



DG JUMOKE BAMIGBOYE (D9125) PRESENTS TROPHY TO THE BEST PERFORMING CLUB AT THE 2020 WORLD POLIO DAY KEEP POLIO@ZERO AWARENESS PARADE

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, DGE Remi Bello - Treasurer, PDG Joshua Hassan - PR Adviser, PDG Tolu Omatsola, PDG Ijeoma Okoro, Ogiemudia Ikponmwoosa
 PRIVP Yinka Babalola - Special Representative, DG Bola Oyebade, DG Jumoke Bamigboye, DG Virginia Major, DG Ndukwue Chukwu

Chairman's Address

We can eradicate Polio from the world



The viral polio disease has over the years crippled hundreds of thousands of children in Africa and other parts of the world but on August 25, four years after Africa's last case was recorded in northern Nigeria, the continent was declared free of wild polio. Still, vaccine-derived strains of the virus remain in more than a dozen African countries.

Pakistan and Afghanistan are the only two countries in the world where the debilitating virus remains endemic.

There is no cure for polio, but the disease can be prevented through the oral administration of a vaccine.

Recently, Dr. Tunji Funsho, a cardiologist based in Lagos, Nigeria, was named one of TIME magazine's 100 most influential people of the year for his work in eradicating wild polio in Africa. Al Jazeera spoke to Funsho, chair of Rotary International's Nigeria National PolioPlus Committee, about the progress and challenges in tackling the viral disease, as well as the effect of the coronavirus pandemic on immunisation campaigns.

Al Jazeera: Africa was declared wild polio-free earlier this year. What does this certification mean for the continent as a whole and its people?

Funsho: It's a major milestone for us. As recently as 1996, when the Kick Polio out of Africa initiative was inaugurated through the prompting of Rotary International by former South African President Nelson Mandela, Africa was having 70,000 cases of wild poliovirus every year.

It was that initiative that galvanised African countries to start regular mass campaigns, going from house to house with the oral polio vaccine to make sure that we don't lose any child. Twelve years ago, Africa was responsible for about 50 percent

of all polio cases in the world, so we see it as a great milestone. But more importantly, no child will ever again be paralysed by wild poliovirus on the African continent. The lesson is if we can do it in Africa, we can do it in the world. If we can do it in polio, we can do it for any other kind of intervention.



Al Jazeera: Despite the certification, there are still vaccine-derived cases in about 16 countries which are currently experiencing outbreaks. So, what kind of challenges and barriers does the continent continue to face?

Funsho: The wild poliovirus is quite distinct from the cases of vaccine-derived polio, which is what is happening in countries mostly in West Africa, the Horn of Africa and parts of central Africa. With the appropriate outbreak response, we can put an end to vaccine-derived polio within six months.

The current outbreaks are festering because of the COVID-19 pandemic, which had restricted, until recently, our ability to mount robust outbreak response campaigns to immunise children.

I'm quite confident, now that we have restarted the outbreak response in some countries, even vaccine-derived [polio] would be a thing of the past.

Al Jazeera: What effect has the coronavirus pandemic had on the progress made in polio eradication in Africa?

Funsho: It has slowed down the ability to respond immediately to outbreaks of vaccine-derived polio. It has also impacted our routine ability to ensure we continue to increase our routine immunisation because families have not been accessing primary healthcare facilities because of the pandemic. So, there's been a dip in routine immunisation, which is very important.

It has also diverted resources – both human and material – from polio eradication-related activities to COVID-19 containment activities.

But thankfully, at least in most African countries, COVID-19 is now on a marked decline. We're able now to improve on our routine immunisation and mount our group response campaigns against vaccine-derived polio.

Al Jazeera: Countries such as Pakistan and Afghanistan continue to face challenges because of mistrust and a lack of awareness about the vaccine. Polio workers are often targeted or families refuse to immunise their children. Is that something also seen in Nigeria and other African countries?

Funsho: Predominantly in Nigeria we had those kinds of scenarios between 2001 and 2003, as well as from 2008 to 2009, in Kano and Borno state but those have been sporadic. Thankfully, we don't have that kind of challenge any more in Nigeria, which is what helped us get to the milestone.

Al Jazeera: What more needs to be done to ensure that children in Africa and also around the world remain polio-free? What should be the priority?

Funsho: In Africa, in particular, there's a need to mount robust advocacy governance at every level and invest in resources that will keep all vaccine-preventable diseases at bay, including the wild poliovirus. In other words, to ensure that every child gets the routine immunisation, as and when due because that is the kind of guarantee that will prevent the resurgence of polio even if it gets imported from another country.

We need to put a lot of efforts to continue to advocate for governments not to assume that, because Africa has been certified polio-free, resources should be diverted and taken somewhere else. As a matter of fact, a lot of resources need to be poured into primary healthcare so that the routine immunisation can continue and every child born will get the due numbers of the various antigen needs.

By Saba Aziz for Aljazeera.com

FROM EDITOR'S DESK

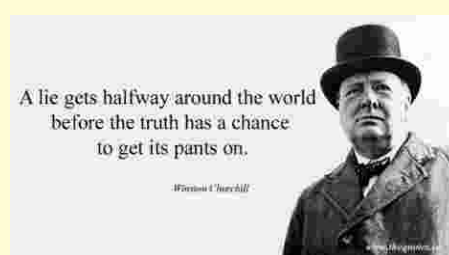
Careless Whispers

*Time can never mend
The careless whisper of a good friend
To the heart and mind
If your answer's kind
There's no comfort in the truth
Pain is all you'll find*

These were the lyrics that came to my mind as I sat and pondered the recent discussions and arguments over the remarkable developments made in recent times in the vaccine world, particularly in relation to the amazing achievement in developing potent vaccines against the novel corona virus disease. What should have been a moment to celebrate the achievement of a significant milestone for humanity has been covered in controversial comments and doubts by people, some of whom are health professionals, with very little understanding of the vaccine development process or how vaccines have contributed immensely to a healthier and wealthier world. It's even worse that some of them know the contribution of vaccines to the advancement of humanity and still choose to spread baseless lies and disinformation for obscure purposes. They choose to engage in careless whispers, dangerous and damaging whispers.

I have imagined in recent times how much farther along we would be in the fight to eradicate polio without these careless words even by people who should know better. I remember how careless talks by someone who is expected to be a pillar in the medical and pharmaceutical community became the source of widespread vaccine hesitancy in northern

Nigeria which resulted in the needless and absolutely preventable paralysis and deaths of innocent children in the region. Recently, such careless talk, some even bordering on the malicious has been found to be responsible for vaccine hesitancy and rejection in Pakistan which has led to the escalation of the polio outbreaks in that country. That country currently suffers from an outbreak that is unlike anything we have seen in the past decade. Imagine going from less than 20 cases to 82 wild polioviruses and 104 cVDPV cases in just a few years and 2020 is not even over yet. That's what happens when people talk carelessly and without facts particularly in this age of social media.

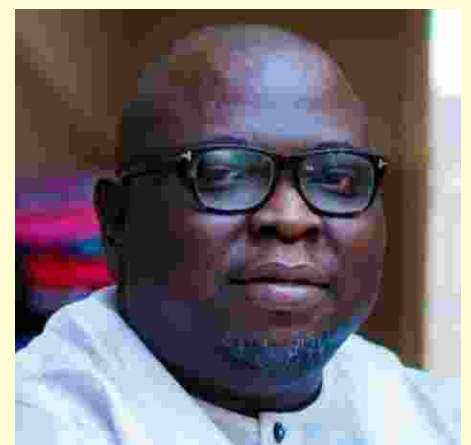


Sir Winston Churchill said “A lie gets halfway around the world before the truth has a chance to get its pants on.” In these days of social media, the lie often gets around the world before the truth even wakes up.

That's why it is important that we stand on the side of the truth at every opportunity and counter every misinformation with verifiable facts. For every careless whisper, we must ensure that the truth bellows- firmly, strongly and consistently.

We know that vaccines work. We know that the polio vaccine does not cause sterility. We know that the polio vaccine is not an attempt by the west to lower our population, in fact, our population has almost tripled in the time since we have been taking the polio vaccine while the population of Europe and America has not even doubled. We know that the number of cases has fallen by 99.9% because growing up, we all knew someone who had polio. Most of our children today cannot say the same. These are the facts we need to present whenever these lies, these careless whispers are being released. 2020 has come to an end and we have to begin 2021 well by making sure that we tackle vaccine rejection. That begins by stopping these careless whispers in their tracks.

Wishing you all a wonderful yuletide season and praying that 2021 will be a beautiful year for all of us.



Rotarian 'Gbenga Olayiwole
Editor, Poliostop

NIGERIA CROSSING THE FINISHED LINE IN POLIO ERADICATION! THE REWARD OF HARD WORK IS MORE WORK !

Nigeria made history when one views 2020 as the year that marked Nigeria and Africa crossing the line in the race to a polio free continent as the WHO Africa region was certified wild poliovirus free by the Africa Regional Certification Commission (ARCC) on 25th August 2020. Although Nigeria is wild Poliovirus free, the presence of outbreaks of circulating vaccine derived Poliovirus (cVDPV) implies that the country is yet to be completely free from polio. With the exit of Nigeria from the list of polio endemic countries, only two countries- Pakistan and Afghanistan- remain in this list of countries who have never interrupted the transmission of the wild poliovirus.

In light of this achievement, the Global Polio Eradication Initiative (GPEI) congratulated the national governments of the 47 countries in the WHO Africa region for achieving the milestone. The WHO Director General, Dr Tedros Adhanom Ghebreyesus said “ending wild polio virus in Africa is one of the greatest public health achievements of our time and provides powerful inspiration for all of us to finish the job of eradicating polio globally.” “I thank and congratulate the governments, health workers, community volunteers, traditional and religious leaders and parents across the region who have worked together to kick wild polio out of Africa.”

Over the past couple of months, polio vaccination campaigns have resumed worldwide to tackle an immunity gap that has been widened during the COVID-19 pandemic. To protect children who have missed out on vaccines, the polio programme has swiftly ramped up efforts by supporting governments to run COVID-19-safe campaigns and exploring opportunities to deliver other vital health interventions alongside polio vaccine.

Alongside this work the programme continues to focus on understanding and addressing the remaining barriers to reach every child in Pakistan and Afghanistan and in Nigeria targeting the security compromised areas reaching inaccessible children in areas with security challenge, more emphasis on operational change and building trust with communities.

Program Strength

Government

**“I shall leave no stone unturned to ensure that the necessary resources and commitment required of my government are in place and efficiently utilized to strengthen routine immunization and finish the job of polio eradication”
Muhammadu Buhari GCFR**

“The Nigeria Army is committed to ensuring that all parts of Nigeria is free from threats, whether physical in form of insurgency and other forms of criminality, and no population is trapped and thereby at risk of population health issues including polio “ Lieutenant General T.Y. Buratai , Chief of Army Staff

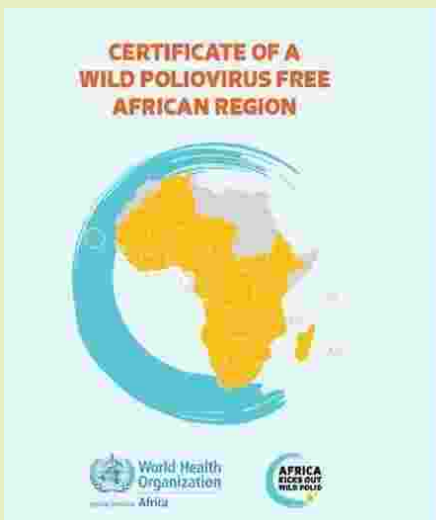
Security risk and accessibility categorization

Red Category – these locations are most volatile and difficult to reach and the likelihood of reaching these areas are low.

Yellow Category – these locations are volatile and difficult to reach but have a Moderate likelihood of being reached by the program.

Green Category – these locations are the least volatile and difficult locations and the likelihood of reaching these locations are high.

To maintain Zero Polio in Nigeria all stakeholders both government and Partners must work together to ensure enough manpower and material resources are mobilized and proper planning done with full involvement and participation of all communities to improve Routine immunization, SIA coverage and AFP detection.



AMINU MUHAMMAD
NATIONAL PROGRAMME COORDINATOR

WHY ROTARY IS INVESTING IN ZERO AND BEYOND



When was polio last in Europe? If you guessed 2002, the year the region was certified polio-free, you're wrong.

The last time polio affected a child in Europe was 2015. Two Ukrainian children were diagnosed with paralytic polio, and that likely means that many more were infected and didn't show symptoms. At least one Western news outlet deemed the outbreak "crazy" — but the reality is that no place on Earth is safe from polio until the disease is eradicated everywhere.

Ukraine had fully vaccinated only 50 percent of its children against polio, and low immunization rates are a recipe for an outbreak. In this case, a rare mutation in the weakened strain used in the oral polio vaccine was able to spread because so many children had not been vaccinated. To stop it from progressing, the country needed to administer 6 million vaccines through an emergency program.

"Rotary was there at the beginning of the global effort to eradicate polio," says International PolioPlus Committee Chair Michael K. McGovern. "It would be unfortunate if Rotary isn't there at the finish line. We've done too much; we've made too much progress to walk away before we finish



Finding poliovirus outside Afghanistan, Nigeria, and Pakistan is not unusual. In 2014, just before the World Cup brought travelers from all over the planet to Brazil, poliovirus was detected in the sewage system at São Paulo's Viracopos International Airport. Using genetic testing, officials traced its origin to Equatorial Guinea. Brazil's regular vaccination efforts kept the disease from showing up beyond the airport doors.

Those are frustrating examples for the thousands of people around the world working to eradicate polio. The fight has come a long way, but it is far from over. Getting to the point where we have made sure that the disease is gone forever will

continue to require money, hard work, and the support of Rotarians around the world. Here are the steps needed to ensure polio is truly gone forever:

Detection

One of the most important aspects of the fight to eradicate polio is detection. This requires continuous surveillance that is complicated and costly. Polio surveillance consists of two parts. First, doctors and community health workers monitor children for acute flaccid paralysis. The second part of the process involves local authorities collecting samples from sewage systems or in places that don't have adequate sanitation facilities, including rivers or bodies of water near a large group of residents.



Ninety percent of people infected with the virus show no symptoms, and those who do usually have mild symptoms such as fever, fatigue, and headaches. Only one in every 200 cases of the illness results in paralysis, which means that for every child who is paralyzed, several hundred are carrying the disease and may not show it.

And not every case of paralysis is caused by polio. Other viruses that can cause the polio-like symptoms known as acute flaccid paralysis include Japanese encephalitis, West Nile, and Zika. To determine if a patient has polio, health workers must collect two stool specimens 14 days apart and send them to a lab for testing.

To find the patients who don't present symptoms or don't make it to a clinic, Rotary and its partners in the Global Polio Eradication Initiative (GPEI) — composed of the World Health Organization, the U.S. Centers for Disease Control and Prevention (CDC), UNICEF, and the Bill & Melinda Gates Foundation — have set up environmental sampling sites in the areas that are most susceptible to the disease.

Fifteen to 20 countries are still at high risk despite having eradicated the illness. Because the poliovirus is most easily detected, and most easily contracted, through stool, researchers take samples from sewage systems and, in places that don't have sewer infrastructure, from rivers and open gutters.

GPEI has developed a network of 145 laboratories around the world that can identify the disease, and Rotary has played a leading role in supporting these facilities.

But regular environmental surveillance is "logistically not so easy to do and it's relatively expensive. It adds a considerable burden to the labs to process the sewage samples," says Stephen Cochi, senior adviser to the director, Global Immunization Division, at the CDC. "It costs real money to keep that network operational, and this lab network is the most highly sophisticated, state-of-the-art infectious-disease network in the world. Rotarians should be proud of that — it's the No. 1 network, bar none."

As part of this system of labs, Rotary has helped fund small, sophisticated local laboratories to track genetic variations of the disease. All viruses mutate to confuse the human immune system, but the poliovirus is notorious for doing so at a rapid rate.

One of these labs allowed Brazilian authorities to trace the virus at São Paulo airport to Equatorial Guinea more than 6,400 kilometers (4,000 miles) away.

Vigilance is key to successful surveillance, says Michel Zaffran, director of polio eradication at WHO. "This is a hidden cost to the program that people don't realize is absolutely necessary to maintain," he said.

The GPEI is providing surveillance in about 72 countries, RI President John F. Germ said at Rotary's World Polio Day event on 24 October 2016. "It's an expensive fight," he said.

Vaccination

The appearance of polio in Ukraine in 2015 is a perfect example of why continued vaccination campaigns are essential — and not only in Afghanistan, Nigeria, and Pakistan. Large-scale vaccinations are enormous undertakings that require money as well as thousands of volunteers on the ground. And in places where the vaccination programs have been successful, the challenge is now to locate and vaccinate that small percentage of children who have been missed.

The vaccine itself isn't the biggest expense in a vaccination. It's the distribution of the vaccine — transportation and staffing, for example — that costs so much. In January, a grant from Rotary covered the costs of an Afghanistan vaccination campaign that involved more than 57,000 vaccinators, 3,100 vehicles, and 3,400 social mobilizers. In Niger, funds covered the cost of using 17 boats, 1,150 carts, 1,071 vehicles, and 1,530 motorbikes.

Funds also went to initiatives in Somalia to cover the cost of more than 400 micro-planning workshops, 13,800 vaccinator and announcer trainings, and the use of more than 1,700 vehicles.

"I think sometimes people don't realize the scale of what these immunization campaigns are actually like," McGovern says. "Rotary

and its partners have administered 15 billion doses since 2000. We've immunized 2.5 billion kids. Repeatedly reaching the kids to raise their immunization levels is very personnel-intensive."

A vaccination campaign is almost mind-bogglingly complex. Rotarians' contributions pay for planning by technical experts, large-scale communication efforts to make people aware of the benefits of vaccinations and the dates of the campaign, and support for volunteers to go door-to-door in large cities as well as in remote areas that may not appear on any map.

It sometimes includes overcoming local distrust of government or outsiders and negotiating complicated religious doctrine. And it means trying to understand the movements of nomadic populations or people pushed out of their homes because of unrest.

Regardless of how they live their lives, each of these children must be vaccinated.

Eradication

Even if the last case of polio is identified this year, a huge amount of work will remain to ensure that it stays gone, which means vaccinating children for at least three more years.

And the vaccine itself will have to change.

Today's oral vaccines contain a weakened live version of the virus, which is much more effective at protecting communities from outbreaks and is less expensive to manufacture and distribute.

The live-virus vaccine, which has reduced polio by more than 99.9 percent, can, rarely, mutate back to a virulent form.

So once the virus has been certified eradicated, all of the live-virus vaccine around the world will be destroyed and replaced with an injectable vaccine that does not contain the live virus. And polio vaccinations will become a part of routine immunization programs around the world.

Once the final case of polio is recorded, it will take at least three years to ensure that the last case is, in fact, the final one. All of the eradication activities will continue to need funding and volunteers through at least 2020.

"We are so close," says John Sever, vice chair of Rotary's International PolioPlus Committee, who has been part of the eradication effort since the beginning. "We've got a 99.9 percent reduction in polio. But we're not there yet. Rotarians and others have to keep working. People will naturally say, 'Well, it seems to be basically gone so let's move on to other things,' but the fact is it isn't gone, and if we move on and don't complete the job, we set ourselves up for having the disease come right back."

By Ryan Hyland and Erin Biba for rotary.org

Nigeria: WHO, UNICEF Estimate \$655mn to Tackle Global Measles, Polio

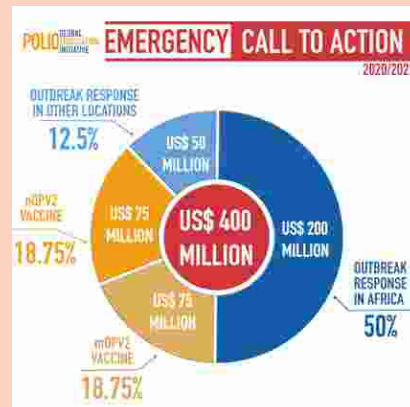


The cost of tackling measles and polio could get as high as \$655 million worldwide, as COVID-19 pandemic continues to obstruct access to immunisation, says the World Health Organisation (WHO) and United Nations Children Fund (UNICEF).

They say an estimated \$655 million (\$400 million for polio and \$255 million for measles) are needed to address dangerous immunity gaps in non-Gavi eligible countries and target age groups as COVID-19 continues to disrupt immunization services worldwide, including Nigeria. The disruptions are millions of vulnerable children worldwide at heightened risk of preventable childhood disease.

Measles is among leading cause of death and disability among children. Only 54 in 100 children get their first dose of measles vaccine in Nigeria, a country declared free of the wild poliovirus in August 2020.

UNICEF Executive Director, Henrietta Fore said, we have the tools and knowledge to stop diseases such as polio and measles adding that what we need are the resources and commitments to put these tools and knowledge into action. "If we do that, children's lives will be saved. We cannot allow the fight against one deadly disease to cause us to lose ground in the fight against other diseases."



UNICEF and the WHO Estimate that \$400 emillion may be needed to keep polio out of Africa.

The WHO Director General, Dr Tedros Adhanom Ghebreyesus also said, COVID-19 has had a devastating effect on health services and in particular immunization services, worldwide while addressing the global COVID-19 pandemic is critical. "However, other deadly diseases also threaten the lives of millions of children in some of the poorest areas of the world. That is why today we are urgently calling for global action from country leaders, donors and partners. We need additional financial resources to safely resume vaccination campaigns and prioritize immunization systems that are critical to protect children and avert other epidemics besides COVID-19. "In 2019, measles climbed to the highest number of new infections in more than two decades. Nigeria remains at risk of both polio and measles outbreaks due to the inadequate improvements in increasing the routine immunization coverage in children receiving lifesaving vaccines."

UNICEF Nigeria Country Representative, Peter Hawkins said, "Nigeria is conducting supplemental immunizations to prevent outbreaks adding that immunization is the best way to secure the future of our children. "It is very safe, effective and available at all government health centres. All caregivers and parents need to ensure that their children are fully vaccinated and protected from childhood killer diseases including ensuring that all doses are taken, so that the vaccine can be effective."

WHO Country Representative, Walter Kazadi Mulombo also said we must continue to engage traditional and religious institutions, as well as other key stakeholders at the community level, to stay vigilant and keep up vaccination rates to avert a resurgence of the wild poliovirus and to address the continued threat of the vaccine-derived polio and other vaccine preventable disease outbreaks, including measles.

Poliovirus transmission is expected to increase in Pakistan and Afghanistan and in many under-immunized areas of Africa, according to WHO and UNICEF as failure to eradicate polio now would lead to global resurgence of the disease, resulting in as many as 200,000 new cases annually, within 10 years.

By Olayemi John-Mensah for dailytrust.com

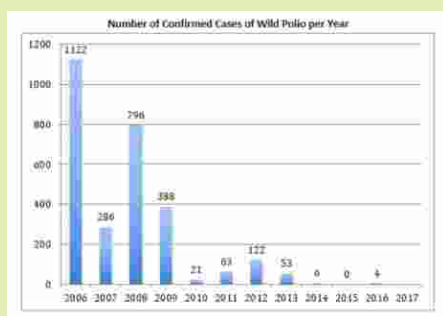
Concerns over polio resurgence in Nigeria as COVID-19 lockdowns increase number of cases in Pakistan



There are concerns over possible resurgence of the poliovirus in Nigeria as Pakistan has recorded increase in number of cases due to the COVID-19 lockdowns. According to a study published online in the journal Public Health, a spike in the number of polio cases in Pakistan, the last refuge of the virus in the world along with neighbouring Afghanistan, is being attributed by health experts to disruption in vaccination services caused by lockdowns and restrictions against spread of the COVID-19 pandemic.

Researcher in molecular biology and immunology at Quaid-i-Azam University, Islamabad and lead author of a study, Misbahud Din, said: “The increase in polio cases could result in the global export of infections and healthcare authorities must intensify efforts to track and vaccinate unvaccinated children.”

Africa was on August 25, 2020 declared free from wild polio by the independent body, the Africa Regional Certification Commission. Twenty-five years ago, thousands of children in Africa, were paralysed by the virus. The disease is now only endemic in Afghanistan and Pakistan. There is no cure but the polio vaccine protects children for life.



Nigeria has made tremendous progress in the fight against polio in the past decade

Nigeria is the last African country to be declared free from wild polio, having accounted for more than half of all global cases less than a decade ago. The vaccination campaign in Nigeria involved a huge effort to reach remote and dangerous places under threat from militant violence and some health workers were killed in the process.

Meanwhile, according to the study, around 40 million children missed polio vaccination after Pakistan, on March 26, suspended a mass vaccination programme being carried out under the Global Polio Eradication Initiative (GPEI).

With support from United Nations Children Fund (UNICEF), World Health Organisation (WHO) and GPEI partners, the Pakistan government resumed polio immunisation late July and conducted the second of two sub-national campaigns in August as COVID-19 cases started declining in the country. However, enforcement of social distancing, vaccine supply disruptions and elevated shipment costs during the four-month break had caused a momentum loss in a concerted drive to make the country polio-free.

Two years ago, with only 12 reported cases, Pakistan had come close to becoming polio-free. But the number of cases rose to 147 in 2019. According to Din, the sharp reversal was due to “illiteracy, vaccine refusal by parents, poverty, conspiracy theories and rejection of vaccination by some local religious scholars”.

Concerted efforts early 2020 led to expectations that the year would see a halt in polio transmission by 2021. But the country was then hit by COVID-19, resulting in massive diversion of

public health resources to tackle the new threat.

According to a UNICEF report, the suspension of immunisation activities and disruptions in other health-related interventions due to COVID-19 pandemic from March to mid-July has increased the number of unimmunised children, including close to 700,000 new-born per month, leading to widening immunity gaps. “It could be concluded that diverting public health funds to fight against other outbreaks disrupted polio eradication plans, which could lead to the spread the of poliovirus in areas of low immunization coverage and immunity,” the new study noted.

Din added that it is “challenging for countries like Pakistan with limited health care facilities to deal with the current pandemic along with other outbreaks liked dengue, malaria and typhoid because COVID-19 overburdened the health care system. Staff already trained to handle polio vaccinations were directed to fight against the COVID-19 pandemic”. WHO representative in Pakistan, Palitha Mahipala, commented on World Polio Day on October 24 that following the certification of the African region as free of wild poliovirus in August, his organisation is “working hard to ensure that Pakistan can be the next country on the journey to a polio-free world.

“The polio programme with its partners has now been able to ramp up activities with a revitalised resolve to end polio in Pakistan as recently done by Africa.”

Source: guardian.ng

GLOBAL HEALTH LEADERS URGE EMERGENCY ACTION ON POLIO AT WORLD HEALTH ASSEMBLY



The first virtual World Health Assembly urged urgent action on polio eradication

In a year marked by the global COVID-19 pandemic, global health leaders convening virtually at the World Health Assembly called for continued urgent action on polio eradication. The Assembly congratulated the African region on reaching the public health milestone of certification as wild polio free, but highlighted the importance of global solidarity to achieve the goal of global eradication and certification.

Member States, including from polio-affected and high-risk countries, underscored the damage COVID-19 has caused to immunization systems around the world, leaving children at much more risk of preventable diseases such as polio. Delegates urged all stakeholders to follow WHO and UNICEF's joint call for emergency action launched on 6 November to prioritise polio in national budgets as they rebuild their immunization systems in the wake of COVID-19, and the need to urgently mobilise an additional US\$ 400 million for polio for emergency outbreak response over the next 14 months. In particular, Turkey and Vietnam have already responded to the call, mobilising additional resources and commitments to the effort.

The Assembly expressed appreciation at the GPEI's ongoing and strategic efforts to maintain the programme amidst the 'new reality', in particular the support the polio infrastructure provides to COVID-19-response efforts. Many interventions

underscored the critical role that polio staff and assets play in public health globally and underline the urgency of integrating these assets into the wider public health infrastructure.

At the same time, the GPEI's work on gender was recognized, with thanks to the Foreign Ministers of Australia, Spain and the UK for their roles as Gender Champions for polio eradication.

Delegates expressed concern at the increase in circulating vaccine-derived poliovirus (cVDPV) outbreaks, and urged rapid roll-out of novel oral polio vaccine type 2 (nOPV2), a next-generation oral polio vaccine aimed at more effectively and sustainably addressing these outbreaks. This vaccine is anticipated to be initially rolled-out by January 2021.

Speaking on behalf of children worldwide, Rotary International – the civil society arm of the GPEI partnership – thanked the global health leaders for their continued dedication to polio eradication and public health, and appealed for intensified global action to address immunization coverage gaps, by prioritizing investment in robust immunization systems to prevent deadly and debilitating diseases such as polio and measles.

Source: polioeradication.org

ISHAKU LAUDS ROTARY INTERNATIONAL FOR ITS CONTRIBUTION TO POLIO ERADICATION



The Governor of Taraba state, Darius Ishaku, has showered encomium on Rotary International for its selfless service and humanitarian gestures toward the fight against wild polio in the country.

Ishaku, who spoke at an induction ceremony of its chapter in Jalingo, the state capital, said the success story of Nigeria against polio would not be complete without reference to the input of Rotary International.

He explained that he had overtime monitored the contributions of Rotary in the fight against polio and affirmed that it took a lot of sensitization and investment of resources on the part of the humanitarian club to rid the nation from the scourge of polio.

He also used the occasion to reel out his achievements in office since 2015, which in turn earned him a humanitarian award from the local chapter of Rotary.

Ishaku informed the forum that his administration had invested a lot of resources to make life better for residents of the state.

Source: Femi Bolaji for vanguardngr.com

HOW ENDING POLIO IN AFRICA HAS HAD POSITIVE SPINOFFS FOR PUBLIC HEALTH



Polio is a highly infectious disease. It's caused by a virus that enters the body through the mouth. The virus then multiplies in the intestine and attacks the central nervous system — causing paralysis. Polio was one of the most dreaded diseases in the world in the 20th century. Four decades ago, an estimated 350,000 people were paralysed each year by the poliovirus in more than 125 countries. This led the World Health Assembly in 1988 to adopt a resolution for the worldwide eradication of polio, drawing inspiration from the eradication of smallpox.

The global programme to eradicate polio is spearheaded by a number of actors. These include national governments, Rotary International, the World Health Organisation (WHO), multiple development agencies, and health care workers. The strategy involves widespread vaccination as part of routine health care services as well as mass vaccination campaigns. Sensitive surveillance to detect and rapidly respond to polio cases is also key.

This initiative has been extremely successful. The number of people paralysed by polio decreased by 99.9% – from 350,000 in 1988 to 175 in 2019. During the same period, the number of polio endemic countries fell from more than 125 to only two: Afghanistan and Pakistan. A country is endemic when there's widespread circulation of polio. The latest WHO region to be certified polio free is Africa. The region was certified on Aug. 25 2020. The certification came four years after the last case of poliovirus on the continent. The polio eradication programme in Africa

directly combated a severe debilitating disease. But it also provided a platform for broader health care services on the continent. Polio eradication created renewed demand for vaccination services and innovative ways to deliver health care services.

What does it take to eradicate a disease?

It takes a combination of multiple biological and non-biological factors to eradicate a disease. Only one disease, smallpox, has so far been eradicated. Polioviruses only survive for a very short time in the environment and there are no animal or insect reservoirs that carry polio viruses. More importantly, effective vaccines exist against polio. Beyond these biological features of polio, the eradication of polio from Africa required sound leadership.

In 1996 African heads of state resolved to stamp polio out of Africa. Then South African President Nelson Mandela launched the “Kick Polio out of Africa” campaign. Thereafter, all-of-society collaborations supporting widespread polio vaccination sprang up across African countries. These involved government departments, the private sector, the civil society, and the community at large to ensure eradication of polio from the continent.

Within national governments in Africa, public service departments worked across portfolio boundaries, formally and informally, to achieve the shared goal of polio eradication. All these efforts culminated, 14 years later, in the certification of the eradication of polio from Africa. Certification is based on evidence that something has been achieved. In the case of polio eradication, a region only gets certified when all the countries in the area demonstrate the absence of poliovirus transmission for at least three consecutive years in the presence of extremely sensitive surveillance. Polio surveillance refers to a disease detection system that involves both community and laboratory components. Surveillance in the community is done by the general public

and health care workers. Health care workers need to report all cases of children who experience abrupt weakness of the limbs. Community members need to report any newly paralysed children in their communities to health care services. In the laboratory, the polio virus responsible for any case of polio paralysis is identified and its source determined. Without such high-quality surveillance it would be difficult to locate where and exactly how the polio virus is circulating or to confirm when its transmission has been eradicated.

Twenty years ago, Africa was close to polio eradication; then misinformation surfaced in northern Nigeria about the effectiveness and safety of polio vaccines. This misinformation led some people in the area to refuse or delay polio vaccines. Vaccination coverage dropped, resulting in widespread polio outbreaks in northern Nigeria and beyond. Such misinformation has gained traction on social media. Avoiding vaccination even when it's available is referred to as vaccine hesitancy. Polio vaccine hesitancy poses significant risks not only for the hesitant people, but also the wider community. It could prevent African communities from reaching thresholds of vaccination coverage necessary to keep polio out of Africa. If a single child remains infected with polio virus in any part of the world, children in all countries are at risk of contracting the disease.

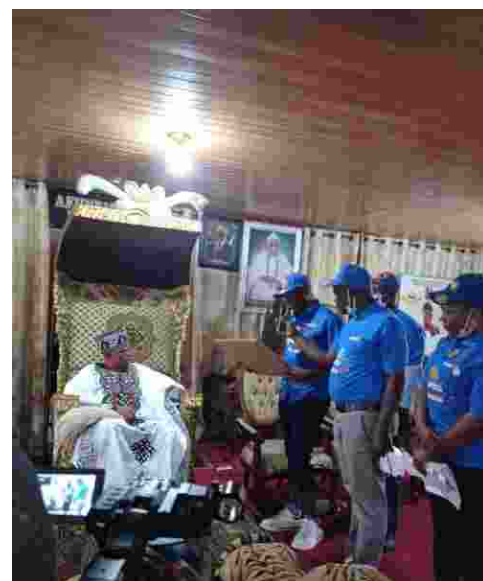
Long-term rewards

Africa's health systems are much stronger because of the investments made. Countries were supported to make life-saving gains. These included increasing access to health care in the most remote places, strengthening routine vaccination systems, and ensuring strong disease surveillance.

Polio's legacy must be built on to achieve other major health goals.

*Written by Charles Shey Wiysonge,
Director, Cochrane South Africa, South
African Medical Research Council for
global.citizen.org*

2020 WORLD POLIO DAY CELEBRATIONS







*Warmest greetings of this festive season and
best wishes for Happiness in the New Year*

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