



Dr. Tunji Funsho, presenting a symbolic cheque of \$5.7m to the Minister of Health Prof. Isaac Adewole being granted to UNICEF for polio eradication activities in Nigeria

Chairman's Address

LEVERAGING THE SYNERGIC EFFECTS OF ROTARY INTERNATIONAL'S MATERNAL AND CHILD HEALTH PROGRAMME IN SUPPORT OF MORE EFFICIENT POLIO ERADICATION EFFORTS

As we approach the last stage in our fight to achieve polio eradication, we may benefit from having a look at how we can leverage the innate connections between the six focal areas of Rotary's philanthropic activism especially in establishing a synergy between our maternal and child health activities and polio eradication. Deaths due to pregnancy-related complications such as preventable hemorrhage, infections, toxica eclampsia, anaemia, malaria, obstructed labour are still far too common in Nigeria. These mostly affect poor, adolescent, uneducated and remotely located victims residing in service-deprived areas. In many ways, the risk of infections, malaria, unprepared and unplanned births, poor access to health services by mothers viewed as challenges under the MCH focus area, are reinforcing factors to the continued prevalence of polio infections and need to be reversed.

Thanks to the efforts and dedication of Rotarians, the world is at the edge of ending polio/completely. Although no cases of wild polio have been detected in Nigeria since August 2016, we are currently battling an upsurge in cases of vaccine derived polio across the country. These outbreaks occur in under-immunized populations. Thus despite an increase in outbreak response activities, pockets of concerns owing to unsatisfactory coverage, child absence, vaccine refusals, difficult terrain, poor programme discipline, migrant influx, and pervasive movements of interstate/LGAs nomads and camel breeders remain. This situation has not been helped by instability in the northwest and the northeast which has generated significant population displacement.

Rotary core focal areas of philanthropic activism deliberately complement each other. For example peace and conflict prevention/resolution could be applied to mitigate flash points of tension in Nigeria. Disease prevention and treatment leads to better health indices. Improving and expanding access to low cost and free health care in underserved populations helps to increase the operational capacities of agencies. All these help to support and improve our polio eradication efforts. The same can be said for other key areas. Promoting relevant immunization for children under 5 is a key operational aspect of Rotary International's Maternal and Child Health program, on which most of RI's support to polio eradication is planned. This complements our polio eradication efforts directly. This synergistic effect is therefore something that we must exploit to support our polio eradication efforts. We must exploit Rotary's network especially among healthcare professionals to create more awareness on safe birthing and child health amongst mothers and especially in crisis areas in Nigeria. Rotarians, particularly in areas of the Polio virus resurgence should take steps to reinforce the complimentary support of focal area activities, towards more effective roll-back of outbreaks and help to defeat factors that cause weak coverage and weak vaccine acceptance.

Rotarians, Rotaractors and friends of Rotary in the affected and adjacent states and localities should

be optimally mobilized to execute micro projects targeted at supporting efforts to kick polio out of the affected areas in Nigeria.

Rotary in Nigeria should build into its MCH program the efforts to improve coordination among partner agencies and the government to address funding, personnel and equipment shortages. We must continue to support greater access for services by remote clients and the penetration of hard to reach locations by field immunization staff.

Rotary clubs in Nigeria should also lead wide awareness building for responsive donations and interventions and also mobilize the entire Rotary family for the donation of modern equipment to support health care at all levels especially at the primary level of care. The clubs, through their District Governors, may also consider creating more intensive emphasis in promoting and supporting infant and young child feeding, prevention of malaria, post natal care, intrapartum care, immunization as well as water/sanitation and hygiene especially in special domains of observed deficits.



HRH Ndanusa Yunusa Yakubu PAG
(Sarkin Nupawan Katsina)
Vice Chairman (North)

FROM EDITOR'S DESK

VACCINES WORK

There is a prayer among the Yorubas of West Africa to a supposed deity, it can be applied to any deity, really. It is really simple and it says “O deity, if you cannot make me better, kindly leave me as you have met me.” This may be seen in tandem with the hypocritical oath which says “primum non nocere” also known as “first do no harm”. In essence, it is important that if you cannot make a situation better, try not to make it worse. One thing that is very clear is that we used to have a ridiculous number of cases of polio and other childhood illnesses in the world. In the 50s and 60s, the number of cases of polio globally easily topped 500,000. But as we developed effective vaccines and worked out logistics and methods which enabled us to deliver them to billions of people, cases of these diseases, including polio have gone down drastically. In the case of polio, we have restricted to one single epidemiological belt in 2 countries and just 33 cases in 2018.

In recent times though, we have seen a resurgence of vaccine-preventable childhood illnesses in many parts of the world including Europe and America. One of these is measles which for several years had been

declining but now appears to be on the increase again. The major reason for this is the development of immunity gaps within the population resulting from parents and caregivers not immunizing their children against the disease. Majorly responsible for this is the spread of malicious antivaccination rumours based on shifty information from even less reputable science. One of the things we have spent a lot of time and resources doing in the polio eradication initiative is combating rumours that are basically untrue and sometimes really malicious and designed to set our programme back. For example, there is no evidence whatsoever that our vaccine causes sterility or a reduction in population. Indeed, our populations have grown aggressively in the period since we have begun vaccinating children and this is due to the fact that infant mortality and morbidity has reduced consequent to the administration of our vaccines. Still, the malicious and unfounded rumours persist and a lot of children are being denied access to life-saving vaccines as a result. It makes one to wonder why anyone would spread such falsehood and thereby jeopardize the lives of

innocent children. Why? It is a question that rankles and befuddles but remains unanswered. Like the deity in my introduction above, if you cannot help or improve our situation, why make it worse. Children, die and are crippled because of these diseases but some continue to play needless games with information at their expense. The levels to which people go to concoct conspiracy theories to do harm to innocent children is one that I guess reasonable and decent people will never fully understand, regardless of how hard we try.

Try. That is what we will continue to do. We will continue to give time treasure and talent, particularly those of us at Rotary. We will continue to give blood and sweat to ensure that every vulnerable child has access to life-saving vaccines and none is left behind. Why? Because we know and we are satisfied with data and evidence that vaccines work.

REVISED SIA CALENDAR

29th June-2nd July	1st NIPDs
29th June-2nd July	NIPDs + RI Intensification in selected LGAs
20th – 23rd July	2nd NIPDs



**ROTN. OLUGBENGA
OLAYIWOLE**
Editor PolioStop

NIGERIA POLIO UPDATE: APRIL 2019

GLOBAL AND NIGERIA POLIO VIRUS STATISTICS UPDATE AS AT APRIL 25th 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 two 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

Two cases of circulating vaccine-derived poliovirus type 2 have been reported in the past week: one from Ilorin West in Kwara State and one from Mashegu in Niger State. The onset of paralysis was on 20 March and 18 March 2019 respectively. There are seven cVDPV2 cases reported in 2019 so far. The total number of cVDPV2 cases in 2018 remains 34.

Six cVDPV2-positive environmental samples have been reported this week: two in Bauchi, Bauchi State; one in Maiduguri in Borno State; two in Ilorin East and one in South in Kwara State. The samples were collected between 25 February to 02 April 2019.

With the new cVDPV2 environmental samples reported from Bauchi, the country is now affected by three separate cVDPV2 outbreaks, the first centered in Jigawa State with subsequent spread to other states as well as to neighboring Republic of Niger, the second in Sokoto State and the third one in Bauchi State.

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.

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.

Afghanistan

Three wild poliovirus type 1 (WPV1) cases have been reported in the past week: one each from Sangin and Washer districts in Hilmand province and one from Chora district in Uruzgan province. The dates of onset of paralysis were 6 March, 23 March and 20 March 2019 respectively. There are now six WPV1 cases reported in 2019 from Afghanistan. The total number of WPV1 cases for 2018 remains 21.

Three WPV1-positive environmental samples were reported in the past week: two from Kandahar district in Kandahar province and one from Jalalabad district in Nangarhar province. All the samples were collected on 23 March 2019.

Pakistan

There is advance notification of two wild poliovirus type 1 (WPV1) cases; one from Bannu district in Khyber Pakhtunkhwa province and one from North Waziristan district in KPTD. The cases have onset of paralysis reported on 2 and 4 April 2019 respectively. Once confirmed (officially to be reflected in next week's data), this will bring the total number of WPV1 cases in Pakistan to eight so far in 2019.

13 WPV1-positive environmental samples were reported in the past week: one from Pishin, Khuzdar, Killa Abdullah and two from Quetta districts in Balochistan province; one from

Bannu district in Khyber Pakhtunkhwa; one from Lahore district in Punjab province; one each from Baldia Town, Orangi Town, Saddar, and Gapad Town in Karachi district, and one from Sukkur district and Hyderabad district in Sindh province. The samples were collected between 2 February to 9 April 2019. So far in 2019, a total of 91 environmental positive samples have been reported. Full year 2018 total remains 140.

Central Africa

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week in the Democratic Republic of the Congo (DRC) in Kamonia, Kasai State. The onset of paralysis was reported on 8 February 2019. This is the first cVDPV case in DRC in 2019. The total number of cVDPV2 cases reported in 2018 is 20.

Two cVDPV2 community isolates were reported on 17 March 2019 also from Kasai State.

DRC is affected now by five separate cVDPV2 outbreaks, in the provinces of Haut Katanga; Mongala, Maniema; Haut Lomami/Tanganika/Haut Katanga/Ituri and Kasai.



AMINU MUHAMMAD

NATIONAL PROGRAMME COORDINATOR

Global Wild Poliovirus 2014 - 2019

Country or territory ²	Wild virus type 1 confirmed cases								Wild virus type 1 reported from other sources ²							
	Full year total					01 Jan - 23 Apr ¹			Date of most recent case	Full year total						Date of most recent virus
	2014	2015	2016	2017	2018	2018	2019			2014	2015	2016	2017	2018	2019	
Afghanistan	28	20	13	14	21	7	6	23-Mar-19		17	20	2	42	83	21	23-Mar-19
Pakistan	306	54	20	8	12	1	6	25-Feb-19		127	84	62	110	140	91	09-Apr-19
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								
Israel⁴	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	8	12			160	104	65	152	223	112	
Total wild virus type 1	359	74	37	22	33	8	12									
Total wild virus type 3	0	0	0	0	0	0	0									
Tot. in endemic countries	340	74	37	22	33	8	12									
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 24 Apr 2018 for 2018 data and 23 Apr 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.

ROTARY INTERNATIONAL DONATES N2.1BN TO FIGHT POLIO IN NIGERIA



In a bid to put an end to polio in Nigeria, Rotary International has donated over \$ 5.7 million (about N 2.1 billion) to the Nigerian government to support its fight against the disease. The donation was handed over to the UNICEF Country Representative Nigeria, Pernille Ironside.

Speaking during the occasion which took place in Abuja, the Minister of Health, Isaac Adewole, commended Rotary International for the donation. Professor Adewole said, "Nigeria is on its last lap to end polio. In the next few months, Nigeria will be certified polio-free."

The minister, however, said "the most important thing is that all children that were previously inaccessible in the North-east must access vaccinations before the certification". He also commended National Primary Health Care Development Agency (NPHCDA) for its efforts on Routine Immunization

which is one of the essential pillars to ensuring a polio-free nation.

Rotary International is one of the development partners who have been working on the eradication of the disease in Nigeria and in the world at large.

Speaking about the donation, the Chairman Nigeria National PolioPlus Committee of Rotary international, Dr. Tunji Funsho, said that polio eradication is an expensive venture "that requires everybody to be on board." "This donation will inspire other partners to come on board and support the Nigeria government. We, in the Nigeria National PolioPlus Committee and our partners are reaching more and more children, in more and more areas that were hitherto not accessible particularly with the support of the military."

The UNICEF country representative Pernille Ironside said the donation was to complement the government's effort

on polio eradication in Nigeria. She said UNICEF hopes Nigeria will be certified as polio free country soon. "Being the most populous country in Africa, if Nigeria succeeds, others will succeed," she said.

Nigeria is one of only three countries in the world endemic to wild polio virus, alongside Afghanistan and Pakistan although it has not had a case of the Wild Polio Virus since 2016.

Efforts at successfully eradicating the disease in Nigeria suffered a setback in 2016, when cases of wild polio virus were reported in children in Borno State. Before these cases were found, Nigeria had been on the verge of being certified polio free. The hope is that all the necessary benchmarks will be achieved this year in order for Nigeria to be certified polio-free.

Adapted from the reporting of Ayodamola Owoseye for premiumtimesng.com

INTERVIEW WITH A POLIO SURVIVOR MAKING IMPACT IN POLIO ERADICATION



PolioStop: Please, what is your name sir? What do you do and can we have just a little background information on you?

Dr. Musa Haruna: My name is Daniel Musa Haruna. I'm a Polio Survivor, a Medical Doctor by training and I work for World Health Organization (WHO). I am a member of the Rotary Club of Ibadan Onireke Neighborhood RI District 9125, Nigeria. I am from Kaduna State, I am a graduate of the University of Maiduguri where I obtain my MBBS, and also attend the famous Ahmadu Bello University of Zaria where I also obtain Master's degree in International Relations and Diplomacy and a second Master's degree in Public Health.

PolioStop: At what point did you contract the poliovirus? What was it like growing up before and after you contracted this virus?

Dr. Musa Haruna: I contracted polio at my childhood but I can't remember my exact age then, but from what my mother told me it was when I was less than five (5) years of age. Growing up with polio was a struggle and a great challenge for me. I saw most of my mates playing football but I am always sidelined and not included in their team selection due to my polio-affected limb. It was quite worrisome for me as a child to be excluded by your peers in such activities.

PolioStop: What were the challenges you had to surmount on account of the poliovirus?

Dr. Musa Haruna: So many challenges from family members, friends, classmates and even colleagues at work. You wake up on bright day thinking you can do any work and some people in your family, class and in your office out of pity think that such activities will be stressful for you due the

fact you had polio when you are a kid. Also, sometimes when I go to the superstore to shop and I pick up a plastic shopping basket, someone may come to me and say, let me help you sir. I used to feel embarrassed about such occurrences until when I got my mind made up that disability is just a mind-set thing, and that I can help myself.

PolioStop: Is there any regret, anything or anyone you blame for contracting the virus?

Dr. Musa Haruna: I have no regrets in being a polio survivor, and I don't blame anybody for being a polio survivor and I makes me feel like a special person a times, I feel happy as a polio survivor people think to give you special consideration in certain things as compare to non -disable people but that doesn't make me feel disable person.

PolioStop: What made you decide to join the fight against polio? How did you get involved?

Dr. Musa Haruna: As a medical doctor I was interested in helping people and sometimes in 2006 I was to travel out of the country and a mentor of mine one Mr Bala Shekari of a blessed memory encourage me to rather remain in Nigeria and work, so he help me when an opportunity came from UNICEF and I was employ as a social mobilization consultant in one of the state in the country and this was what gave me the energy to work on the polio eradication program and from their it gets interested as a survivor and worker on the program.

PolioStop: What are the activities, events or programmes you have participated in up to this point in the fight against polio?

Dr. Musa Haruna: I have been involve as a social mobilization consultant with UNICEF and now a cluster coordinator on the polio eradication program in-charge of surveillance and routine immunization and subnational immunization days.

PolioStop: Do you have any future plans on polio eradication, like special projects you will like to implement or have implemented?

Dr. Musa Haruna: Yes I have a future plan and that's is to support and encourage mothers on routine immunization so as to improve on the Routine immunization overage of our various communities in the country, because is only with strong routine immunization that polio can be eradicated.

If I can I have some financial support I will like to support special outreach session on routine immunization in some hard and reach settlements or communities in some state in our country where routine services or coverages are poor, routine immunization is poorly supported in most of our local government authorities in our primary health care clinics.

PolioStop: In what ways do you think the fight against polio can be improved?

Dr. Musa Haruna: The only way it can be improve is by government and partners to put more funds in training and supporting the conduct of routine immunization activities in our community health clinics.

PolioStop: Do you have any advice for the government and partners on polio eradication?

Dr. Musa Haruna: Yes just like my last comment the government and partners need to encourage routine immunization activities in our health clinics or the PHCs through funding in order to stop the transmission or the interruption of the wild polio virus through immunization

PolioStop: What message do you have to Rotarians and friends of Rotary on polio and its eradication?

Dr. Musa Haruna: What we have started earlier as Rotarians and friends since the commencement of the polio eradication program we need to strengthen it by encouraging the government to be the leader and also our government need to take her responsibility as the gate keeper of our nation and health care system.

PolioStop: Finally, what will you like to say to others who might have been affected by polio?

Dr. Musa Haruna: For those with the disability as result of the polio virus this is not the end of the world and we can be useful in every aspect of this world, for example here iam as a doctor working on the polio program, before now I was working in the clinic so I want to encourage every survivor to get useful by encouraging one not be adamant due to the disability, get education and be useful, "disability is a state of the mind and not the physical disability in our body".

PolioStop: Thank you for your time sir.

Dr. Musa Haruna: Thank you I appreciate this opportunity by rotary international, God bless and let the good works continue.

FIVE WAYS THE FIGHT AGAINST POLIO IS A FIGHT AGAINST OTHER DISEASES

Decades-long polio infrastructure has spill-over benefits across larger public health interventions



Ready for a long day—vaccines are put in cold boxes as a part of the cold chain to reach as many children as possible in the door-to-door vaccination campaigns. © Rotary International.

From the epidemics in the 1950s to the 1000 cases per day in the 1980s, polio's devastation has seeped across generations. That is, until Global Polio Eradication Initiative and anchoring partners, Rotary International, WHO, UNICEF, CDC, and most recently, the Bill & Melinda Gates Foundation, united efforts and resources to develop a comprehensive polio eradication infrastructure.

Ranging from cutting edge research to dedicated laboratories to community engagement to sewage sampling, the polio infrastructure is as widespread as it is comprehensive. With presence in over 200 countries, the polio programme is second to none, making it one of the largest

public-private health partnerships in history.

While the polio eradication infrastructure helps get us closer to a polio-free world, did you know that it is also used to fight and protect against other diseases, too? Here are five examples of the polio infrastructure at work:

The cold chain

The Oral Polio Vaccine (OPV) requires constant refrigeration and vaccine must be kept cool between 2-8 degrees, or it risks losing its effectiveness. This is no easy task in countries and areas where electricity is either unavailable or unreliable.

So, the programme developed what is known as a cold chain system — made up of freezers,

refrigerators, and cold boxes — to allow polio workers to store the vaccine and transport it over long distances in extremely hot weather. In Pakistan, a measles immunization program now relies on the same system. With the help of the cold chain, Sindh province recently reached its goal of immunizing more than 7.3 million children against measles.

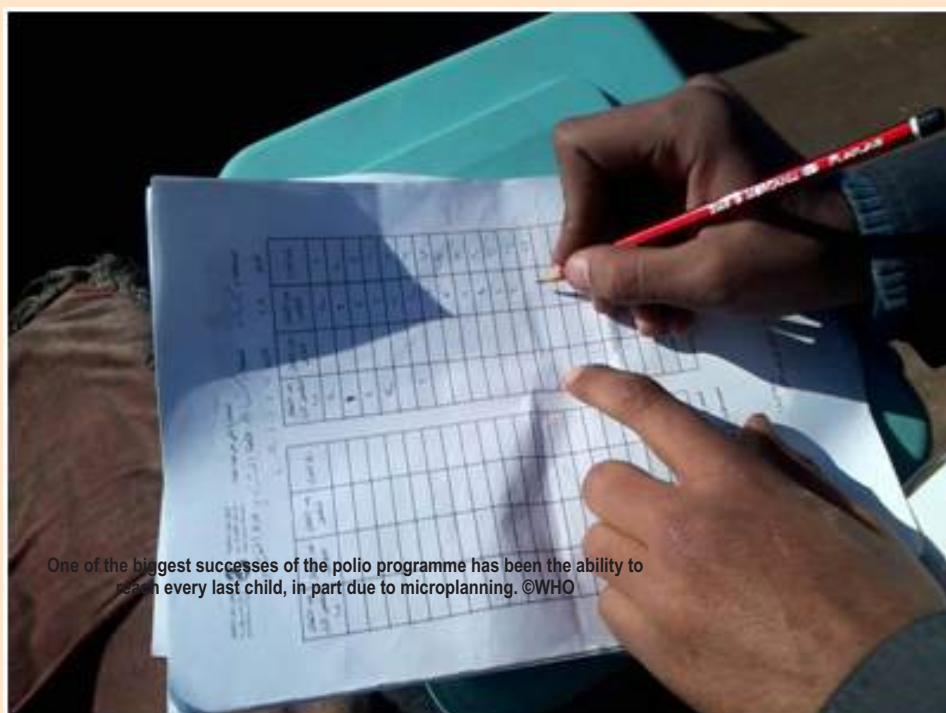
Microplanning

A critical component in immunizing more children against polio, especially in remote regions, is microplanning. A microplan allows health workers to identify priority communities, address potential barriers, and develop a plan for a successful immunization campaigns.

The workers collect as many details as possible to help them reach and vaccinate all the children. This strategy has helped keep India polio-free for five years. Now the Mewat district of India is using microplanning to increase its rates of vaccination against measles and rubella.

Surveillance

The polio surveillance system helps detect new cases of polio and determines where and how these cases



One of the biggest successes of the polio programme has been the ability to reach every last child, in part due to microplanning. ©WHO

originated. Environmental surveillance, which involves testing sewage or other environmental samples for the presence of poliovirus, helps workers confirm polio cases in the absence of symptoms like acute flaccid paralysis (AFP). One of the biggest successes of the polio programme has been the ability to reach every last child, in part

due to microplanning. ©WHO

In Borno state in Nigeria, the AFP surveillance system is now being used to find people with symptoms of yellow fever and was one of many tactics used during a 2018 yellow fever outbreak that resulted in the vaccination of 8 million people.

Contact tracing



The polio programme is meticulous in making sure we reach every child in every corner of the world. ©WHO/Chad

Since polio is a transmittable disease, health workers use contact tracing to learn who has come in contact with people who might be infected. Contact tracing was also critical to containing an Ebola outbreak in Nigeria in 2014. When a traveller from Liberia was diagnosed with Ebola, Nigerian officials were able to quickly trace and isolate the traveller's contacts, helping prevent the disease from spreading further.

Emergency operations centres

An important part of the polio infrastructure that Rotary and its partners have built is the emergency operations centres network. These centres provide a centralized location where health workers and government officials can work collaboratively and generate a faster, more effective emergency response. The emergency operations centre in Lagos, Nigeria, which was originally set up to address polio, was adapted to handle Ebola, and it ultimately helped the country respond quickly to an Ebola outbreak. Only 19 Ebola cases were reported, and the country was declared Ebola-free within three months.

AFGHANISTAN-PAKISTAN SCHOLARS REITERATE: POLIO VACCINATIONS COMPLY WITH ISLAMIC SHARIAH



Thirty eminent Islamic religious scholars from Afghanistan and Pakistan have reiterated 'that polio vaccines are not only safe and in compliance with Islamic principles, but also a religious and moral duty incumbent on all parents.' This joint declaration was issued at the Afghanistan-Pakistan Eminent Ulama Conference, held in Muscat, Sultanate of Oman, on April 15, 2019. The Conference is an innovative step in the global effort to stop poliovirus, under the aegis of the Islamic Advisory Group for polio eradication (IAG).

For the first time, the IAG convened religious scholars from both sides of the Afghanistan-Pakistan border in a bid to appreciate their value as community

leaders and to secure bilateral support for polio eradication efforts across the joint country corridors through which the virus is being transmitted. The Conference was inaugurated by His Excellency Dr. Darwish bin Saif Al Maharbi, Undersecretary for Administrative and Financial Affairs, Ministry of Health, Oman and His Eminence Sheikh Dr. Kahlan bin Nabhan Al Kharusi, Assistant Grand Mufti of Oman who welcomed the participants and prayed for their success. "Children are precious in the eyes of Islam, which requires us to call for their protection," said Dr. Al Kharusi, while referring to the weight of responsibility in issuing fatwas and the role of scholars in clarifying Islamic rulings to the general public.

In his address during the opening session of the conference, His Excellency the Deputy of Al Azhar Al Sharif, Dr. Saleh Abbas Goma Saleh, called upon parents to vaccinate their children to protect them from harm. "The family bears the responsibility of the proper upbringing of, and caring for children and maintaining their health," he said. "It is disturbing to see parents neglect their responsibilities and leave their sons or daughters at risk of illness and disability, with those neglected dependents sometimes ending up suffering from chronic physical and psychological disorders." He also assured the participating scholars from Afghanistan and Pakistan that the fatwa-issuing partners of the IAG support the use of vaccination. "Al Azhar Al Sharif's Islamic Research Academy and the International Islamic Fiqh Academy (IIFA) have authorized countries and governments to require people's use of preventive immunization as a means of stopping epidemics and preventing their spread." "The Secretariat of the Academy denounced those fatwas prohibiting vaccinations and called upon preachers and imams to invite people to welcome vaccination campaigns." "The sole purpose of all vaccination teams is to serve humanity, and to completely eradicate numerous communicable diseases, which represent an onerous burden, and could turn into global epidemics." "Let us unite in exerting efforts and come to an equitable common word for the good of humankind." This is an important effort since polio cases continue to be reported during 2019.

The Islamic Advisory Group for Polio Eradication (IAG) was launched in February 2014 after consultations among Al-Azhar Al Sharif of Egypt, the International Islamic Fiqh Academy (IIFA), the Islamic Development Bank (IsDB) and the Organization of Islamic Cooperation (OIC). The group comprises leading Islamic institutions, religious scholars, technical experts, and academia from the Muslim world. It is aimed at exploring ways to muster support from Muslim religious scholars and groups, donor countries and organizations as well as other contributors for global efforts to end polio in the three remaining endemic countries Pakistan, Afghanistan, and Nigeria and in outbreak countries, particularly Somalia.

Sourced from reliefweb.int



12 ARRESTED FOR CREATING PANIC AGAINST POLIO VACCINE IN PAKISTAN

At least 12 people were arrested recently in Pakistan for spreading misinformation about the polio vaccine on social media, hampering a vaccination drive and creating panic among parents as Pakistan launched its 2019 polio campaign. The arrests were made after a series of videos went viral on social media claiming polio drops have poisoned children. A man in one video, identified as Nazar Muhammad from Peshawar's Mashokhel area, alleges that the vaccine causes illness after which he dramatises the scene, telling the children to "fall asleep" as if they were unconscious. This fake 'reaction' to the polio vaccine emerged from one school in Peshawar and spread like wildfire, creating chaos across the city. The health department termed it "a coordinated conspiracy to disrupt the polio immunisation drive."

The government of Khyber Pakhtunkhwa (KP) and the Pakistan polio department actively debunk rumours with frequent video updates on social media, visits to hospitals and press conferences.

KP Health Minister Dr Hisham Inamullah Khan said the inquiry report only "points towards panic", adding that the school from where it all started is being investigated. "These schools had also refused the anti-polio campaign earlier. They did not want drops administered to their students," he claimed.

Prime Minister's Focal Person Babar Bin Atta said that action would be taken against the culprits.

"Panic was created to jeopardise the polio vaccination as part of a campaign and to put our children at risk of diseases. It is a criminal act and perpetrators will be held accountable," Atta said.

The Polio Eradication Department's Kamran Ahmad Afridi said it's natural for parents to get worried but there is "no need to panic" as the polio vaccine is "tested worldwide" and is among the safest in the world. Meanwhile, the KP government has formed a 10-member inquiry committee to probe the matter and submit a report within 48 hours. Officials confirmed the vaccination drive would continue until polio was completely eradicated.

The misleading videos have severely hampered the 2019 polio vaccination campaign that started on April 22 and which aims to protect 39 million children from the poliovirus.

"More than 100 houses that I visited today refused to vaccinate their children against polio as they are gripped by the fear and panic created by the fake videos" Zia ul Islam, a young polio worker from the Mamund area of tribal

district of Bajaur, told Gulf News over the phone. "The videos have ruined years of dedicated efforts by polio workers."

So far, 8 cases of the polio virus have been confirmed in Pakistan in 2019. The latest two victims of the virus are 22-month-old boy Hamza from Bannu and two-year-old girl Razia from North Waziristan.

Meanwhile, the current polio campaign has been temporarily suspended in some areas to ensure the safety of the polio workers. Provincial Health Secretary Farooq Jameel said that a fresh vaccination drive would be launched after parents' trust is regained.

Pakistan is one of three countries in the world, alongside Afghanistan and Nigeria, where polio is still endemic. In 2018, most polio cases reported in Pakistan were from tribal areas of KP and Balochistan. Many parents have misconceptions about oral vaccines, considering it a health risk and/or un-Islamic, but mostly due to ignorance and illiteracy, resulting in fewer vaccinations. However, the efforts to involve tribal leaders, religious leaders, schools teachers and community workers have had a positive result.

From the reporting of Sana Jamal for gulfnews.com



Emir of Kaltunjo, Gombe State vaccinating a child during the Flag Off ceremony



Left - Emir of Balawaja Balanga and Emir of Kaltunjo (right) during the 3rd Phase of Outbreak Response



The Emir of Balawaja Balanga Gombe State immunising children during the Flag Off



The symbolic immunization exercise done by the Sokoto State Deputy Governor during the State flag-off at Illela LGA



RI Director Yinka Babalola's at the Katsina LGA Cold Store



RI Director Yinka Babalola inspecting a Team ice pack & the day performance in Katsina



The 2019 Africa Vaccination Week (AVW) was launched with an AWARENESS WALK sponsored by NPHCDA & other partners



Vaccinated Children pose for a picture to display that they have been immunised.



RI Director Yinka Babalola decorating Wakili kudu for his outstanding performance during May SIPDs in Katsina



Rtns. Gbenga and Rtn. Victoria with the Executive Secretary Ogun State Primary Health Care Board Dr. Ogunsola at Oke Mosan in Abeokuta.



State Rep, Otunba Rick Oladele amongst other Rotarians and Caregivers (Team 040) vaccinating children in Akanbi Ward of Ilorin South LGA



Rotary Field Coordinator assisting Team Supervisors with the OBR tally-sheet..



Rotarians posing with the DRINK A BOTTLE TO END POLIO fund-raising initiative by Rotary Cluc of Ogba, RID9110



Rotn. Jasmine President Elect R.C. Barnawa Kaduna celebrating her birthday with children of RIDO community, Kaduna



Teams of vaccinators in SOKOTO STATE during the April round (Phase 1) of the SIPDS



Rotn. Timothy Gambo immunising in Jaligo, Taraba state



Rotarians vaccinating children in Akanbi Ward of Ilorin South LGA.



Rotn. Jemima Mairobo vaccinating in Jalingo, Taraba state



Dr. Tunji Funsho (middle), Prof. Isaac Adewole, and the Deputy Country representative of UNICEF Pernille Ironside, during the symbolic cheque presentation



Dr. Tunji Funsho (Chairman, Nigeria National PolioPlus Committee - NNPPC) at TVC discussing POLIO ERADICATION and WORLD IMMUNIZATION WEEK



District 9110, Nigeria organised a Golf Kitty Tournament amongst the District Leaders who are Golfers_ to support POLIO ERADICATION.



PDG Prince Adelusi Adeluyi(3rd from right) during the Golf Kitty



Dr. Tunji Funsho before the Golf - Kitty Tournament



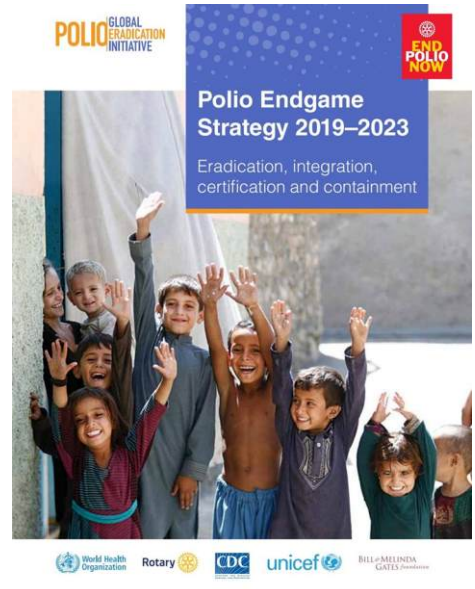
A Vaccinator handing over - PLUSes - to a child after he was vaccinated.



A child pictured as he willingly opened his mouth and got set for the drops of vaccination



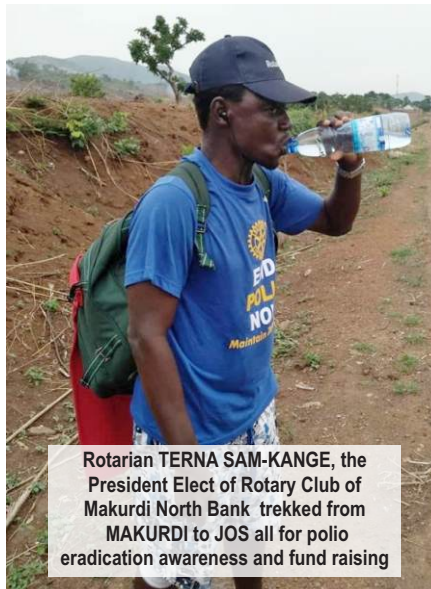
A child who was finally vaccinated after convincing the Father on the NEED TO IMMUNIZE EVERY CHILD.



The Global Polio Eradication Initiative (GPEI) launched the POLIO ENDGAME STRATEGY 2019 – 2023



At State flag-off of the April Round of SIPDS, the Deputy Governor of Sokoto State drops few vaccines in to his mouth



Rotarian TERNA SAM-KANGE, the President Elect of Rotary Club of Makurdi North Bank trekked from MAKURDI to JOS all for polio eradication awareness and fund raising



Members of the Red Cross and some Rotarians cheering up Rotn. Terna



DG Elvis Chukwu welcoming Rotn. Terna and the red cross members to D9125 Conference



Rotn. Terna being decorated as Paul Harris Fellow at D9125 Conference

MINI POLO TOURNAMENT IN JOS, PLATEAU STATE IN SUPPORT OF POLIO ERADICATION



WHY THE LAST MILE IS SO IMPORTANT

with Michael K McGovern
International PolioPlus Committee chair



1 There were more cases of wild poliovirus in 2018 than in 2017. Should we be discouraged?

No, not at all. We've always expected the number of cases to fluctuate somewhat as we get closer to zero. We've gone four straight years with fewer than 100 cases per year. That's an indicator of great progress. With dedication from governments and Rotarians in areas still affected by polio, we'll get there.

2 Why is it so difficult to eradicate a disease like polio?

Remember that even in the United States, where the polio vaccine was readily available, it still took 20 years to become polio-free. And the areas we are working in now don't have health systems that are as well-developed as in the United States.

3 What challenges are you seeing now?

We have been working intensely in the endemic countries - Afghanistan, Nigeria and Pakistan - for a number of years and some of the citizens in those countries are getting concerned that we are spending money on polio eradication when they have so many other needs. There's some resistance to keep on receiving immunisations for polio and polio alone. Our challenge is to find ways to provide other services to the citizens and children so we still have the parental support we need — to provide the "plus" in PolioPlus.

4 What role does armed conflict play in those areas?

It makes the logistics of immunisation far more difficult. The Global Polio Eradication Initiative partnership is not only dealing with governments - we're dealing with anti-

government elements as well. While we've worked to gain everyone's trust and support, we've had areas that were inaccessible to immunisation teams for months and sometimes years at a time.

5 Do immunisation teams know when they miss children? Or are there children they don't even know about?

I think we have a good handle now on knowing when and where we're missing children. The challenge is to keep reducing the number we miss. In Nigeria, we have done a lot of work since we were surprised by the discovery of several polio cases in Borno state in 2016, two years after the country had last seen a polio case. We now know through GPS mapping where the children are and we are working with authorities there to make sure all children receive the polio vaccine.

6 Where are we seeing successes?

We haven't had any cases of wild poliovirus anywhere in the world in nearly five years except in the three endemic countries. And in Nigeria, it's been almost three years since we had any wild poliovirus cases and those occurred in a small area of the country.

7 What's the most important thing Rotarians should know?

I've been extremely impressed with the dedication and persistence of Rotarians in Afghanistan, Nigeria and Pakistan. They are working hard to make sure polio is eradicated. It's pretty amazing what they do in those countries. Rotarians should continue to be optimistic and to support eradication. We also need Rotarians to bring the need for continued funding to the attention of their government leaders. We can't lose sight of the goal!

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