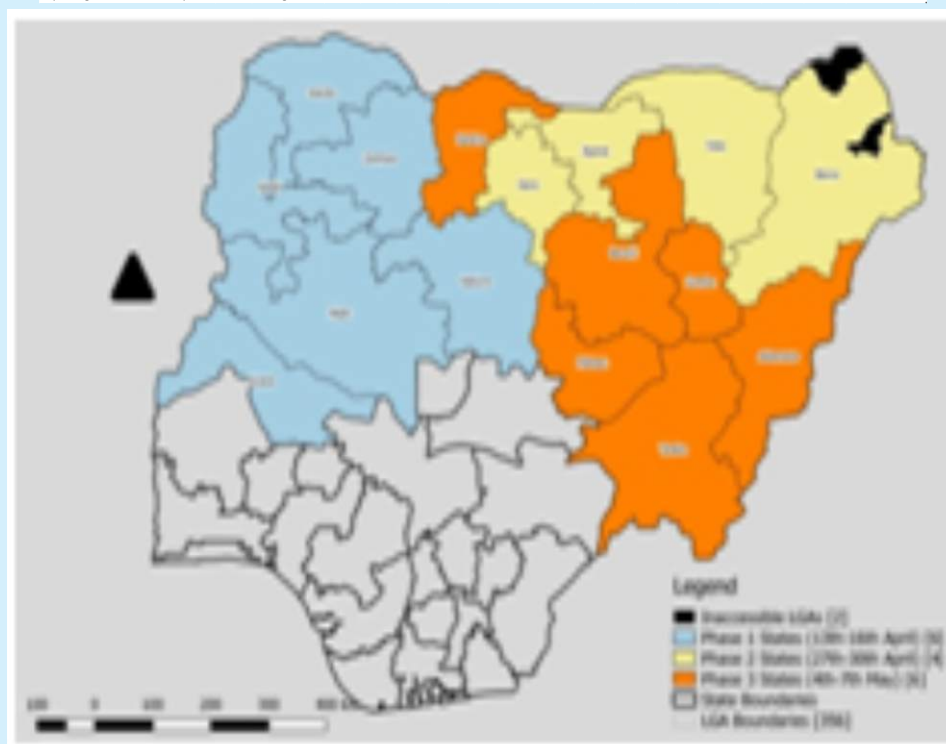
Global Wild Poliovirus 2014 - 2019

Country or territory ¹	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						Date of most recent virus
	2014	2015	2016	2017	2018	01 Jan - 26 Mar ³		2014	2015	2016	2017	2018	2019	
Pakistan	306	54	20	8	12	0	6	25-Feb-19	127	84	62	110	140	65
Afghanistan	28	20	13	14	21	6	2	12-Jan-19	17	20	2	42	83	15
Nigeria	6	0	4	0	0	0	0	21-Aug-16	1		1 ⁶			27-Sep-16
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						
Israel ⁴	0	0	0	0	0	0	0	NA	14					30-Mar-14
Syrian Arab Republic	1	0	0	0	0	0	0	21-Jan-14						
West Bank and Gaza	0	0	0	0	0	0	0	NA	1					05-Jan-14
Ethiopia	1	0	0	0	0	0	0	05-Jan-14						
Total	359	74	37	22	33	6	8		160	104	65	152	223	80
Total wild virus type 1	359	74	37	22	33	6	8							
Total wild virus type 3	0	0	0	0	0	0	0							
Tot. in endemic countries	340	74	37	22	33	6	8							
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							

Countries in yellow are endemic. ¹Data reported to WHO HQ on 27 Mar 2018 for 2018 data and 26 Mar 2019 for 2019 data.

²Wild viruses from environmental samples, selected contacts, healthy children and other sources. Last WPV type 3 had its onset on 10 November 2012. ³In 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.

⁴Results 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. ⁵Between 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.



AMINU MUHAMMAD
NATIONAL PROGRAMME COORDINATOR

CELEBRATING IJEOMA PEARL OKORO, OUR AMAZON IN THE FIGHT TO ERADICATE POLIO



Internationally, the month of March is dedicated to the celebration of women and womanhood. The accomplishments of women globally are celebrated at this time in the year. It is therefore appropriate that we celebrate one of our own who has made a huge contribution to polio eradication in Africa and who currently stands at in the thick of battle and at the very front of our battle against polio. She is PDG Ijeoma Pearl Okoro.

Born to Chief and Mrs. R.A Emeanuru on the 3rd of December, 1968, she had her early education in Enugu and proceeded to University of Calabar where she obtained a Bachelor of Arts Degree in 1990. She also obtained a Post Graduate Diploma in Management in 1993 from the University of Nigeria and is an Alumna of the Advanced Management Programme of the Lagos Business School where she was elected Pioneer Class President in 2012. She has been in the Insurance Industry in the past 25 years and is currently a General Manager and Regional Director East of Consolidated Hallmark Insurance Plc.

Aijay, as she is fondly called, joined the Rotary Club of Port Harcourt on the 20th September 1999. She served as the Club President in 2008/2009 and emerged the "Make Dreams Real" Best President while the Club equally emerged the Best Club in the District. She served as Assistant Governor in 2010/2011 and emerged as the Best Assistant Governor in the District that year. She also served as District Treasurer in 2003/2004, Chairman,

District Installation and Conference in 2011/2012. District Annual Giving Chair in 2012/2013 and District Grants Chair 2013/2014. She served as the District Governor, RI District 9140 in the year 2015/2016 and is unique as the second woman to hold such an office in Nigeria. Aijay truly loves to walk among giants.

She is a recipient of multiple awards and citations. Among these are the Rotary International Four Avenues of service Citation for Individual Rotarians and Rotary Foundation District Service Award for individual Rotarians among other several Club and District Service Awards.



PDG Ijeoma Pearl Okoro vaccinating a child during supplementary immunization activity

She is a Board Member/Co-ordinator, Rotary Global History Fellowship, (RGHF) Zone 20 Africa North and received an Award in Lisbon, Portugal for valuable support in the preservation of Rotary History in 2013. She also received The 1905 Society Award for Exemplary Leadership in Sydney, Australia in 2014. She has a stone raised in her honour by RGHF at the Paul Harris Memorial Walkway, Chicago in appreciation of her distinguished service as a Zone creator. She also belongs to several Rotarian Action Groups. She has attended the Presidential Conference in South Africa, Rotary Institutes/Trainings in Jerusalem, Tanzania, Marrakech, Kenya, Uganda, Zimbabwe, Ethiopia and Ghana respectively and has also participated in 18 Rotary Conventions in different parts of the World. She served as District Trainer 2016-19, Assistant Regional Foundation Coordinator in 2016-17, Member, Basic Education and Literacy Committee 2017-18, Regional Coordinator, Toronto Convention Promotion Committee 2017-18, Co-Chair, Lagos Institute 2018, member, Rotary Peace Centers Committee 2018-21 as well as End Polio Now Zone Coordinator for Zone 20 Africa (Eng) 2017-20. She represented the Rotary International President, Barry Rassin at the District Conference of District 3030, India in January 2019.



PDG Ijeoma Okoro on advocacy visit to President Muhammadu Buhari with other Rotary leaders

She is an active member of Mater Misericordea Catholic Church, Port Harcourt Chamber of Commerce (PHCCIMA), Port Harcourt Club, Fellow, Nigerian Institute of Corporate Administration (NICA), Ex-officio member Chartered Insurance Institute of Nigeria Port Harcourt and Past President, Egbu Women Association, Port Harcourt, among others. She has an award of Honour as "Ezinwanyi Aguegbe" by Umuofor Community in Egbu and EZIADA Award by Eziachi Community both in Imo state. She created an NGO, REFEED, (in honour of her late Father) which promotes education, micro credits and self development among the less privileged. She is a Laux of the Knights of Saint John International.

PDG Ijeoma Pearl Okoro is a member of the Nigeria National PolioPlus Committee (NNPPC) and directs End Polio Now activities throughout sub-Saharan Africa. She leads efforts to build awareness around the fight to eliminate polio from Nigeria and engages other Rotary members and the public through events and promotional endeavors. Through a range of activities, like government advocacy, celebrity engagement, and fundraising, Okoro's leadership helps ensure that polio eradication is a priority and every child is protected from the disease. "Until the last child is reached and immunized, no child in the world is free. Let us all support the cause to end polio now."

If you have ever had an encounter with her, you will already know that she is an excellent fundraiser in support of Rotary and her polio eradication efforts. So impressive is she that some folks have even said that she can raise funds for Africa. Aijay is a 3rd Level Major Donor, a Rotary Foundation Benefactor, a Paul Harris Fellow and a member of the Paul Harris Society.

Aijay is happily married to Kingsley (KSJI) and they have two beautiful children. Every member of her family is also a Paul Harris Fellow.

YOU CANNOT CALL YOURSELF A ROTARIAN IF YOU ARE NOT INVOLVED IN THE FIGHT AGAINST POLIO- DR. PATRICK OHIA



My name is Rotarian Dr. Patrick Chika Ohia. I was born in the city of Port Harcourt in January 1957. My parents are from Imo State in the Southeast of Nigeria. I was raised in the village by my grandmother. I trained as a Medical Doctor at the College of Medicine, University of Ibadan and graduated in June 1982. I also hold a postgraduate diploma in family medicine from the National Post-Graduate Medical College. I have been in private medical practice for over 30 years and currently hold the position of Chairman and Chief Medical Director of Morning Star Hospital Group, Port Harcourt.

I must confess that I really knew little or nothing about Rotary before I was “conscripted” into Rotary in January 2013. My friend Dr. Henry Sota was the President of the Rotary Club of Port Harcourt at the time. He was highly insistent and persistent that I joined. He disturbed me so much that at a point, I gave him the money for dues and registration just to free myself of his “disturbance”. I thought that would be the end of it but instead of leaving me alone, he kept inviting me to attend the club fellowship. On one occasion, I just decided to satisfy him by attending one fellowship. On getting there, I met great people there and was impressed by how humble and nice everyone was. Imagine meeting people like PDG Gabriel Toby, a former Deputy Governor of Rivers State and he was so personable and humble. That captured me and from then on I never looked back. That's how I became a member of the Rotary Club of Port Harcourt. In 2014, the club chartered a new club-the Rotary Club of Port Harcourt Airfield and I was again “conscripted” into this new club in rather controversial circumstances. I became

the charter President-Elect of this new club and the rest, as they say, is history. Being a Rotarian involves making sacrifices and I have made a lot of those and I have found that as I have grown in Rotary, Rotary has also grown in me. My club, the Rotary Club of Port Harcourt Airfield is a high flying club today in District 9141 and I make bold to say that the history of the club will not be complete without the positive mention of my name.



My classification is family medicine which is highly important and relevant in two of the 6 areas of focus in Rotary. That is, disease prevention and maternal and child health. Aside from being our flagship project in Rotary, Polio Eradication is directly related to these two and as such it naturally appeals to me. My direct involvement as the District Polio Chair for District 9141 came to be as a result of another “conscription” by the passion Queen and Polio slayer PDG Ijeoma Pearl Okoro who I suspect was the “hand of Esau” in my appointment as District Polio Chair by our DG at the time, PDG Ikponmwosa Ogiemudia. I remain grateful to her and everyone that has exposed me to this fight against polio. One of the innovations that I particularly want to celebrate is that before I became the District Chair for Polio, many clubs in my district remained zero giving to the polio fund, year in, year out. During the polio seminar of 2016/2017, my first as District Polio Chair, I distributed polio fund boxes financed by my humble self to all clubs in the District. This was under the direction and involvement of PDG Ijeoma Pearl Okoro, who insisted each club parted with some funds in order to collect their own box and these funds were paid into the Rotary Foundation fund for Polio Eradication as the contribution of the clubs. This way, the District became an all-club contributing District to the polio fund



It was therefore not surprising that our District won the trophy for being the highest contributor to the polio fund in Africa. My club, the Rotary Club of Port Harcourt Airfield also won the trophy for the highest contributing club in Africa for the 2017/2018 Rotary year.

The major challenge that I have observed, especially in our area of operation which is south-south Nigeria, is the fact that polio doesn't seem to be considered a contemporary health challenge. People think that we are making too much noise about a disease that “is as good as eradicated already”. People make comments like, 'Rotary, when will you people face other serious issues and leave polio which has been eradicated.' So we really need to do more work to convince people that our gains in polio eradication have been the result of consistency and persistence and we could lose them and revert to the old days when polio was everywhere if we don't make sure that it is fully eradicated from the earth's surface. My charge to Rotarians is therefore that it is not over until it is over. You cannot truly call yourself a Rotarian if you are not fully involved in one way or the other in the fight against polio. What will you be proud of as a Rotarian when Rotary finally celebrates the imminent success against polio and you did nothing to make it happen? How much of your time, talent or resources have you invested to help Rotary achieve this feat? That, in the long run, is what matters.

Rotary and her partners are living out their purpose. This is a partnership that has worked for the common good. Only posterity will place us appropriately in the annals of history. I am convinced that our gift of a polio-free world will endure and this partnership will be blessed forever.

NIGERIAN WOMEN ARE PENETRATING ENCLAVES TO REACH CHILDREN AND VULNERABLE POPULATIONS



In Northern Nigeria where I work as a nurse and polio vaccinator, only women are allowed to enter houses because most women in this part of the country are in purdah (practice of seclusion)", says Ramatu Garba of Dala Local Government in Kano State. Not only that, many times, mothers require the permission of their spouses to take ailing children to hospitals.

Recognizing these limitations early in the Polio Eradication Programme, the Government of Nigeria with support from the World Health Organization and partners including UNICEF and CORE Group resorted to engaging mostly females to overcome the challenges of reaching eligible children in the household.

Over 360,000 vaccinators are engaged to support each round of national polio campaigns and a further 180,000 for a round of sub-national campaigns. Out of these, more than 80% of the house to house vaccinators are females. In addition to this, the polio programme deployed more 90% female supervisors to monitor the vaccination teams. A further profiling of personnel for all vaccination teams (including fixed post and transit point teams) indicate that 62% of the vaccinators are females.

According to Ramatu Garba, "when you are a female health worker, it is easier to gain access

and provide quality support to areas with gender restrictions, not only during polio but other public health campaigns."

This is in line with the theme of 2019 International Women's Day, "Think equal, build smart, innovate for change", a clarion call to all towards rapid economic and transformational development achieved by addressing and resolving the gender-based differences relating to health needs, risk behaviour, and access to health services.

Aside from the treatment of minor ailments and vaccination of eligible children, there is considerable anecdotal evidence from WHO Nigeria field offices in Kano, Katsina and Kaduna states that the huge investments by donors and partners have gone beyond polio eradication to impact positively on the lives of women, thereby enhancing equity



Happy Gabriel is a student at Kaduna Polytechnic. She became a vaccinator three years ago after gaining admission for her diploma course. Polio programme stipends assisted her to concentrate on her studies and helped greatly to buy books and for her upkeep.

Like Happy, Aishatu Bello is also a local vaccinator and had never seen a bank in her life,

"I saw the four walls of a bank for the first time in my life courtesy of WHO's direct disbursement mechanism. Having my money safely in my bank account has given me financial freedom and a sense of empowerment."

Initiated in 2004 by the WHO, Direct Disbursement Mechanism (DDM) allows for the payment of vaccination teams' allowances directly to their bank accounts thereby mitigating financial risks and increasing accountability and transparency.

WHO has prioritized and promoted leadership in gender, equity and rights across all its health policies and programmes with a view to achieving universal health coverage and attaining the triple billion goals set out in our new Programme of Work.

In Nigeria, "Field personnel are mostly females, especially in the northern states where female polio personnel comprising cluster coordinators, local government area facilitators and field volunteers have the experience and have always worked with community leaders to combat disease outbreaks on preventive and control measures including health education", says Dr Clement Peter the WHO Officer in Charge (OIC).

With lessons learned and positive engagement of women to strengthen the health system in Nigeria, WHO will continue to provide requisite technical support to the State Ministries of Health and to increase the proportion of female engagement, especially on community engagement in efforts to forestall and respond to disease outbreaks.

Source: who.afro.int/news

5 ways Rotary is making progress to END POLIO



Rotary's top global initiative is polio eradication. While there is still work to be done to finish the job, we can be proud of the incredible progress we've made, working with our partners in the Global Polio Eradication Initiative (GPEI). As we begin 2019, here are five ways Rotary is making progress toward our top goal.

1. We've come a long, long way

In 1988, the year when Rotary led the formation of the GPEI, the world had 350,000 cases of polio in 125 countries where polio was endemic. In 2018, there were 33 cases of wild polio in two countries, Afghanistan and Pakistan, which represents more than a 99.9 percent reduction in global polio cases.

2. Nigeria remains at zero

Although Nigeria is officially on the list of countries where polio is endemic, it is approaching the

third anniversary of its last reported case of wild polio. Steady scheduling of immunization days, routine surveillance, and engagement at all community levels and institutions are a few of the reasons for Nigeria's success.

3. Bold strategies are widening our reach

The GPEI is using new approaches aimed at reaching more children. Some are high-tech, such as using geographic information system mapping. Others are low-tech — yet just as critical — such as deploying boats to deliver vaccines to the remote islands of the Lake Chad region.

4. New solutions are advancing our work in Afghanistan

Rotary is doing its part to turn obstacles into opportunities in this war-torn country. Afghan

Rotarians are working side by side with the government and other GPEI partners, often in dangerous places, to meet with local leaders who can foster community acceptance of the vaccine. Rotary-funded permanent transit points also help reach populations on the move between Afghanistan and Pakistan.

5. Complementary service projects are bolstering eradication efforts.

Polio is not an isolated problem. The communities where polio thrives are also affected by other health issues and lack clean water and proper sanitation. To respond to multiple health needs at the same time, Rotary is focusing on projects that complement polio eradication efforts — putting the “plus” in PolioPlus. One example: In Pakistan, Rotary clubs have partnered with The Coca-Cola Company and the United Nations Development Programme to build water filtration plants in Karachi's highest-risk areas.

With your ongoing support, we can continue our progress. You can be a part of our eradication efforts by donating money, raising awareness, or becoming a polio eradication advocate.

Rotary International

WHO EMPLOYS MOBILE SURVEILLANCE SYSTEM FOR POLIO ERADICATION



Rolling out the mobile surveillance in Burkina Faso by the WHO

In an effort to totally eradicate polio from Africa, the World Health Organization (WHO) has launched a real-time innovative mobile surveillance system aimed at strengthening polio surveillance across the continent.

According to WHO, the system is providing valuable and real-time evidence of poliovirus circulation, and helps drive strategic implementation.

WHO, in a press statement issued on Wednesday, said the system is also being used to conduct active surveillance for other diseases, including cholera, NNT, measles, HIV and yellow fever, allowing for rapid response.

The technology was demonstrated at the WHO's Regional Office for Africa (AFRO) in Brazzaville by a delegation of officials from the Korea International Cooperation Agency (KOICA).

The delegates had received a first-hand demonstration of the 'real-time' surveillance system for polio on the continent.

Africa is still one of the continents still regarded as polio-endemic. The polio eradication effort is generally supported by key private and public sector partners, including Rotary International.

The Republic of Korea is also a key partner in the effort, having contributed more than US\$6 million to the effort directly through KOICA.

Poliomyelitis (polio) is a highly infectious viral disease, which mainly affects young children. The virus is transmitted by person-to-person spread mainly through the faecal-oral route or, through contaminated water or food and multiplies in the intestine, from where it can invade the nervous system and can cause paralysis.

Although many countries in Africa have recorded success stories in their fight against the elimination of wild poliovirus, total eradication of the disease has remained a challenge because many countries are falling short on surveillance and immunization.

Nigeria is yet to be certified polio-free having failed to interrupt the transmission of the disease. Nigeria had been on course for polio-free certification in 2016 when 4 new

cases of polio were reported in Borno State after almost two years of being without a case. For a country to be certified polio-free, it must have gone at least three years without reporting a case of polio.

Demonstrating the use of the new technology, Pascal Mkanda, head of AFRO's polio eradication effort said this would assist thousands of medical and health officers dispatched across the continent to health clinics to actively search for cases of acute flaccid paralysis (AFP). "Results of visits are communicated right back from the field level to the regional office in real time, via mobile phone technology," he said.

The technology, developed in coordination with the Bill & Melinda Gates Foundation, is part of ongoing efforts to fill remaining sub-national surveillance gaps, particularly in the lead-up to potential regional certification of wild poliovirus eradication. Earlier, speaking on efforts geared towards polio eradication across the world, Bill Gates, the co-founder Bill and Melinda Gates Foundation, expressed concerns over the hard to reach and war-torn areas where polio cases were still being reported. Afghanistan, Pakistan and Nigeria are the only three countries in the world where wild polio remains endemic. He advocated that increased commitment and funding to the health sector will go a long way to improving health care delivery and interrupt polio transmission in countries where the disease is still recorded. He emphasized the important role of technology in surmounting developmental challenges, even in hard to reach places especially in polio eradication where satellite data was being used to identify locations where children could be found and in improvement of surveillance to ensure that even sewage systems were tested for the presence of the polio virus in populations.





Cross section of community members at the commissioning



Vice Chair Yomi Adewunmi (left) commissioning a Solar borehole in Apete Ibadan



Group photograph of Rotarians and the Apete traditional leaders



From right Anglican Priest of Umuelem; DG Dan Ajawara; PDG Charles Lawani & Dr Eddy Ndibuagu at the borehole commissioning



Rotary Solar borehole Apete Ibadan



Rotary Solar borehole in Umuelem Enugu state



Vice Chair Charles Lawani in red cap commissioning Rotary Solar borehole in Umuelem community, Enugu state



Drugs Support by NNPPC given to Nganai LGA to support the LGA burnt clinic and Outreach services.



The National Programme Coordinator, Amb. Aminu paid an advocacy visit to the Shehu of Bama



The Rotary National Programme Coordinator, Amb. Aminu inspecting the vaccines before the take off of exercise



Representatives of partner agencies during an advocacy visit to the state Shi'at Leader Rtn. M. YAKUBU Yahaya



Dr. Tunji Funsho drinking polio vaccine at one of the flag offs



PDG IJEOMA OKORO END POLIO NOW ZONE COORDINATOR RI ZONE 20 AFRICA

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