



2019 NATIONAL FIELD WORKERS AWARD

2019 WORLD POLIO DAY CELEBRATIONS

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Chairman's Address

What a world polio day- Keeping Polio at Zero

Phew! What a plethora of activities we had for the World Polio Day 2019!

The world polio day which was precisely on the 24th of October was marked by myriads of activities preceding and also following the world polio day itself. By now, we are all familiar with the significance of that date. That date was chosen because of the birthday of the inventor of the first polio vaccine Dr Jonas Salk. The Salk vaccine; the injectable vaccine was named after him.

Rotarians across the world planned and executed many programmes to include our four thematic areas of activities; advocacy, awareness creation, fundraising and field activities. Rotarians across the country in every city painted their town not only in red but all imaginable colours.

They also rolled out the drums to celebrate the first world polio day after Nigeria crossed that major milestone on the 21st August of 3 years without a case of the wild polio virus. Yes, we have cause to celebrate because more than two decades of hard work fraught with many challenges has paid off.

We kicked off our activities with our annual field workers awards in Abuja. A very colourful

ceremony where those who were the final link in getting the vaccine to the mouth of our children were publicly recognised and thanked with trophies, plaques and certificates. It was also an opportunity to remember the at least 64 field workers who were killed in the process of getting the vaccine to the children. All our GPEI partners were present and participated in the award ceremony. Our Royal fathers; the Shehu of Bama Alhaji, Kyari Ibn Umar El-Kanemi who is also the chairman of the traditional leaders council for polio eradication, the Mai Kaltungo Alhaji Saleh Muhammed and the Emir of Songa Dr. Haliru Ndanusa Yahaya also graced the occasion.

We had our usual polio road walk with about a thousand participants which included representatives from government, our GPEI partners; WHO, UNICEF, CDC, GATES FOUNDATION and our in country partner SEOF with Sir Emeka Offor himself in attendance. We were on major television channels and social media outlets to advocate, educate and motivate.

At the last count Nigerian Rotarians had carried out and registered 680 world polio day activities across the whole of the country. We rank second in a tie with the USA behind Brazil



DR. TUNJI FUNSHO
Chairman NNPPC

in the lead in the number of activities registered on the Rotary website.

The Nigeria National Polioplus Committee rounded up its activities in Lagos with a concert of comedy, music and dance led by our celebrity ambassadors Ali Baba, Kate Henshaw, Sani Danja, Akiin Shuga, Phyno and Timaya. It was a fun evening and funds were raised for the polioplus fund of the Rotary Foundation.

Now that the celebrations are over we have to focus on our remaining challenges in order to ensure zero cases of polio in Nigeria until world certification. There is no room for complacency. We must redouble our efforts to counter any negative perceptions of the vaccination programme, advocate for more funding and continue to strengthen routine immunisation and polio surveillance structures.

FROM EDITOR'S DESK

WHY POLIO

I know you have heard it asked before, why polio? Why, of all the diseases in the world ravaging children, does Rotary International keep tallying about Polio? Why not malaria or measles? Why is it always Polio that we keep talking about?

This question doesn't surprise me at all. In a way, we are victims of our own success. All those years ago when Polio was a ubiquitous disease afflicting up to half a million kids every year, I am sure no one asked this question because the impact of Polio wasn't hard to explain. Everyone knew what it was. Everyone felt its impact. Everyone had a friend, a family member or close associate who had been afflicted by Polio. Everyone was affected. All those years ago when the developed world approached summer "the Polio season" with trepidation, no one was asking, why polio? But today, with Rotary and her partners having successfully reduced Polio to three endemic countries in 2 epidemiologic belts, the question is now being asked. If people knew where we were when we started, they wouldn't ask the question. If we stopped out work today, we would, in just 10 years have as many as 200,000 cases annually. Polio has the ability to spread that rapidly. It is our work that has kept Polio at bay. People don't see Polio today, that is why they ask, why polio? Taking them to the very

beginning and how much progress we have made since the 50s and especially since 1988 when we started the Polio Eradication Initiative is one way to answer.

Another way to answer is to point to the destabilizing effect of one single child with Polio in a family. If that child is lucky to survive, they may require specialized care for the rest of their life. Modifications would have to be made to their environment to take care of their mobility needs. A care giver may have to be designated to wait on them and help to carry them from place to place. Polio as a disease doesn't just affect a single individual, it alters the life of the entire family.

Another answer to the question of why we and our partners are focused on Polio for eradication and we have refused to be distracted is that there is a financial windfall attached to the eradication of Polio. It is estimated that once we eradicate polio, we can free up over \$40 billion in funds that can be made available for other interventions. Already we can see the importance of the infrastructure we built to fight Polio in tackling other diseases such as cholera and even ebola. This infrastructure will continue to exist but more importantly, more funds will be available to do other

important things once Polio is gone from our world.

Another answer to the question of why Polio, is simply because we can. Before a disease can be targeted for eradication it has to fulfill certain criteria. One, we have to be able to identify it and diagnose it apart from other infections. Two, it has to possess no other host or vector apart from the human being. Three, and most importantly, there has to be a safe and effective vaccine against it. There is no way we could have made the progress we have made against Polio if there was no safe and effective vaccine against it. Hence we CAN and we WILL eradicate polio. That is why Rotary and her partners come together during the week of October 24 every year to honour the man who made it possible. Jonas Salk is the man who led the effort to develop the first safe and effective vaccine against polio and with that development created the possibility that humanity will defeat polio. That is why this edition of PolioStop is dedicated to him and every other person who has made it feasible and attainable for us to gift the next generation of humans a world that is polio-free.

SIA CALENDAR

7th - 10th DECEMBER,
2019
IN 20 STATES



**ROTN. OLUGBENGA
OLAYIWOLE**
Editor PolioStop

NIGERIA POLIO UPDATE: OCTOBER 2019

Two out of Three Wild Poliovirus Strains Eradicated

In a historic announcement on World Polio Day, an independent commission of experts concluded that wild poliovirus type 3 (WPV3) has been eradicated worldwide. Following the eradication of smallpox and wild poliovirus type 2, this news represents a historic achievement for humanity.

"The achievement of polio eradication will be a milestone for global health. Commitment from partners and countries, coupled with innovation, means of the three wild polio serotypes, only type one remains," said Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization and Chair of the Global Polio Eradication Initiative (GPEI) Polio Oversight Board "We remain fully committed to ensuring that all necessary resources are made available to eradicate all poliovirus strains. We urge all our other stakeholders and partners to also stay the course until final success is achieved," he added.

There are three individual and immunologically-distinct wild poliovirus strains: wild poliovirus type 1 (WPV1), wild poliovirus type 2 (WPV2) and wild poliovirus type 3 (WPV3). Symptomatically, all three strains are identical, in that they cause irreversible paralysis or even death. But there are genetic and virologic differences which make these three strains three separate viruses that must each be eradicated individually.

WPV3 is the second strain of the poliovirus to be wiped out, following the certification of the eradication of WPV2 in 2015. The last case of WPV3 was detected in northern Nigeria in 2012. Since then, the strength and reach of the eradication programme's global surveillance system has been critical to verify that this strain is truly gone. Investments in skilled workers, innovative tools and a global network of laboratories have helped determine that no WPV3 exists anywhere in the world, apart from specimens locked in secure containment.

NATIONAL POLIO EMERGENCY OPERATIONS CENTRE

Key Messages – Global Wild Poliovirus Type3 (WPV3) Certification

The great work being done in polio eradication in Nigeria has contributed immensely to the recent global achievement of the eradication of the type 3 wild polio virus for which WHO just issued a global certificate of eradication.

None of the 3 types of the Wild Polio Virus has been detected in Nigeria in three years. There 3 types of the wild poliovirus strains; types 1, 2 and 3. The global eradication of type 2 wild poliovirus was certified in 2015 and on October 24, the global eradication of type 3 was certified by the Global Commission for the Certification of Polio Eradication (GCC). Only type 1 wild poliovirus is yet to be eradicated as it is still circulating in Afghanistan and Pakistan. This is the most virulent of the 3 types of WPV.

The last case of the type 3 wild polio virus in Nigeria was in reported in November 2012 Nigeria has the capacity to stop the transmission of all types of the poliovirus when we support the federal government through NPHCDA to ensure every child is immunized against polio and other vaccine preventable diseases.

Nigeria has achieved three years without detecting any cases of the type 1 Wild Poliovirus. For the country to be free from all types of the polio virus, ensure all children are immunized routinely at the health centres and during Polio immunization campaigns.

The Current success in Nigeria is still very fragile as insecurity, which hinders access to some children, and suboptimal routine immunization coverage across the States, pose a threat to sustaining these gains. Ensure every child is immunized against polio and other vaccine preventable diseases today.

The oral polio vaccine (OPV) remains the best and tested tool for achieving polio eradication. It is safe,

effective, and responsible for the eradication of over 99% of polio cases worldwide over the past 30 years.

Polio mass immunization campaigns will continue in its current intensity. This is to boost the population immunity and contribute to maintaining the global status of achieving the eradication of the type 3 wild polio virus. This will ensure our children and environment are protected against all types of the poliovirus.

Nigeria and indeed Africa has not detected any case of any type of the wild polio virus since 2016. Nigeria and Africa, will be eligible to be to be certified WPV-free in June 2020

Stopping the transmission of all types of polio virus in Nigeria and across the African continent, remains an unfinished success story. As long as any type of the wild polio virus is still circulating anywhere in the World, Nigeria is at risk! Ensure every child is immunized against polio.

Ensure all children under 5 years of age are fully immunized against polio and other childhood killer diseases. Visit the nearest Health centre today!



Source WHO Data



AMINU MUHAMMAD
NATIONAL PROGRAMME COORDINATOR

Nigeria's Women Volunteers Fight Polio



Sitting on a narrow wooden bench, her smiling face framed by a bright blue veil, Zainab Abdullahi explains that she had always wanted to help people in her home city of Kano in northern Nigeria.

Once the epicenter of Nigeria's devastating polio outbreak some 15 years ago, Kano still bears the epidemic's scars: at intersections across the city, young men roll up on wheeled wooden platforms, pointing at their withered limbs and begging for change.

"I grew up seeing children with paralyzed legs, paralyzed arms. I felt sad. That's what motivated me to become a VCM," recalls the 33-year-old Abdullahi, who uses the acronym for Volunteer Community Mobilizers, the teams of women trained by the United Nations Children's Fund (UNICEF). About 20,000 VCMs go door-to-door across Nigeria, raising awareness about polio and delivering life-saving vaccines to children. The efforts have paid off: On Aug. 21, Nigeria celebrated three years without a single new case of wild polio, meaning the country, and the continent, may be certified polio-free as soon as next year.

The VCM program was initially developed to tackle polio but has since become a vital part of Nigeria's efforts to improve its flailing health care system. In the process, it is empowering thousands of women in the country.

"People show me that I'm important, and I feel useful to people," Abdullahi says. "It makes me happy."

The VCM program began in 2012, when wild poliovirus was still widespread in Nigeria. That year, the country recorded 122 cases. That figure was a marked improvement from the more than 1,000 cases recorded in 2006, at the epidemic's peak, but aid organizations were growing frustrated at the continued stubbornness of the disease. VCMs have proved key to ending the outbreak. In many Nigerian households, tradition prohibits a man, other than close male family members, from entering a woman's home without explicit permission from her husband. "If you brought in male health workers, it

would not work – they would not be allowed to enter the homes to immunize the children," says Ngozi Nwosu, national coordinator for the polio transition planning committee of the National Primary Health Care Development Agency. "(But) they're not just women ... they're respected members of those communities, they are people that those community members can trust with their lives."

UNICEF began recruiting women across the country's north, training them to give the polio vaccine while also recognizing and reporting the tell-tale signs of the illness: paralysis of a child's limbs.



The result is not only an army of vaccinators, but also a surveillance team which can quickly report an outbreak and spur a rapid response from both the government and local aid agencies. The year after the VCM program began, cases of wild polio more than halved, and only six were reported in 2014. Only four cases have been diagnosed since.

Despite their importance to the campaign, VCMs are only paid a stipend of 10,000 Naira. "This is really pittance," says Pernille Ironside, deputy representative for UNICEF in Nigeria. "So the fact that they have a willingness to spend their time and energy reflects their commitment to their communities. And I think that's really noble."

Women's roles in the health care system also remain largely at the frontline level, rather than in leadership positions: In Kano state, for example, only four of the 44 local government area health-care coordinators are women. Still, in a society like Nigeria, which ranked 157th out of 189 countries assessed by the United Nations' 2017 Gender Inequality Index, the recognition and respect afforded VCMs can be an important first step in shifting social attitudes toward women.

These efforts have been particularly important in cities like Kano and its surrounds, which are predominantly Muslim and often more restrictive than their southern counterparts like Lagos when it comes to women's rights. "Women were to be seen and not heard," says Nwosu, the polio transition chairperson. "But because of the polio program, the place of women has been boosted."

Zainab Mustapha, 32, says she completed secondary school and earned a diploma in teaching before becoming a VCM in Kano. She's worked to reduce public resistance to the vaccine, which was widespread in Kano due to rumors that the medicine was laced with birth control.

"Now, parents come to meet me at home, very early in the morning or even late at night to check when the next immunization is going to take place," she says happily.

After six years of working as a VCM, Mustapha is returning to teaching because, she says, "the money is small" as a health worker. Despite the low pay, Mustapha says she is proud of what VCMs have achieved for women in Nigeria.

"Women were dying because of childbirth, because of lack of knowledge," she says.



"Sometimes we lost the baby and the mother at the same time. Now, that doesn't happen."

This, too, has become an important part of the program: While they initially focused on polio, VCMs now provide other vaccines such as measles, as well as antenatal care, encouraging women to give birth in hospitals rather than at home.

Efforts like these have helped reduce maternal mortality in Nigeria, which dropped from 1,170 to 814 deaths per 100,000 live births between 2000 and 2015, according to the World Health Organization. The program remains particularly crucial in the northeast, which still sees 1,549 deaths per 100,000 births. With Nigeria looking set to be certified polio-free next year, authorities are turning their attention on how best to utilize this small army of trained and trusted health workers.

"What we are doing now is to look beyond polio," says Nwosu, explaining that the government is hoping to recruit more women into a new program called CHIPS – Community Health Influencers, Promoters and Services. Like the VCM program, CHIPS is focused on improving access to primary and maternal health care in rural and underserved areas.

But perhaps the VCMs' greatest legacy will be their impact on the next generation of women and girls in Nigeria.

From the reporting of Oscar Lopez for usnews.com

Over 51 million children reached in National Immunization campaigns



A child being given fIPV in Talatan Mafara, Zamfara State Nigeria

In a bid to bolster immunity of eligible children, the Federal Government of Nigeria supported by development partners immunized over 51 million children during the annual national immunization campaigns.

The intervention, conducted in phases, from 30 July-30 August 2019, reached 51,151,924 eligible children across 36 Nigerian states and the Federal Capital Territory (FCT).

The campaign was integrated with Bivalent Oral Polio Vaccine (bOPV) and fractional Inactivated Polio Vaccine (fIPV). While 0-59 months' children received bOPV only in selected local Government Areas (LGA) of 15 Nigerian states, namely, Bauchi, Borno, Kaduna, Kano, Katsina, Kebbi, Kwara, Lagos, Niger, Ogun, Osun, Oyo, Sokoto, Yobe and Zamfara States, a total of 12,020,045 children 14 weeks to 59 months were given both fIPV and bOPV.

"To make this campaign a success, we engaged house to house vaccination teams comprising mainly women, mobilisers and town announcers. Parents of infants from

0 to 59 months were informed well in advance of the campaign and we administered vaccines in both fixed and temporary posts," says Alhaji Yusuf Musa, Executive Secretary, Zamfara State Primary Health Care Development Agency.

The fIPV and bOPV campaign provided an opportunity to administer routine immunization including Bacille Calmette-Guerin (BCG) (56,816), Pentavalent 3 (78,980), Pneumococcal Conjugate vaccine (PCV1) (94,929), Measles (95,891), Yellow Fever vaccine administered to children under 1 year (92,662), Meningitis A Vaccine (MenA) under 1 year (9,097) to eligible children.

Expressing her joy, Mrs Omoyemi Ojo a mother in Lagos State in the South-west said, "I am so happy my daughter was given oral polio vaccine right here in my house," she said. "It just made life a lot easier for me, especially as a new mum."

On 21 August 2019, Nigeria, the last country to record wild polio virus (WPV) case in Africa, marked a major milestone in the history Polio Eradication Initiative (PEI) after reaching three years without reporting any case of WPV.

Speaking on the outcome of the national campaign, Dr Fiona Braka, WHO Nigeria's Immunization Team Leader said, "The essence of this campaign was to ensure eligible children are protected from vaccine preventable diseases."

She said, "Even though Nigeria is edging closer to being certified wild poliovirus (WPV) free, we will not relent in ensuring all children are fully protected not just against polio but other vaccine preventable diseases too."

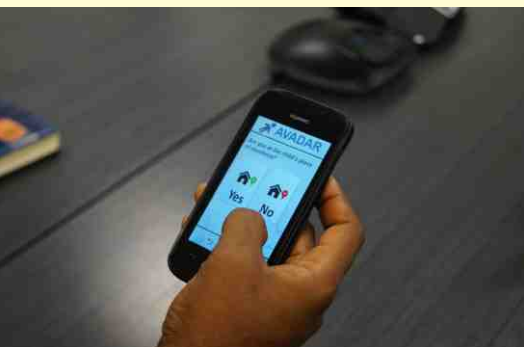
Despite the progress, challenges – including inaccessibility due to conflict and insecurity in some areas, variations in campaign quality, massive mobile populations and, in some instances, parental refusal – have prevented health workers from reaching all children everywhere with polio vaccines in Nigeria.

Working through the National Emergency Operations Centre, WHO and partners continue to support the Government of Nigeria to surmount these challenges to ensure all children are vaccinated against polio until the virus is eradicated everywhere in the world.

Support for immunisation to the Federal Government of Nigeria through WHO is made possible with funding from the Bill & Melinda Gates Foundation, Department for International Development (DFID – UK), European Union, Gavi, the Vaccine Alliance, Government of Germany through KfW Bank, Global Affairs Canada, United States Agency for International Development (USAID), Rotary International and the World Bank.

Source: WHO

An innovative approach to Disease Surveillance in Nigeria



An innovative technology using a mobile short message service (SMS)-based software is being used to improve the quality and sensitivity of Acute Flaccid Paralysis (AFP) surveillance in Nigeria. Known as AVADAR (Audio-Visual Acute Flaccid Paralysis Detection and Reporting), this innovative technology is greatly assisting health workers and key community informants to timely detect and report AFP cases. AFP surveillance is an integral part of the global polio eradication strategy which requires health workers to promptly report any sudden symptoms of paralysis in the limbs of children less than 15 years of age in order to confirm or rule out the circulation of wild polio virus.

"AVADAR has simplified our work in the field," says Dr Doris John, State Epidemiologist from Federal Capital Territory (FCT), Abuja supporting the Federal Government-World Health Organization's (WHO) polio eradication program.

"Through AVADAR, we've been able to report and record a lot of potentially missed AFP cases in addition to other priority diseases, directly from communities. This has helped to provide speedy response and care of affected persons", she added.

Furthermore, AFP surveillance is essential for polio-free certification. Although the AVADAR app does not have in-built features for reporting other priority diseases, engaged AVADAR health workers

and key informants are encouraged to report other priority diseases such as measles and yellow fever using a data tool that was created for that purpose.

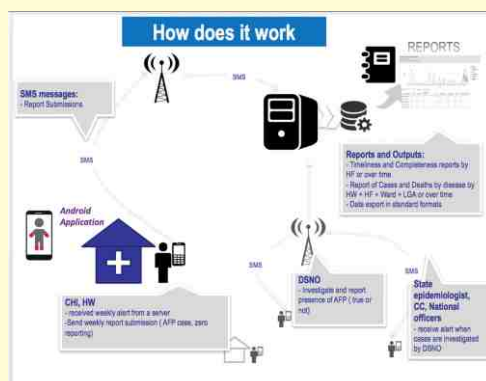
"AVADAR for us in Enugu State is an advancement towards what we have been doing, as it has helped in rapid detection and reporting of AFP cases in the implementing LGAs", says Dr Ezendu, State Epidemiologist Enugu State. "The involvement of informants of the respective communities in the AVADAR initiative is welcomed and has been an impactful development."



Meanwhile, in Adamawa State, Saed Umar, disease surveillance and notification officer (DSNO), FUFOR LGA Adamawa, says "AVADAR has done a lot for surveillance in my LGA, and I mean not only AFP surveillance, but the generality of disease surveillance. AVADAR has increased the sensitivity of AFP surveillance and bridged the knowledge gap on AFP amongst locals in my communities. AVADAR has gone extra mile in facilitating IDSR in my LGA. Because of AVADAR, the cholera in Gurin area was identified and reported, thus saving the lives of thousands of inhabitants despite the outbreak. We need more of AVADAR project in Adamawa State."

When the AVADAR project was piloted in August 2016, 34 AFP cases were recorded Kuje and Ogun Local Government Areas (LGAs), (the two piloting LGAs) within a

period of eight weeks. As at 31 August 2019, 239 AFP cases have been recorded across the country using AVADAR.



Infusing technological innovations for eradication of polio and other diseases Since the launch of AVADAR in 2016, WHO has worked with Government and partners to train over 6,000 health workers, community informants, States and LGA surveillance officers across 11 implementing states on how to use the SMS based app.

"WHO donated over 6,000 Global Positioning System (GPS) android enabled phones and accessories to trained health workers and key informants including influential district heads to help carry out active case search. WHO also trained district, state and national health authorities on how to receive notification alerts in their AVADAR phones from informants and health workers whenever a suspected AFP case is detected and reported", states Dr Salihu Ahmed, WHO-AVADAR National Coordinator.

"Even though Nigeria has gone thirty-six (36) months without reporting a case of wild poliovirus (WPV), we will not relent in ensuring all children are fully protected not just against polio but also other vaccine preventable diseases. WHO will continue to support the Government of Nigeria to infuse technological innovations in health interventions as it helps to foster accountability and simplifies difficult tasks during the administration of duties", he adds.

Source: WHO and ehealth africa

THE PLUS IN POLIOPLUS: WE ARE DOING SO MUCH MORE THAN ERADICATING POLIO

When we talk about PolioPlus, we know we are eradicating polio, but do we realize how many added benefits the program brings? The “plus” is something else that is provided as a part of the polio eradication campaign. It might be a hand-operated tricycle or access to water. It might be additional medical treatment, bed nets, or soap.

We prevent other diseases



Insecticide treated nets donated by the GPEI help to prevent malaria

The Global Polio Eradication Initiative (GPEI), of which Rotary is a spearheading partner, funds 91 percent of all immunization staff in the World Health Organization's Africa region. These staff members are key figures in the fight against polio — and other diseases: 85 percent give half their time to immunization, surveillance, and outbreak response for other initiatives. For example during an outbreak of Ebola in Nigeria in 2014, health workers prevented that disease from spreading beyond 19 reported cases by using methods developed for the polio eradication campaign to find anyone who might have come in contact with an infected person. Children protected from polio still face other illnesses such as malaria. Worldwide, a child dies of malaria every two minutes. To prevent its spread, insecticide-treated bed nets are sometimes distributed for free during polio immunization events. In 2017, the World Health Organization, one of Rotary's partners in the GPEI, organized a campaign to deliver antimalarial medicines to children in Borno using polio eradication staff and infrastructure. It was the first time that antimalarial medicines were delivered on a large scale alongside the polio vaccine, and the effort reached 1.2 million children.

Rotary and its partners also distribute soap and organize health camps to treat other conditions. “The pluses vary from one area to another. Depending on the environment and what is seen as a need, we try to bridge the gap,” says Tunji Funsho, chair of Rotary's Nigeria PolioPlus Committee. “Part of the reason you get rejections when you immunize children is that we've been doing this for so long. In our part of the world, people look at things that are free and persistent with suspicion.

When they know something else is coming, reluctant families will bring their children out to have them immunized.”

Volunteer community mobilizers are a critical part of vaccination campaigns in Nigeria's hardest-to-reach communities. The volunteers are selected and trained by UNICEF, one of Rotary's partners in the GPEI, and then deployed in the community or displaced persons camp where they live. They take advantage of the time they spend connecting with community members about polio to talk about other strategies to improve their families' health. Nigerian Rotarians have been at the forefront of raising support for Rotary's polio efforts. For example, Sir Emeka Ofor, a member of the Rotary Club of Abuja Ministers Hill, and his foundation collaborated with Rotary and UNICEF to produce an audiobook called Yes to Health, No to Polio that health workers use.



Volunteer Mobilizers help to improve the health of communities

We provide clean water



Addressing a critical long-term need such as access to clean water helps build relationships and trust with community members. Within camps for displaced people, vaccinators are sometimes met with frustration. “People say, ‘We don't have water, and you're giving us polio drops,’” Tunji Funsho explains. Rotary and its partners responded by funding 31 solar-powered boreholes to provide clean water in northern Nigeria, and the effort is ongoing. Access to safe drinking water is also an important aspect of the GPEI's endgame strategy, which encourages efforts that “ensure populations reached for polio campaigns are also able to access much-needed basic services, such as clean water, sanitation, and nutrition.” The poliovirus spreads through human waste, so making sure people aren't drinking or bathing in contaminated water is critical to eradicating the disease. Communities with a reliable source of clean water enjoy a reduced rate of disease and a better quality of life.

We also help to create jobs



Polio left Isiaku Musa Maaji disabled, with few ways to make a living. At age 24, he learned to build hand-operated tricycles designed to provide mobility for disabled adults and children, and later started his own business assembling them. Rotary's Nigeria PolioPlus Committee recently ordered 150 tricycles from Maaji to distribute to polio survivors and others with mobility problems. The relationship he has built with local Rotarians has motivated him to take part in door-to-door polio vaccination campaigns.

“It is not easy to be physically challenged,” he says. “I go out to educate other people on the importance of polio vaccine because I don't want any other person to fall victim to polio.”

The GPEI thus provides a job that's uniquely suited to polio survivors: helping and educating others about the effects of the disease.

We help improve the healthcare of the nation

In Maiduguri, Falmata Mustapha rides a hand-operated tricycle donated to her by Rotary's Nigeria PolioPlus Committee. She is joined by several health workers for a door-to-door immunization campaign, bringing polio drops to areas without basic health care. UNICEF data show that polio survivors like Mustapha have a remarkable success rate persuading reluctant parents to vaccinate their children — on average, survivors convince seven of every 10 parents they talk to. In places where misinformation and rumors have left people hesitant to vaccinate, the survivors' role in the final phase of the eradication effort is critical.

“Since working with the team, I have seen an increase in immunization compliance in the community,” Mustapha says. “I am well-regarded in the community because of my work, and I am happy about this.”

Eighteen million people around the world who would have died or been paralyzed are alive and walking because of the polio eradication campaign. Health workers and volunteers supported by PolioPlus grants have built an infrastructure for delivering health care and collecting data that, in many parts of the world, didn't exist before. It's already being used to improve overall health care and to fight other diseases, proving that the legacy of PolioPlus is more than eradicating a deadly disease from the planet — it's also building a stronger health system that provides better access to lifesaving interventions for the world's most vulnerable children.

Adapted from the reporting of Vanessa Glavinskas for endpolio.org

Kwara moves against polio as Governor inaugurates States Taskforce on Polio Eradication and Primary Healthcare



Governor Abdulrazaq flags off a recent immunization activity in Ilorin

The Kwara State Governor, Abdulrahman Abdulrazaq, has inaugurated the state's taskforce on immunisation and primary healthcare. The inauguration, according to him, forms a part of his administration's efforts to stamp out polio in the state and strengthen access to primary healthcare. Governor Abdulrazaq, who said this in an address during the inauguration of the Task Force headed by his deputy, Mr. Kayode Alabi, said: "The presence of an active state Task Force on Immunisation is a prerequisite for quality polio campaigns and routine immunisation services.

state Task Force especially with the prevailing outbreak of vaccine derived poliomyelitis in the state."



Deputy Governor and Chair of Kwara State Taskforce on Immunization Rotn. Kayode Alabi

"The role of the Task Force among others is to coordinate/supervise all Polio Eradication Initiative (PEI) activities in particular and primary healthcare in general in line with recommendations from the state technical team," AbdulRazaq said. "It is also to be noted that one of the requirements for the full implementation of Primary Health Care Under One Roof (PHCUOR) in the state is the functionality of the

In a related development, the Kwara State Government has directed Directors of Personnel Management (DPM) in all the 16 Local Government Areas of the state to play active roles in the drive to eradicate polio and other childhood diseases. The state's Deputy Governor, Mr Kayode Alabi said this at a recent meeting with all the Directors of Personnel

Management in Ilorin, the state capital. He said the meeting was to review the progress of primary health care and the recent immunisation exercises in the state, called on them to mobilise their people to ensure the success of all healthcare programmes in their LGAs. In his capacity as the Chairman of the State Task Force on Immunisation, he urged them to cooperate with the state government to exterminate polio and other diseases in the state. He also implored the people to take the issue of immunisation seriously and encourage their children to be vaccinated during every immunization activity. According to him, the state government was determined to improve the health sector, hence the attention given to the payment of counterpart funds among other recent improvements and innovations in the sector. He then commended the various stakeholders for their support and assistance in ensuring the success of the health initiatives of the state government.

The Permanent Secretary, Ministry of Health, Dr Rhoda Ajiyoye, called on the Directors of Personnel Management to accord priority to immunisation and open the necessary accounts to benefit from the different intervention funds available to the state. Also speaking, the Permanent Secretary, Ministry of Local Government, Chieftaincy Affairs and Community Development, Hajiya Ajibike Katibi noted that the Directors of Personnel Management had critical roles to play to make the state polio-free. She appealed to them not to shun their responsibilities.

The NPHCDA State Coordinator, Mrs. Bolatito Oladipo and the WHO State Coordinator, Mr. Mustapha Katibi, who spoke on behalf of the development partners, commended the positive disposition and giant stride achieved by the state government in the health sector. They pledged their support to ensure the success of the programme.

2019 NATIONAL FIELD WORKERS AWARD



From right - Emir of Kaltungo, Shehu of Bama and Emir of Shonga Dr Haliru Yahaya receiving special Rotary International award from Dr Tunji Funsho



Dr Tunji Funsho decorating Dr Annis Sidique with Paul Harris Fellow's pin



Dr Tunji Funsho presenting Paul Harris Fellow certificate to Dr U.S. Adamu, Incident Manager NEOC



2019 Awardees with the Royal Fathers at the event



Royal Fathers at the 2019 National Field Workers Award. Left - Emir of Shonga Dr Haliru Yahaya, Dr Tunji Funsho, Shehu of Bama Alh. Kyari Ibrahim El-kanemi, CON, Emir of Kaltungo Alh. Sale Muhammadu, CON



Dr Tunji Funsho in a warm handshake with the Shehu of Bama, Special Guest of Honour for the 2019 National Field Workers Award, Abuja



Presentation of awards



Polio Celebrity Ambassador Sani Danja performing



World Press Conference for the 2019 World Polio Day Celebrations. From left - Dr Kazeem Mustapha, Dr Faisal Shuaib, Dr Tunji Funsho, Dr Victor Onukwugha and PDG Joshua Hassan



Kaltungo cultural dancers performing at the National Field Workers Award



Dr Faisal Shuaib Chief Executive Director, NPHCDA at the World Press Conference



AKIIN SHUGA Polio Celebrity Ambassador giving his remarks at the National Field Workers Award

2019 WEST AFRICA PROJECT FAIR



Some Rotarians at the Project Fair polio booth



Dr Tunji Funsho presenting souvenirs to PDG Brad Howard at the 2019 West Africa Project Fair, Monrovia



From right - PDG Dr Kamoru Omotosho, Dr Jide Akeredolu (DG 9110) and Dr Tunji Funsho at the Polio Booth in Monrovia



From left - DGN Remi Bello, Dr Tunji Funsho, PDG Brad Howard and PDG Dr Kamoru Omotosho at the Project Fair

2019 WORLD POLIO DAY CELEBRATION



Sir Emeka Ofori in red End Polio Now polo during the presentation of tricycles to polio survivors in Abuja



Sir Emeka Ofori presenting cash gift to the best player of the 2019 Para soccer tournament



Sir Emeka Ofori (in red End Polio Now Polo), supported by Rotarians pose with Captains of the winning teams for 2019 Parasoccer Tournament



Some riders at the polio walk in Abuja



Rotarian Golfers during the golf tournament in commemoration of 2019 World Polio Day in Abuja



Keep Polio@Zero blimp



DGE Yeye Jumoke Bamigboye presents a Banneret to the representative of Kwara state Governor



Children skaters during the polio walk in Abuja



DG Victor Onukwugha in blue attire, PDG Ijeoma Okoro (in red polio cap and scarf) and Rotarians at the WPD thanksgiving at Holy Trinity Church Abuja



PDG Elvis Chukwu giving remarks at the 2019 World Polio Day Celebrations Church Thanksgiving in Jos



Dr Tunji Funsho with some school children during the polio walk in Abuja



From left Dr Kazeem Mustapha, Dr Tunji Funsho, DG Victor Onukwugha, PAG Yakubu Ndanusa (5th from left) and PDG Tolu Omatsola (in red tshirt) at the opening session of 2019 Para soccer tournament



Launching of the 2019 WPD Blimp in Abuja



DG Dr Victor Onukwugha during the opening of Parasoccer Tournament



Distribution of End Polio Now exercise books in Saliu Dogo Primary School, Taraba



Cross section of Jos Rotarians at 2019 World Polio Day Thanksgiving



Rotary Club of Port Harcourt East polio rally



The Chairman, KWSHA Committee on Health & Environment and the Secretary to the State Government at the WPD event in Ilorin



DG 9110 Dr Jide Akeredolu addressing Rotarians before the WPD walk in Lagos



Rotactors during the polio walk in Lagos



Power bikers during the polio rally in Enugu



Polio World Greatest Meal by R.C. Barnawa Kaduna



Polio rally by Rotarians in Yola, Adamawa state



Members of R.C.Oyo Metro advocacy visit to HRH Lamidi Adeyemi III, Alaafin of Oyo as part of WPD celebrations



Dr Jide Akeredolu (DG9110) in blue jacket, DGN Remi Bello (3rd from left) leads the polio walk in Lagos



Some Polio Survivors at the Opening of 2019 World Polio Day Parasoccer Tournament



End Polio Now masquerades in Eket, Akwa Ibom State



D9110 Rotarians celebrating the 2019 WPD in Lagos



Rotarians and polio survivors celebrating WPD in Ado Ekiti



Hospital monument at Enugu State University Teaching Hospital, re-branded END POLIO NOW by Rotary Clubs in Enugu.



WHO Kwara State Coordinator Pharmacist Katibi addressing Rotarians and partners at the WPD celebrations in Ilorin



Ending Polio... Spiderman in action



Little girl supporting polio fund



Polio Rally in Benin City



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