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POLIO-FREE WORLD: BEST GIFT FOR HUMAN EXISTENCE

Chairman's Address

COVID-19 is a setback to the last mile of polio eradication - Dr. Tunji Funsho

When Africa was declared free of poliovirus on August 25, 2020, it was only the second such feat after the continent managed to shake off smallpox four decades ago.

A lot of kudos for this went to Tunji Funsho, a Lagos-based cardiologist who chairs Rotary's Nigeria National PolioPlus Committee, for eradicating polio in Africa's most populous country. He has worked with other partners like the Bill and Melinda Gates Foundation, the World Health Organization (WHO), US Centers for Disease Control and Prevention and UNICEF. Funsho led national immunisation days to get millions of children vaccinated.

The virus was endemic there along with Pakistan and Afghanistan. But last summer marked four years without a case for Nigeria.

This is a summary of his interview with Rajat Ghai of Down to Earth Magazine

Rajat Ghai: How and when did you get involved with the efforts to tackle polio in Nigeria?

Tunji Funsho: I am a cardiologist by training and have been a Rotary member since 1985, the same year that Rotary launched PolioPlus, our proprietary polio eradication programme. Then, in 1988, Rotary became a founding partner of the Global Polio Eradication Initiative (GPEI), along with the WHO, Unicef and the CDC. The Bill & Melinda Gates Foundation and Gavi, the vaccine alliance later joined our efforts.

As the name suggests, our goal is to globally eradicate the wild poliovirus once and for all, across the world and to that end, I became Rotary's National PolioPlus Chair for Nigeria in 2013. As the head of the Nigeria-based arm of Rotary's PolioPlus programme, I work closely with GPEI partners as well as Rotary members around the world and in Nigeria to raise funds for polio eradication efforts, secure the support of governments and public figures, mobilise volunteers and raise awareness about the importance of polio eradication and immunization. Thus, the WHO's certification of the African region as wild poliovirus-free in August was an incredible public health achievement for Rotary members, Africa and our GPEI partners and a huge step forward on the road to global polio eradication.

Yet, even as Rotary and its GPEI partners remain proud of the certification, we recognise we still have work to do and are focusing our efforts in the following ways:

First, we are now focused on strengthening routine immunisation to keep immunity levels high so that the virus does not return to Africa as we are simultaneously working to address wild polio in Afghanistan and Pakistan.

Second, we are leveraging the polio infrastructure to respond to COVID-19. Regarding the polio infrastructure that Rotary members helped build, it is now being deployed to fight COVID-19. From contact tracing to disease surveillance and data collection, polio resources are being directed to address the global pandemic.

In Nigeria specifically, polio staff are conducting contact tracing, integrated disease surveillance and data collection / analysis in all 37 Nigerian states and the 20,000-person network of polio Volunteer Community Mobilizers is promoting hygiene practices and social distancing.

As mitigation efforts continue, the world is simultaneously moving toward the next phase of the pandemic as vaccines start to become available.

RG: What was the scenario regarding polio in Nigeria and Africa 10, 20 years ago?

TF: Amplifying polio eradication efforts across Africa was a priority for decades and Rotary approached Nelson Mandela to launch the Kick Polio Out of Africa campaign — with our GPEI partners — in 1996. This was the first mass immunisation campaign, to my recollection. And in 2000, Africa's first synchronized immunisation campaigns took place across 17 countries in West and Central Africa — tens of thousands of volunteers reached 76 million children, two million of whom had never been vaccinated.

In those early years, the objective was to jumpstart Africa's commitment to polio eradication, and African nations and leaders across the continent stepped up efforts to reach every child with the polio vaccine.

It must be noted that female health workers in particular played a critical role in this effort as they travelled by every form of transportation imaginable to reach children in remote locations, figured out how to reach children in regions rife with conflict and insecurity and led surveillance activities.

Without their support, as well as the support of traditional and religious leaders and parents, we would not have delivered nine billion doses of oral polio vaccine, thus averting an estimated 1.8 million cases of wild poliovirus on the continent.

Ending polio in Africa hinged on Nigeria, as it was the last remaining wild polio-endemic country within WHO's African region.

It wasn't until Nigeria ultimately passed three consecutive years without any traces of wild poliovirus in August 2019, after setbacks in 2016 that the official certification process could begin.

RG: What were the early difficulties that you faced when you started your efforts to tackle polio in Nigeria?

TF: The path to the African region — and Nigeria's — wild polio-free status has not been without challenges.

Broadly speaking, there were many initial hurdles to overcome in Nigeria. Not only did we have to determine how to reach mobile populations, we also had to figure out how to immunise children in conflict-ridden areas and address issues with vaccine hesitancy by building community trust and educating parents and caregivers on the importance of polio immunisation.

We've also had to overcome polio outbreaks in 2004 (following a polio vaccine boycott in the northern part of the country) and 2016, among other setbacks.

RG: How was your team's experience like in the northern states of Kano, Kaduna and Zamfara as well as the Niger delta region of southern Nigeria?

TF: You must be referring to polio outbreaks in August 2016 in northern Nigeria's Borno state.
At that time, after more than two years has passed without any detected cases of wild polio in Nigeria, four children from three different locations in Borno state — an area in the northeastern part of the country — were paralysed by the wild poliovirus.
The children were in areas that were previously inaccessible to health programmes, including polio vaccinators, due to unrest and this was a serious setback for the polio eradication programme in Africa and worldwide.
In response, Rotary and its GPEI partners amplified surveillance efforts and launched a coordinated multi-country and inter-state outbreak response to protect against further spread by rapidly vaccinating children against the poliovirus in Borno state, bordering states in Nigeria, and countries in the Lake Chad region including Niger, Chad, Cameroon and the Central African Republic.
The programme workers developed strategies to reach previously inaccessible areas and for example, painstakingly mapped the many islands in Lake Chad and travelled hours by canoe to reach children in hundreds of settlements for the first time.

RG: How did you arrange for finances throughout?
TF: One of Rotary's primary functions in the GPEI is fundraising, in addition to advocacy, raising awareness and mobilising volunteers. To date, Rotary and its members have contributed more than $2.1 billion to fight polio around the world and nearly $890 million to support polio eradication activities in the WHO African region.
That said, we remain focused on raising US$50 million annually, as every dollar donated to Rotary's PolioPlus fund is matched with two additional dollars from the Bill & Melinda Gates Foundation so that we can continue to protect children in the African region as well as eliminate the wild poliovirus in Afghanistan and Pakistan.
I encourage your readers to visit endpolio.org or rotary.org to see how they can join us to help end polio for good.

RG: What future challenges lie ahead for Nigeria vis-à-vis wild polio?
TF: Although five of the six WHO regions — representing over 90 per cent of the world's population — are now free of the wild poliovirus, we must double down on our efforts to rid Pakistan and Afghanistan of wild polio, the remaining two countries where the poliovirus continues to circulate. Concurrently, as we seek to avoid the importation of wild polio from these remaining endemic countries, we must also keep immunity levels high in Nigeria and throughout the region by strengthening routine immunisation as well as by maintaining polio surveillance activities to make sure the virus does not return to the African region.
I believe that through the collective and sustained efforts of Rotary, our partners, national governments and religious and community leaders, Nigeria and the entire WHO African region will remain wild polio-free.

RG: What can Pakistan and Afghanistan learn from Nigeria's experience?
TF: The eradication of wild polio in Nigeria and the WHO African region proves that with strong partners, dedication and perseverance, polio eradication is possible, even in the face of unprecedented challenges and a global pandemic.
When public and private institutions join with civil society for the greater good, no hurdle is insurmountable and ultimately, polio will become a disease of the past.

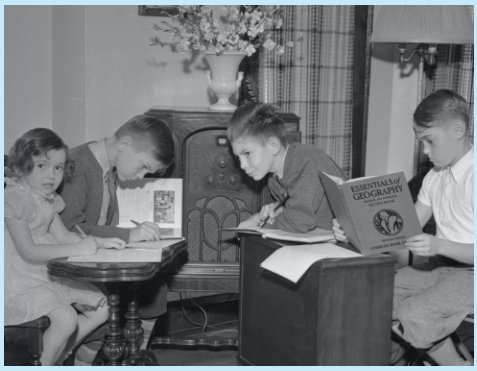
RG: What is vaccine-derived polio? How will Nigeria tackle that?
TF: Several countries in the WHO African region are affected by circulating vaccine-derived polioviruses (cVDPVs). These occur if the weakened strain of the poliovirus contained in the oral polio vaccine (OPV) circulates among an under-immunised population for a long time.
If not enough children are immunised against polio, the weakened virus can pass between individuals and over time genetically revert to a form that can cause paralysis.
With 483 reported cVDPV cases in the WHO African Region reported in 2020, seven of which are in Nigeria, it will be critical to strengthen the quality of polio vaccination campaigns and focus on raising and maintaining high population immunity levels through supplemental and routine immunisation activities.
A new tool, novel oral polio vaccine type 2 (nOPV2) has been developed to help tackle outbreaks of vaccine-derived poliovirus.
Clinical trials have shown nOPV2 provides protection against type 2 poliovirus and is less likely to revert to a form that can cause paralysis.

RG: How has the novel coronavirus disease pandemic affected anti-polio efforts in Nigeria?
TF: While mass polio immunization campaigns were temporarily paused everywhere in March in light of the COVID-19 pandemic, efforts resumed across Africa (as well as in Pakistan and Afghanistan) in July.
As campaigns resumed, safeguards were put in place to ensure that health workers could deliver immunisations safely and would not contribute to the spread of COVID-19.
Nevertheless, even as Rotary and its GPEI partners remain focused on polio eradication, the GPEI's Polio Oversight Board announced it is extending previous support to the next phase of the coronavirus pandemic — vaccine introduction and delivery — and so too will Rotary.
Rotary will take a proactive approach as its members become involved in this phase, at the local club level.
Specifically, Rotary International President Holger Knaack and The Rotary Foundation Trustee Chair KR "Ravi" Ravindran formed a COVID-19 response task force and are calling on Rotary's 36,000 clubs around the world to connect with their local health authorities to ask how they can best support community COVID-19 vaccination or preparedness efforts.
Rotary and its GPEI partners have a moral obligation to leverage our knowledge and success in polio eradication as the world faces the worst pandemic in a century.
Even as we lend our tools, knowledge, and polio infrastructure to assist with COVID-19 response efforts, we must remain laser-focused on meeting the remaining challenges to a polio-free world.
COVID-19 is a setback to the last mile of polio eradication just as the 2016 Borno State wild poliovirus outbreak was a setback to the certification of the WHO African region. Together, we must end the pandemic, then put the full weight of our expertise and resources towards ending polio for good.

Source: downtoearth.org.in

FROM EDITOR'S DESK

THIS PANDEMIC WILL ALSO PASS



I found this photo on Twitter. It attracted my curiosity because it spoke of a polio outbreak in Chicago in 1937. What actually spiked my interest was the reference it made to remote learning via the radio service. The children in this photo were basically doing a low-tech version of what our children have been doing for the last one year- learning from home. But without the benefit of Zoom, WhatsApp or any of the modern communication platforms that we have today. It just hit me that nothing in this world is actually new. It reminded me of the popular saying that "the more things change, the more they remain the same."

Please don't get me wrong, the novel coronavirus is a new virus which the world has not seen before. The scale and power of its devastation has not been seen globally since the global pandemic of 1918 but the truth is that the COVID pandemic represents just the latest in the succession of challenges that have faced humanity and for every one of these challenges, humanity has overcome, survived and thrived in spite of how bleak the situation seemed at the time.

This photo reminded me that polio outbreaks were also widespread and devastating less than a century ago. It reminded me that even as late as the 1980s there was no part of the world that did not feel the devastating impact of polio. I personally recall 3 fellow pupils in my primary school who were afflicted by polio. Many people of my age group will attest to a similar experience as they grew up. Today, it is much tougher to find any one afflicted by polio in any of our children's schools. That is because of work that Rotary and her partners have done to get us here. Last year, Nigeria became wild poliovirus-free, the final leg in a battle over many decades. If Nigeria can beat polio despite the many challenges we faced, it shows you that there is no problem that cannot be surmounted. As my late father used to say, alluding to the holy books, "There is nothing that ever came to stay, everything to always comes to pass. This too shall pass."

In times like these, with a global pandemic causing devastation everywhere around us, it is easy to lose heart and lose hope. It is easy to become despondent and wonder if any of the goals or targets we set for ourselves can be achieved. It's easy to assume that we will never again have a return to "normal." However, the evidence suggests that when humanity comes together through solidarity, there is actually nothing that we cannot achieve. We will need your continued commitment and support as we deploy our polio experience to address this issue and roll out the vaccines when they become available. With your support I am confident that we shall overcome COVID and then proceed to gift the generation a world free of polio.

Polio 2021 SIA Calendar

'	% ??????	????	%		%		%	
-	6-9 Mar 21	4 States (Zamfara, Niger, Sokoto and Bayelsa) and FCT	71	781	OBR1	5,814,175	nOPV2	Proposed
-	3-6 Apr 21	4 States (Zamfara, Niger, Sokoto and Bayelsa) and FCT	71	781	OBR2	5,814,175	nOPV2	Proposed
-	24th -27th April 21	Delta state	25	268	OBR1	1,394,795	nOPV2	(=>12 weeks after the last mOPV2 round (22nd 25th January 2021)
-	8-11 May 21	35 states +FCT (Minus Delta state)	749	9552	National wide SIA with bOPV	61,385,585	bOPV	Delayed in order to respond with nOPV2
-	– -	Delta state	25	268	OBR2	1,394,795	nOPV2	Proposed
-	12th – 15th June 21	11 States	270	3,060	SIPDs in 11 HR states namely Borno, Sokoto, Kwara, Bauchi, Jigawa, Yobe, Zamfara, Niger, Katsina, Kaduna and Kano	22,236,735	bOPV	Proposed
-	19th -22nd June 21	Delta state	25	268	State wide SIA with bOPV	1,394,795	bOPV	Carried over NIPDs, in order to respond with nOPV2
-	11th -14th Sept 21	6 (Borno, Sokoto, Jigawa, Yobe, Katsina, and Kano)	172	1,866	SIPDs in 6 HR states namely Borno, Sokoto, Jigawa, Yobe, Katsina, and Kano	12,360,067	bOPV	Proposed

The various scopes are subject to review based on evolving epidemiology

Rotarian 'Gbenga Olayiwole
Editor, Poliostop

Nigeria Polio Eradication and New Emerging Challenges

Nigeria led Africa to make history in polio eradication which started on 25 August 2020 following Africa Regional Certification Commission's accepting their Documentation and certifying the WHO African Region as wild polio-free after 4 years without a case. With this historic milestone, 5 of the six WHO regions – representing over 90% of the world's population – are now free of the wild poliovirus, moving the world closer to achieving global polio eradication. Only two countries worldwide continue to see wild Poliovirus transmission: Pakistan and Afghanistan.
Nigeria is affected by circulating vaccine-derived polio-virus type 2 (cVDPV2) outbreaks with no wild polio-virus being detected in the country since 2016. However, as long as other countries are still transmitting the wild poliovirus, Nigeria remains at risk,

The COVID-19 pandemic has triggered a deep global health and economic crisis. The Polio Oversight Board (POB) has recently reiterated its steadfast commitment to secure a polio-free world, while also reaffirming its commitment that polio-funded assets are at the service of countries to respond to this public health emergency, especially in the critical next phase of COVID-19 vaccine introduction and delivery.

In Nigeria FMOH confirmed COVID-19 infection on 27 February 2020 in Ogun State, since then the disease has spread to all geopolitical zones, as at 4 February 2021 a total of 1,302,410 tests have been conducted out of which 134,690 cases have been confirmed positive with 108,362 recoveries and 24,415 Deaths as a result of COVID-19 infection.

Nigeria will likely introduce COVID-19 vaccination in the first quarter of 2021 and as such the country is employing a multi-sectoral approach to ensure the COVID-19 vaccine that will be deployed to her communities will be safe, effective and most suited to the local context.

NPHCDA has constituted a committee involving all partners with advocacy and risk communication subcommittee to plan and implement various activities, track rumours and provide information to public on the plan for vaccine introduction. As part of this approach, NPHCDA is conducting sensitization activities to educate stakeholders on the importance of COVID-19 vaccine toward preventing the spread of the disease and protecting the Nigerian communities from COVID-19.

Due to limited availability of the COVID-19 Vaccine worldwide, Nigeria plans for the introduction of vaccination against COVID-19 to be introduced in phases starting with the most at-risk and vulnerable populations Frontline healthcare workers and health support staff will be prioritized for introduction of the COVID-19 vaccine as they are most at risk to contract the virus due to their jobs.

As we counter the spread of COVID-19, we need to continue to maintain certification standard AFP surveillance, conduct limited scope of SIAs, and continue the current drive of routine immunization to align fully with the NPHCDA's agenda of PHC system strengthening and COVID-19 Vaccination. Rotarians need to continue Advocacy, Community Mobilization Fund Raising to ensure that the world is made a better place for future generations.

AMINU MUHAMMAD
NATIONAL PROGRAMME COORDINATOR

WHO and NPHCDA debunk rumour of Nigeria being disqualified from receiving global COVID-19 vaccine

The World Health Organisation (WHO) has debunked the rumour going round that it has disqualified Nigeria a from accessing the Pfizer COVID-19 vaccine. The WHO said it has not disqualified any country in Africa from accessing COVID-19 vaccines through the COVAX facility, but rather is supporting all countries to access vaccines as quickly as possible to tackle the challenges of the pandemic.

Representative of WHO in Nigeria, Dr. Walter Kazadi Mulombo, speaking at a joint press conference with the National Primary Health Development Agency (NPHCDA), said 'currently, all countries on the continent are expected to start accessing the AstraZeneca/Oxford vaccines by the end of February. The vaccine is under review by WHO for Emergency Use Listing and the outcome is expected soon. Of the 88 million AstraZeneca doses allocated to African countries for the first phase, Nigeria has received by far the largest allocation, with 16 million doses.'

'In addition to the Astra Zeneca doses, there is an initial limited volume of Pfizer vaccine available through COVAX. Demand for the initial allocation of 1.2 million Pfizer doses was exceptionally high. COVAX received interest from 72 countries around the world, of which 51 countries were considered by the review committee as "ready" (Nigeria was among these countries) and 18 countries in total were finally chosen to receive initial Pfizer doses.'

Dr. Mulombo said on the Africa continent, as of the 18 January deadline, COVAX received 13 submissions and a multi-agency committee evaluated the proposals of which 9 were recommended as ready to deploy the Pfizer vaccine including Nigeria while also saying unfortunately, it was not feasible to provide each of these 51 countries with Pfizer doses, due to a number of factors including the limited capacity for Pfizer to handle many countries at once. 'Therefore, spreading the limited doses across all the 51 countries deemed "ready" could have not achieve the intended public health benefit. After epidemiological data was taken into account, the decision was taken to proportionally balance the number of self-financing and AMC Participants, as well as Participants across all 6 WHO regions.'

The Executive Director and Chief Executive Office, NPHCDA, Dr. Faisal Shuaib while speaking at the emergency press briefing said, there are a number of factors that were considered in allocating the small quantity of the 320,000 doses of Pfizer vaccine to COVAX countries.

He listed the factors to include the mortality rates from COVID-19, the number of new cases, the trend in the number of cases, the population of countries and the availability of the appropriate Cold Chain equipment adding that it is clear that countries such as South Africa which received the Pfizer allocation have the new strain of the COVID-19 virus, has the highest mortality rates and is struggling to contain transmission. He further said giving smaller countries such as Cape Verde and Rwanda few doses of the Pfizer vaccine would have a larger public health impact considering their population size.

'100,000 doses to Nigeria, we have all agreed would have been a drop in the ocean. So, it is a welcome development that we are receiving 16million doses of the Astrazeneca vaccine to replace the Pfizer vaccine in the same month of February.'

'The 16million doses will invariably help us reach more of our population and is suited to our existing cold chain system.'

Dr. Faisal added that many journalists had already been to the National Strategic Cold store to physically see the ultra cold chain equipment that was on ground and the visit was conducted in the spirit of transparency and accountability on the part of the Presidential Task Force on COVID-19 (PTF) and Federal Ministry of Health (FMOH). 'These Ultra Cold Chain equipment would have been able to store over 400,000 doses of the Pfizer vaccine if these were brought to Nigeria. So we are ready for any type of vaccine that is allocated to us.'

He assured all Nigerians that the Federal Government under the leadership of His Excellency President Muhammadu Buhari is determined and committed to acquiring the COVIO-19 vaccines that are safe, effective and available for deployment

'The PTF on COVID19 will continue to provide credible and up to date information on our journey towards controlling the spread of COVID-19 using the non-pharmaceutical Interventions and the vaccines when they become available.'

Source: Apex News Exclusive

COVID-19 offers opportunity to restructure, rebuild health systems in Nigeria- Ehanire

The Minister of Health, Dr. Osagie Ehanire has said the COVID-19 pandemic offers opportunity to restructure, rebuild health systems in Nigeria.

In his key note address at a recent ministerial score card engagement in Abuja, Ehanire disclosed that the Covid-19 pandemic has brought attention to the health sector in all countries like never before and Nigeria is no exception. 'All countries will no doubt be re-examining their Health systems which is why it has been said that the COVID-19 outbreak offers an opportunity to restructure, or even rebuild health systems. Nigeria's health system has not fared so badly so far in the global COVID19 outbreak, but we nonetheless have good reason to also examine our not-so-strong Health system.'

Speaking on his mission Ehanire explained that as custodians of population health, it is their duty to build a Health System that guarantees availability of universal access to appropriate, equitable, comprehensive, affordable, efficient and quality healthcare for Nigerians, with initiatives that ensure growth and modernization of the healthcare delivery system, and formulation of policies, strategies and guidelines for better health outcome.

The Minister also revealed that the Ministry is guided by the President's "Health Sector Next Level Agenda" of 2019, a nine point, medium-term plan, to ramp up the push towards Universal Health Coverage. He gave lauded the National Primary Health Care Development Agency (NPHCDA), for scoring high in the polio eradication push and in raising immunization coverage from 42% in 2014 to 67% in 2019.

Ehanire however said "We have barely one third of the required 9,855 PHCs, which define Universal Health Coverage, to bring health closer to the people and begin to address Nigerias horrendous health indices". The Executive director, National Primary Health Care Development Agency (NPHCDA), Dr. Faisal Shuaib stated that the current primary health care systems were under-utilized.

Faisal said "The current Primary Health Care System is underutilized with significant burden transferred to the other tiers of the health system- secondary and tertiary. Meanwhile, the tertiary health care is designed to cater for only 3% while the secondary healthcare which is designed to cater for at least 27% of the population in reality caters for over 70%. Faisal said the secondary tier is overburdened. Due to the weak health systems, the resultant effects are poor outcome indicators like maternal mortality rate of 33,000 women each year, child mortality rate of 1 million deaths per year, infant mortality of 8% Of the global total, an estimated 70% of these deaths are preventable. Disclosing some of the challenges NPHCDA is faced with, the ED listed shortage of critical human resources, inadequate power or water supply, commodity stock out, equipment inadequacy as well as weak standards/ quality as some of the challenges his faced with.

His future plans for NPHCDA slated to materialise between 2021-2030 are, primary health care revitalization, availability of well trained health work force, improved technology for PHC data services, infrastructure upgrade, vaccine distribution, human resource training, hiring, salaries, ambulance, PHC services and operational cost.

COVID-19 shows value of polio infrastructure to support resilient health systems

Polio Eradication Staff have been deployed to support the COVID-19 Response globally

As COVID-19 reached Somalia, Mohamed readied himself to respond. For years, he had been building strong relationships with local health officers and communities to deliver polio vaccines to every child. Now, he would use those relationships to try to track the spread of the pandemic. In Nigeria, Dr Rosemary Onyibe, a Polio Eradication Zonal Coordinator for WHO, felt her duty was calling. "My expertise is needed to serve my community," she remembers thinking. Within days, she was working on Nigeria's COVID-19 response.

These two individuals are part of a team of 5923 polio eradication personnel, who pivoted in a matter of weeks to fight COVID-19 in some of the most vulnerable settings in the world. A recent report published by WHO comprehensively documents the significant role played by polio eradication personnel during the pandemic, and urges strong action to sustain this network to deliver essential public health services after polio is eradicated. By doing so, we can ensure we are ready to respond to established and emergent diseases in future.

The polio programme has a long history of stepping up during health emergencies to fill the gaps that no one else can. As COVID-19 changed lives around the globe, polio staff led outbreak response teams and trained laboratory staff to detect the virus. Polio disease surveillance officers searched for COVID-19 cases and thousands of frontline polio workers shared information on the disease with their communities. In some countries, polio emergency operations centres were converted for the pandemic response.

As the situation has evolved, so have polio programme contributions – in coming months, the programme plans to use its expertise in immunization to help to deliver COVID-19 vaccines, as well as urgently reach at least 80 million children who have missed out on vital vaccines during the pandemic.

As one of WHO's largest operational workforces, comprising nearly 18% of the organization's programme budget in 2020-21, the widespread utilisation of polio-funded infrastructure and human resources for COVID-19 has brought into focus why we must retain this network for the future. When polio is eradicated, funding for the programme's vast infrastructure will end. Through the "polio transition" process, WHO is working to transfer the polio network to serve other public health goals, including the broader immunization, health emergencies and health systems strengthening agenda. This is no easy task – detailed planning and dedicated funding is needed to permanently integrate assets and functions into national health systems.

Dr. Rosemary Onyibe on polio eradication drive before the COVID-19 pandemic

The report finds that COVID-19, whilst presenting challenges, provides an opportunity to accelerate this "transition" process. In the coming months, WHO regional offices will begin to launch 'integrated public health teams', which will bring together individuals with expertise in polio eradication, emergency response and immunization to work collaboratively on the next stages of COVID-19 response and recovery. Showing "transition in action", these teams will exemplify one way via which health systems could be supported in future. Simultaneously, WHO is continuing work to support countries to develop detailed plans modelling how polio capabilities can be sustained.

The critical role that polio assets have played in tackling multiple health emergencies, in supporting immunization activities and in COVID-19 response, demonstrate that these assets have a clear role to advance future national and global health security. This will also help to sustain a polio-free world. In the South East Asia Region, which was certified free of wild polio in 2014, almost 2600 polio and immunization staff used their experience of managing immunization programmes in emergency settings to respond to COVID-19. Their work included undertaking training of health staff and village governors in Indonesia, acting as a focal point for the COVID-19 response in Cox's Bazar, Bangladesh, and drafting vaccination plans for Rohingya refugees. In Nepal, the network supported COVID-19 field investigations and case clusters, whilst in Myanmar, personnel formed part of the pandemic incident management team, and supported disease surveillance. These contributions underline that sustaining polio and immunization capacity puts us in a better position to respond when health crises arise.

The report also details how polio assets were able to reach nomadic communities in Kenya to warn them about virus spread, deliver an integrated digital platform for tracking case investigations across the African region, and answer 70 000 calls a day through a polio call centre adapted for COVID-19 in Pakistan. In Uttar Pradesh, India, polio micro-plans were adapted to survey 208 million people twice in three months for COVID-19, resulting in the identification of over 200 000 individuals with symptoms of the virus. Such diversity of operations plays a key role in protecting our collective health.

In a time when sturdy public health systems are particularly vital, we must ensure that polio infrastructure is transitioned to tackle pressing health issues long into the future.

Source: polioeradication.org

FOR VACCINES TO WORK, WE MUST BUILD TRUST

History and science tell us vaccines are the best hope we have of ending this pandemic and rebuilding our lives and our livelihoods. Yet, there is a real risk the COVID-19 vaccines will not reach all who need it.

Vaccine hesitancy will have a profound effect on our ability to overcome COVID-19. A study of nearly 20,000 adults from 27 countries found that roughly 1 in 4 of them would decline a COVID-19 vaccine. A similar study of Americans showed that unclear and inconsistent messaging from public health officials and politicians could reduce vaccine use.

Meanwhile, vaccine misinformation has become a big and growing business. Anti-vaccination entrepreneurs have increased their online following by at least 20 per cent during the pandemic. According to Avaaz, the top 10 websites identified by researchers as spreading health misinformation had almost four times as many views on Facebook as information from established health sites.

In short, we are losing serious ground in the fight for trust. And without trust, any COVID-19 vaccine will be useless. But with the global roll-out of COVID-19 vaccines, we now have the opportunity to truly reach every child with life-saving immunizations. The light at the end of the tunnel needs to shine for all.

Now that the world has developed multiple COVID-19 vaccines, we can turn our attention to the long and difficult fight to eliminate this virus from the planet with equity and fairness, reaching everyone including the poorest and most excluded.

Work is already being done to prepare for that day. UNICEF is a committed partner of the Advance Market Commitment Engagement Group of the COVAX Facility, a global collaboration to guarantee fair and equitable access to COVID-19 vaccines around the world. Our goal is to ensure that no country and no family is pushed to the back of the line as vaccines become available. We will do this by leading efforts to procure and supply COVID-19 vaccines and using our existing infrastructure to help facilitate their logistically demanding delivery, even to the most remote areas. Governments must work together to ensure that COVID-19 vaccines are affordable and accessible to all countries.

But just as critically, because the most important ingredient to any vaccine is trust, UNICEF is rolling out a global digital campaign to build public support and raise local awareness about the value and effectiveness of all vaccines.
Technology companies have a huge role to play and have taken important initial steps to address the spread of dangerous misinformation on their platforms. In October 2020, Facebook announced a global policy to prohibit ads that discourage vaccinations. Soon after, YouTube announced a crackdown on anti-vaccination content, removing videos that include misinformation on COVID-19 vaccines. But more can be done. Social media platforms must take steps to flag and remove content that distorts the truth.

Vaccine hesitancy goes far beyond COVID-19 vaccines. In 2019, WHO said vaccine hesitancy was one of the top 10 threats to global health and without trust, vaccines are just expensive vials in a doctor's cabinet.

Source:unicef.org

PUBLIC SERVICE ANNOUNCEMENT ON COVID-19 VACCINE

Dear Nigerians, the second wave of the COVID-19 pandemic is spreading very fast and evidence shows that the virus is significantly more transmissible, leading to a sharp rise in infections and in some instances, deaths.
The Federal Government is determined to stop the spread of the virus in Nigeria and has commenced the process of accessing WHO approved vaccines, to be administered free of charge.
The National Primary Health Care Development Agency, which is the Federal Government Agency charged with the responsibility for all vaccine matters, is currently working with the Presidential Task Force on COVID-19, the Federal Ministry of Health, NAFDAC and the National Assembly, to make COVID-19 vaccines available and accessible to Nigerians.
Dear fellow Nigerians, while we focus on ensuring the wellness of our nation, we urge you to please disregard any misleading rumours, videos and misinformation that are against the COVID-19 vaccine. Remember, your health is your life, and your life is your right!
Protect yourselves, your families and loved ones from COVID-19.
Get vaccinated.
This message is brought to you by the National Primary Health Care Development Agency.

Signed:
DR. FAISAL SHUAIB
Executive Director/CEO
NPHCDA

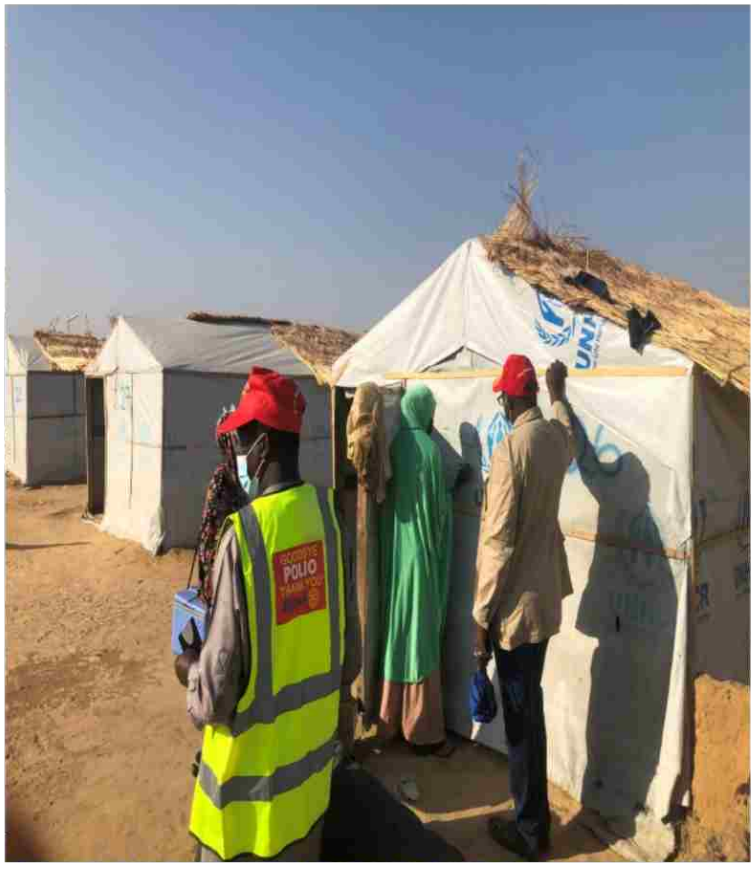
JANUARY 2021 SIPDs

Ilorin Rotarians supporting the DG during her visit to the field.

Gift presentation by DG Jumoke Bamigboye to the Executive Secretary, Kwara State Primary Health Care Development Agency

Cross section of mothers at a fixed post in Ilorin, Kwara state.

DG 9125, Jumoke Bamigboye giving a remark at Okelele Health Center, Ilorin, Kwara state during the January 2021 SIPDs



Supportive supervision by NNPPC staff in Maiduguri during the January SIPDs

The Executive Secretary Kwara State Primary Health Care Development Agency Dr. Mrs. Elelu at the Okelele Primary Health Center.

DONATION OF 70 WHEEL CHAIRS TO POLIO SURVIVORS BY KADUNA ROTARY CLUBS

OPVs are safe and effective and offer long-lasting protection against the serotype(s) which they target. OPV stimulates good mucosal immunity, which is why it is so effective at interrupting the transmission of the virus.

Getting your child vaccinated against polio ensures maximum protection and healthy life.

PolioStop is published by the NNPPC 8, Ladoke Akintola Street, Ikeja GRA, Lagos.
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