



When COVID-19 struck, you didn't abandon your vision of a polio-free world. You redoubled your efforts, helping reach an incredible milestone last August when WHO's Africa region was certified free of wild poliovirus.

Dr Tedros Adhanom Ghebreyesus
Director-General, World Health Organization

**2021 VIRTUAL
CONVENTION**
#Rotary21



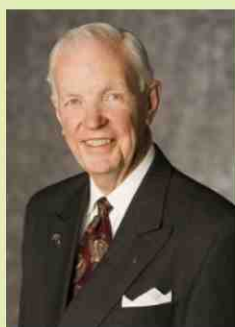
Chairman's Address

TRIBUTE TO OUR ROTARY LEADERS



In the life of any organisation particularly a service organisation like Rotary that has been continuously in existence for more than 100 years, there must be something to the quality of the leadership. Rotary is an organisation that has survived two world wars and contributed to the formation of UNESCO and in 1945 Rotarians helped to draft the UN charter.

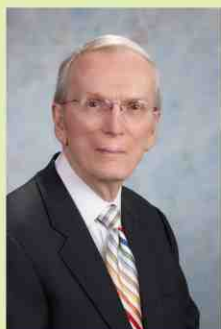
To accomplish all these, the leadership must have been visionary, innovative, adaptive and hard working. This is why I am dedicating this piece to some of our Rotary leaders who have worked and are working to ensure a polio free world. They have been an inspiration to the Nigerian Polio Eradication programme over a couple of decades now and for some, even beyond a couple of decades.



Wilf Wilkinson

I will start with Past Rotary International President **Wilf Wilkinson** 2007/2008. It is very apt that the theme he chose for Rotary during his presidency was **ROTARY SHARES**. He did share his time and expertise to assist the Nigeria

programme on its way to wild Polio free status. He took the official decision and responsibility to put in place my Committee in April 2013 when he was the Chair of the Board of Trustees of the Rotary Foundation. He travelled to Nigeria from Canada to ensure a smooth transition. That was the extent to which he was committed to ensure a polio free Nigeria.



John Sever

John Sever is a member of the Rotary club of Potomac, Maryland, USA and is Vice Chair of Rotary International PolioPlus Committee, and a Member of Rotary's United States Polio Eradication Advocacy Committee. He also served as Chair of Rotary's PolioPlus History Review Sub Committee in addition to serving as Rotary's representative to the Global Polio Eradication Initiative's Polio Research Committee.

Dr. John L. Sever is Professor Emeritus of Paediatrics, Obstetrics and Gynaecology, Immunology, Microbiology and Tropical Medicine at the George Washington University, Children's National Medical Center in Washington, D.C. Longest serving IPPC Member and had missed very few Meetings. He was our scientific link to WHO, who helped in no small measure in convincing WHO that world polio eradication is feasible in 1985. He has been with the Polioplus

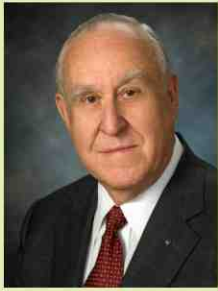
continuously till date and has personally been on ground in Nigeria to meet Rotarians and government health functionaries to move to polio eradication programme forward.



ROBERT S. SCOTT

Bob is a member of the Rotary club of Cobourg in Ontario, Canada. He served as Chair of The Rotary Foundation's Board of Trustees in 2007-08 and as a Trustee from 2004-07.

Bob has demonstrated his commitment to Rotary's top priority of global polio eradication through various leadership roles. He oversaw Rotary's efforts to mobilize additional financial and political support from the public sector during his four-year tenure as Chair of the Polio Eradication Advocacy Task Force. He also served as the Director of Rotary's Polio Eradication Fundraising Campaign from 2002-2005 during which Rotary's membership raised an additional US\$135 million for Rotary's PolioPlus program. **Bob** served as Chair of Rotary's International PolioPlus Committee from July 2006 to 30 June 2014 and subsequently served as an Adviser to the International PolioPlus Committee. He also has visited Nigeria on a number of occasions to nudge the polio eradication effort along.



John Germ

John Germ is a member of the Rotary club of Chattanooga, Tennessee, USA. He joined Rotary in 1976 and has served Rotary as Vice President and served as our President in 2016/2017. He will assume office as Chair of the Board of Trustees of the Rotary Foundation.

He has been an assiduous fund raiser for our Foundation and as Chair of Rotary's US\$200 Million Challenge which saw us raising US\$200 million which saw Rotary raise \$US200 million which was matched 1:1 by the Gates foundation for polio eradication.

Currently he heads the committee that ensure Rotary raises \$US50 million annually which is 1:2 by the Gates Foundation. We have consistently met this target even in this difficult time.



Mike McGovern

Mike McGovern joined Rotary in 1986 as a member of the Rotary Club of South Portland-Cape Elizabeth, Maine, USA. He has risen through the leadership ranks of Rotary to become Trustee and Vice Chair of the Rotary Foundation, and Director and Vice President of Rotary International.

In June 2016, Mike completed a four-year term as a Trustee of the Rotary Foundation. He currently serves as

Chair of the International PolioPlus Committee and represents Rotary on the Global Polio Eradication Initiative's (GPEI) Polio Oversight Board and chairs the GPEI's Financial Accountability Committee.

In the seven years I have worked closely with Mike as Chair of the Nigeria National PolioPlus Committee and later in the International PolioPlus Committee I have learnt a lot from his administrative skills.

His great interest in seeing polio eradicated from Nigeria saw him coming at great risks to Nigeria in 2016 visiting Borno state and the IDP camps along with PolioPlus Director Carol Pandak.



Rajendra K. Saboo

President Raja of the Rotary club of Chandigarh India served as RI President in 1991/92. That was 30 years ago! The Rotary theme he chose for his year was *look beyond yourself*. And he exemplifies it by his reaching out to help the polio eradication effort in Nigeria.

The amazing thing is that he has remained deeply involved in Rotary activities for all of those thirty years.

He led Rotarians in India to eradicate polio in India ten years ago. Even before the eradication of polio in India he had focused on helping the programme in Nigeria and indeed many other countries in Africa with advice from his rich experience in polio eradication and adding the plus in polio plus. For about a decade he was coming to Nigeria to do polio

Corrective surgery to enable polio survivors to have independent mobility. It's the insecurity challenges and now the pandemic that has put a pause to this activity. He supported our global grant effort to secure nine mobile clinics to Borno state to assist in getting medical care to people in Borno state whose health facilities were decimated by Insurgents. It was President Raja who along with President Kalyan and Majiyagbe to take over the mantle of leadership of the PolioPlus programme in Nigeria for Rotary in early 2013. I am delighted and grateful to them for offering me this opportunity which has greatly enriched my life and that of the members of my Committee.



Kalyan Banerjee

President Kalyan served as RI President in 2011/2012 with the theme *Reach Within to Embrace Humanity*. And he did embrace humanity. He, like President Raja had an eye on the eradication of polio in India but he reached out to participate in health missions to Nigeria and assisted in no small measure to boost our morale, get children vaccinated and assist polio survivors with much needed polio Corrective surgeries.

As I mentioned earlier he was instrumental in the process that led to my appointment as the Chairman of the Nigeria National PolioPlus Committee.

We are eternally grateful to these Rotary leaders in particular but also all Rotarians who have contributed in various ways to see the back of the wild polio virus in Nigeria and Africa.

FROM EDITOR'S DESK

APPROPRIATE TECHNOLOGY AND THE CHALLENGE OF DEMAND CREATION FOR VACCINATION

One of the main struggles we have faced in our fight against polio and other childhood illnesses has been how to get sufficient numbers of vulnerable persons to take up the vaccines which have been made available by the government and partners against such diseases. In the Nigeria polio programme, we have had to be very innovative and devise new strategies for attracting, tracking and sustaining new streams of vulnerable people so as to ensure that herd immunity is built and diseases like polio are kept out of the population. Strategies like the Directly Observed Polio Vaccinations (DOPV), the use of Majigi film shows, community dialogues, compound meetings, the use of multimedia messaging boards, deployment of papilolos, the distribution of pluses and other strategies that had not been tried elsewhere but we were willing to use in order to help improve the uptake of the polio vaccine amongst our people. Those strategies worked and that is why we have been successful in keeping polio out of Nigeria for the past 5 years.

The world is still grappling with a global pandemic on a scale that has not been seen for over a century but the fight has been made much easier by the rapid development and deployment of effective vaccines against the coronavirus disease. One of the major challenges that the rollout of vaccines has encountered has been the slow and low rates of

vaccine uptake amongst the people. Even countries that have managed to stockpile vaccines in enough quantities to vaccinate their entire populations a few times over, are still battling the challenge of low or declining vaccination rates. Some of these countries have now started borrowing from our strategies to try to drive up these rates. I have heard in the news of “pluses” like beverages, lottery tickets and even cash being used in some parts of the United States which is really funny to me because these were things that we did in Africa that were considered “ethically challenged” by people in the so-called saner climes and even in the most difficult circumstances, we never gave cash in order to persuade people to take our vaccines. It therefore seems to me that the public health concept of “appropriate technology” is one which works well wherever you are in the world, saner climes or not. Whatever approach that works well in helping us achieve our health objectives and keep killer diseases out of the population should be welcome anywhere in the world as long as it does no harm.

Ironically, the rollout of the covid vaccinations in Nigeria was not done using pluses. Not yet anyway. Maybe because of the relatively low number of vaccine doses that were available per capita. One thing is clear though, the rate of covid vaccine uptake is still quite low. The second doses are not been take up at the rate

that was expected and we are currently thinking up new demand creation strategies to help us improve these flagging rates. However, it just occurred to me that having exported some of our demand creation techniques to the so-called “saner climes” it may be time to make use of more of them at home. Perhaps we should test some of these on a small scale to see if they will help improve covid vaccination rates and then seek the support to utilize them whenever we roll out the second phase of the vaccination exercise. Charity begins at home but Charity seems to have traveled abroad. Perhaps, it is time to bring Charity home again in other to help us fight and win our battle against covid. Remember that we need to get rid of covid quickly in order to return to keeping polio at zero and gifting the next generation a polio-free world.



Rotarian 'Gbenga Olayiwole
Editor, Poliostop

NIGERIA POLIO PROGRAM SUCCESS STORIES AND CHALLENGES

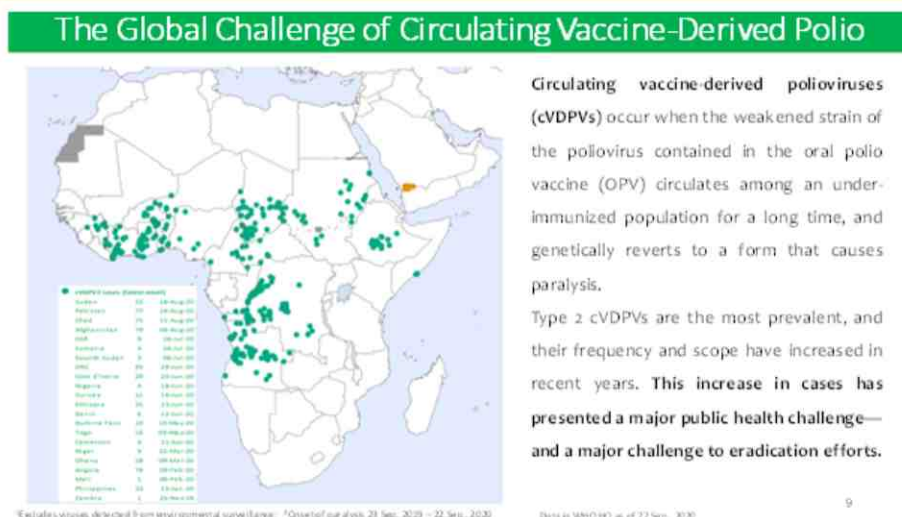
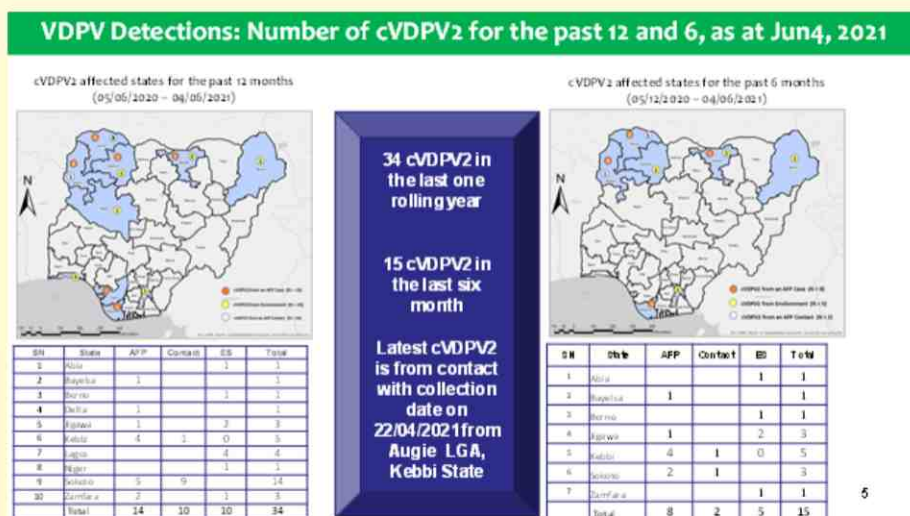
The Nigeria Polio programme recorded a historic achievement in 2020 - after four years of no wild polio virus detection in Nigeria; the Africa Regional Certification Commission for Polio Eradication (ARCC) confirmed interruption of WPV1 transmission and subsequently certified the Africa Region as free of WPV1 on 25 August 2020. Nigeria's WPV-free status was achieved through the persistent effort by the political leadership, national and international partnerships, effective community engagement, focused attention to improve surveillance and population immunity, dedicated health-care workers, innovation and use of

technology.

Despite WPV1 certification for AFRO, Polio (WPV and cVDPV2) remain a threat across Africa and the globe, there have been improvements in the quality of the OBRs conducted this year, but there are still gaps with the process. Maintaining high quality OBRs, IPDs, and improving demand and uptake of IPV are key, Surveillance will be critical. It is important to quickly identify and respond to cVDPV2s. Ensure that surveillance is optimal; there are implications of using mOPV2 which has resulted in the approval for nOPV2 use in cVDPV2 responses

COVID-19 pandemic has devastated many countries of the World including Nigeria; causing misery to many, disrupting health systems of countries leading to economic and social turmoil. Nigeria has gone into economic recession twice in the past 15months on account of COVID-19.

Following the roll out of vaccines against COVID-19, it is being envisaged that if herd immunity is attained, a return to normal is being possible by the end of 2022. Every country must therefore work hard towards the attainment of herd immunity; estimated as having about 70% of eligible Nigerians vaccinated.



AMINU MUHAMMAD
NATIONAL PROGRAMME COORDINATOR

FIGHTING ON TWO FRONTS: TO ERADICATE POLIO AND TO DEFEAT COVID-19



In 1996, wild poliovirus was paralysing more than 75 000 children in the African Region every year, and Nelson Mandela and Rotary International issued a call to “Kick Polio Out of Africa!” The task was daunting. Polio staff had to deal with highly mobile populations, restricted access to children because of conflict and insecurity, fragile health systems and a fast-moving virus. Nigeria, as recently as 2012, accounted for more than half of all wild polio cases worldwide.

Ridding Africa of the wild poliovirus in the face of such daunting obstacles was, in the words of WHO Director-General Dr Tedros Adhanom Ghebreyesus, “one of the greatest public health achievements of our time”. It is an achievement built on the dedication of health workers – mainly women – who traveled by every available means – foot, car, boat, bike and more – to reach children with the polio vaccine.

One of those workers, Lami Isah Kyadawa, supported polio “immunization plus days” for almost 12 years before joining the network of volunteer community mobilizers in Sokoto State, Nigeria, in 2015. In her time fighting polio, she has overcome vaccine hesitancy, countered misinformation and even lost the sight in one eye in an accident returning from a polio mobilization campaign. But, for Lami, the sacrifices have all been worth it:

“It makes me proud to know that I was part of those that ensured the eradication of polio came to pass in Nigeria and now we can focus on improving routine immunization and other diseases.”

Eradicating wild polio in the African Region is a monumental feat, not just because of the scale of the task but because of the coordination and

leadership required at all levels of the Global Polio Eradication Initiative (GPEI) to get the job done. It involved strategists with imagination, who found solutions to reaching children in regions rife with conflict and insecurity. It required constant surveillance to test cases of paralysis and check sewage for the virus, and it relied upon the commitment of all 47 countries in the African Region.



Since 1996, nine billion doses of oral polio vaccine have been provided, averting an estimated 1.8 million cases of wild poliovirus on the continent. Building on this success, countries in the African Region are now using the polio eradication infrastructure's robust immunization and surveillance capacities to strengthen their health systems. The infrastructure, with thousands of health workers and volunteers, community and religious leaders, parents and families mobilized to “Kick Polio Out of Africa”, provides a strong foundation for countering other public health threats.

Long before the coronavirus pandemic, stopping wild polio brought far-reaching benefits beyond saving children from paralysis, including protecting them from other vaccine-preventable diseases and detecting and responding to outbreaks.

Thus, when COVID-19 struck, the GPEI's staff and infrastructure were in place and equipped to be the first to respond. Thousands of polio workers in the WHO's African, Eastern Mediterranean and South-East Asian Regions shifted their focus to COVID-19. Polio emergency operation centres quickly adapted to respond to the pandemic through surveillance, contact tracing and specimen transport, provision of soap and hand sanitizer, distribution of training materials for medical personnel and front-line workers and coordinated engagement with community and religious leaders and media on mitigation measures.

Polio staff have long been the eyes and ears of national health systems. In one example, polio laboratories in Pakistan provided COVID-19 testing and sequencing, while the polio eradication call centre became (and remains) the national COVID-19 hotline, dealing with up to 70 000 calls a day. Polio staff trained more than 18 600 health professionals, and polio community mobilizers engaged 7000 religious leaders and 26 000 influencers to provide information on COVID-19 to their communities. Through messaging applications, mosque announcements and public address systems on motorbikes and rickshaws, polio community outreach networks have reached millions of households.

The pandemic has shown that the polio network can continue to serve other public health programmes, especially in health emergencies. For instance, in Pakistan, active polio surveillance at high-priority sites helped to confirm more than 1000 COVID-19 cases, more than 4400 suspected cases and nearly 500 probable cases. Staff have also used their expertise in data management to improve the quality and timeliness of data during the pandemic. This adaptable skill set makes polio personnel invaluable to health systems and communities.

Looking ahead, transition of polio personnel and infrastructure into public health systems is being planned in countries with large polio eradication programmes, led by national authorities. In places where there is insufficient national capacity, critical immunization, disease detection, emergency preparedness and response capacities will be supported by WHO's immunization and emergencies programmes until national authorities can fully take over. Sustaining these capacities will require sustainable funding, but, as Africa's remarkable achievement confirms, the wisdom of investing in polio eradication and sustaining its legacy is clear, as the networks set up for polio eradication will prove vital to advancing global public health security and achieving healthier populations.

Source: WHO

FEDERAL MINISTRY OF HEALTH IMPLEMENTS MASSIVE DISTRIBUTION OF PERSONAL PROTECTIVE EQUIPMENT TO PRIMARY HEALTHCARE CENTRES IN NIGERIA



Nigeria's Minister of Health, Dr. Osagie Ehanire

detection of cases, educating members of the community about the risks of the virus as well as other health and social services.

The items being distributed include thousands of goggles, masks, gloves, gowns, boots, waste bins, hand sanitizers, chlorine, and other commodities. These will be distributed to selected PHCs across all 774 local government areas in Nigeria.

The Federal Government of Nigeria and its partners recognise the need for ensuring

continuity of health services, despite the COVID-19 pandemic. In recognition of the risks health workers face in providing care to patients, these PPE are being provided to ensure that they are properly protected in the line of duty.

As part of Nigeria's COVID-19 response, the Federal Ministry of Health continues to prioritise infection prevention and control (IPC) of healthcare workers through training, provision of information materials and protective equipment. The PPE provided to health workers in PHCs are to ensure that they have the required resources to protect themselves and their patients from the risk of spread of COVID-19 and other infectious diseases.

The Federal Government of Nigeria remains grateful to its partners, especially Gavi the Vaccine Alliance and UNICEF for the collaboration in ensuring the protection of health workers.

The Federal Ministry of Health through its agencies remains committed to ensuring the health and safety of all Nigerians. As the NPHCDA continues to scale up Nigeria's COVID-19 vaccination coverage, health workers are reminded of the need to practice universal care precautions at all times. Additionally, we urge members of the public to adhere to COVID-19 measures including wearing of face masks properly – covering nose and mouth, regular handwashing, avoiding large crowds, practicing physical distancing of at least two (2) metres and getting vaccinated, if eligible.

As part of the continued response to the COVID-19 pandemic, the Federal Ministry of Health through its agencies, the National Primary Health Care Development Agency (NPHCDA) and the Nigeria Centre for Disease Control (NCDC) is implementing a massive distribution of personal protective equipment (PPE) to health workers in primary healthcare centres (PHCs) across Nigeria. This is supported by health sector partners Gavi, the Vaccine Alliance and UNICEF.

In Nigeria, PHCs are critical as they often serve as the first point of contact for suspected cases of COVID-19. Health workers in PHCs continue to play an important role in the response by supporting the

Source: ncdc.gov.ng

NIGERIANS WHO HAVE TAKEN THEIR FIRST DOSE SHOULD PROCEED TO TAKE THEIR SECOND DOSE OF THE COVID-19 VACCINE- DR. FAISAL SHUAIB ED/CEO NPHCDA



As of June 1 2021, 1,956,598 of targeted eligible Nigerians have been vaccinated with their first dose of the Oxford/Astrazeneca vaccine. Of this number, 66% are frontline workers, 22% are healthcare workers, while 12% belong to the elderly group.

Furthermore, 73,465 Nigerians have also received their 2nd dose across 36 states and the FCT. This includes His Excellency President Muhammadu Buhari and Vice President Yemi Osinbajo, who both received their second doses on Saturday, May 29. Similarly, you would have seen that in many States, the Governors, members of the legislature, traditional and religious leaders have publicly started taking the second dose of their vaccinations. Only yesterday, members of the Presidential Steering Committee including myself received our second doses of the vaccine. I can assure that we are all doing well. Indeed, on my part, the side effects following the second dose was much less than the first dose.

We continue to advise that all Nigerians who have received their first dose should check their vaccination cards for the date of their second dose, and proceed to the same health facility where they got their first jab, to ensure full protection against COVID-19.

Our health teams are working hard, and I'd like to thank them once again for all their efforts to make sure Nigerians are being vaccinated. I'd also like to thank the Nigerian public for your cooperation and support in achieving a smooth vaccination campaign. This has been a national effort that involves all stakeholders.

There have been cases of mild, moderate and severe Adverse Events Following

Immunization (AEFI) since we officially rolled out Covid-19 vaccination on March 15, 2021. The AEFIs symptoms ranged from pain and swelling at site of vaccination to more serious symptoms such as headaches, abdominal pain, fever, dizziness and allergic reactions.

A total of 10,027 cases of mild AEFI have been reported as of May 30th, while 86 cases of moderate to severe incidents have been reported. All these individuals have since fully recovered.

Five States have the highest records of AEFI namely: Cross River (1,040), Kaduna (1,071), Lagos (796), Yobe (555), and Kebbi with 525 cases.

We acknowledge the possibility of some people relocating from the States where they took their first doses. For this reason, we have made provision for special vaccination sites that could accommodate administering their second doses. It is also possible that due to certain circumstances, some of the sites used for the first dose vaccination may no longer be available; in this case, you are kindly advised to go for your second dose at the nearest vaccination post. The list of the vaccination sites is available on our website (www.nphcda.gov.ng), which we will keep updating and will also be published accordingly. Please bear with us while we try to make the vaccination process as seamless as possible.

On the global vaccine supply and anticipated next consignment, the Covax facility has communicated that the upcoming allocation is likely from July-September 2021. The exact dates are still being finalized. Nevertheless, bilateral conversations are ongoing to see how we can access the surplus vaccines being stockpiled by developed countries. On this, we are working closely with the Embassies and High Commissions in Nigeria. Our communication remains clear that the allocation of vaccines from friendly countries is most useful now, not later when vaccines become widely available.

While we are pushing for equity, justice and fair play in the global allocation of vaccines, the Federal Ministry of health is working with critical stakeholders to

fast track the establishment of local vaccine production plants in Nigeria. This initiative will be seizing on the environment created by the lopsided availability of vaccines, momentum around intellectual property waivers and health security imperatives that vaccines represent.

I would like to mention that GAVI, the Vaccine Alliance through UNICEF and in partnership with NCDC and NPHCDA have donated \$8M worth of PPE to be used by primary health care workers across all 36 States and the FCT. These PPEs are already on their way to the sub-national level, courtesy of Unicef. We thank our partners and value their continued partnership in supporting our frontline health workers.

Finally, I want to encourage all Nigerians to remain vigilant. Each and every one of us must follow social distancing, mask wearing, and curfew guidelines. Significant concern remains about the threat posed by the Coronavirus B.1.617.2 variant, also known as the Indian variant, which is observed to be a highly contagious triple-mutant strain of the coronavirus. In England, cases of the variant have doubled in one week alone. It is very important that we take all the necessary precautions set out by the Government to prevent an uncontrolled outbreak here in Nigeria.

Vaccination remains the safest and most effective public health intervention known to man. Throughout history, vaccines have saved millions of lives. The Federal Government under the leadership of His Excellency, President Muhammadu Buhari is determined to overcome the supply challenges the world is currently experiencing and ensure that COVID-19 vaccines are accessible free of charge, to all eligible population in Nigeria.

All of us, working together, can help keep Nigeria safe. Ensuring that we take both doses of our Covid-19 jab is a significant step in this collective effort. This is our priority at PSC, FMOH and NPHCDA.

Thank you, God bless you, and God Bless Nigeria.

COUNTRIES REAFFIRM COMMITMENT TO ENDING POLIO AT LAUNCH OF NEW ERADICATION STRATEGY



The Global Polio Eradication Initiative (GPEI) has just launched the “Polio Eradication Strategy 2022-2026: Delivering on a Promise” at a virtual event, to overcome the remaining challenges to ending polio, including setbacks caused by COVID-19.

While polio cases have fallen 99.9% since 1988, polio remains a Public Health Emergency of International Concern (PHEIC) and persistent barriers to reaching every child with polio vaccines and the pandemic have contributed to an increase in polio cases. Last year, 1226 cases of all forms of polio were recorded compared to 138 in 2018. In 2020, the GPEI paused polio door-to-door campaigns for four months to protect communities from the spread of COVID-19 and contributed up to 30,000 programme staff and over \$100 million in polio resources to support pandemic response in almost 50 countries.

Leaders from the two countries yet to interrupt wild polio transmission—Pakistan and Afghanistan—called for renewed global solidarity and the continued resources necessary to eradicate this vaccine-preventable disease. They committed to strengthening their partnership with GPEI to improve vaccination campaigns and engagement with communities at high risk of polio.

Dr Faisal Sultan, Special Assistant to the Prime Minister of Pakistan on Health, said, “We are already hard at work with our GPEI partners to address the final barriers to ending polio in Pakistan, particularly through strengthening vaccination campaigns and our engagement with high-risk communities. Eradication remains a

top health priority and Pakistan is committed to fully implementing the new GPEI strategy. We look forward to working with international partners to achieve a polio-free world.”

The 2022-2026 Strategy underscores the urgency of getting eradication efforts back on track and offers a comprehensive set of actions that will position the GPEI to achieve a polio-free world. These actions, many of which are underway in 2021, include:

- Further integrating polio activities with essential health services—including routine immunization—and building closer partnerships with high-risk communities to co-design immunization events and better meet their health needs, particularly in Pakistan and Afghanistan;

- Applying a gender equality lens to the implementation of programme activities, recognizing the importance of female workers to build community trust and improve vaccine acceptance;

- Strengthening advocacy to urge greater accountability and ownership of the program at all levels, including enhanced performance measurement and engagement with new partners, such as the new Eastern Mediterranean Regional Subcommittee on Polio Eradication and Outbreaks; and,

- Implementing innovative new tools, such as digital payments to frontline health workers, to further improve the impact and efficiency of polio campaigns.

“With this new Strategy, the GPEI has clearly outlined how to overcome the final barriers to securing a polio-free world and improve the health and wellbeing of communities for generations to come,” said Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization and member of the Polio Oversight Board. “But to succeed, we urgently need renewed political and financial commitments from governments and donors. Polio

eradication is at a pivotal moment. It is important we capitalise on the momentum of the new Strategy and make history together by ending this disease.”

Dr Wahid Majrooh, Acting Minister of Public Health for Afghanistan, said, “Afghanistan is fully committed to implementing the new GPEI strategic plan and eradicating polio from its borders. Together we have come so far. Let us take this final step together and make the dream of a polio-free world a reality.”

In addition to eradicating wild polio, GPEI will strengthen efforts to stop outbreaks of circulating vaccine-derived poliovirus (cVDPV) that continue to spread in under-immunized communities across Africa and Asia. This includes deploying proven tactics used against wild polio, improving outbreak response and streamlining management through the launch of new global and regional rapid response teams and broadening the use of a promising new tool – novel oral polio vaccine type 2 (nOPV2) – to combat type 2 cVDPVs, the most prominent variant.

H.E. Félix Tshisekedi, President of the Democratic Republic of the Congo, said “As Chair of the African Union, I call on every government to increase their commitment to protecting the gains of our monumental efforts and finishing the job against polio in Africa. Only then, we will be able to say we delivered on our promise of a safer, healthier future for all our children.”

Additional quotes:

Mike McGovern, Chair, Rotary's International PolioPlus Committee: “More than 19 million people are walking today who would have otherwise been paralysed by polio, thanks to the incredible progress we've made in protecting children with polio vaccines since 1988. When Rotary helped found the GPEI, we made a commitment to ensure that no child or family should live in fear of polio ever again. We are committed to delivering on this promise and urge governments and donors to help us achieve a polio-free world.”

Henrietta Fore, Executive Director,

UNICEF: “We will not allow the fight against one deadly disease to cause us to lose ground in the fight against polio and other childhood diseases. Renewed government and donor support will enable us to reach and immunize over 400 million children against polio every year and ensure that no family has to live with the fear of their child being paralyzed by this deadly disease ever again.”

Rochelle P. Walensky, MD, MPH, Director, CDC: “As the GPEI’s support for the COVID-19 response shows, polio infrastructure is vital to helping countries tackle emerging health threats. The U.S. CDC is committed to achieving polio eradication and delivering, through the GPEI’s new strategy, on the promise we made to protect the world’s children. To improve health equity, we must ensure that polio assets are secured and that countries are increasing their immunization coverage through integrated service delivery and demand for vaccines.”

Seth Berkley, CEO, Gavi, the Vaccine Alliance: “Polio eradication is possible and essential. Through the increased integration of polio activities with essential immunization and health services, including our joint work to extend the health system to reach “zero-dose” children and missed communities with all routine vaccines, we believe that we can better meet the needs of high-risk communities and secure a polio-free world together.”

Chris Elias, President, Global Development, Bill & Melinda Gates Foundation: “After setbacks in recent years, and indications that some donors may reduce funding to the GPEI, there has never been a more important moment than right now in the history of polio eradication. With adequate support for the new strategy, we can secure a world where no child will be paralyzed by polio ever again and we urge all donors to stay committed and consign this disease to history.”

G7 HEALTH MINISTERS REAFFIRM COMMITMENT TO ACHIEVING POLIO-FREE WORLD



The health ministers of the G7 countries reaffirmed their commitment to polio eradication, at their annual meeting held in Oxford, UK and virtually, on 3-4 June 2021. As part of their official communique, the health ministers affirmed: “We need to continue supporting the Global Polio Eradication Initiative, whose surveillance capacity and ability to reach vulnerable communities are critical in many countries to prevent and respond to pandemics.”

The statement was welcomed by the Global Polio Eradication Initiative (GPEI) core partners, which comes ahead of the launch of the new GPEI Strategy 2022-2026, developed in close collaboration with partners, countries and donors, and which lays out the roadmap to achieving and sustaining a world free of all polioviruses. At the same time, the new plan will ensure that the benefits of the polio

eradication infrastructure will be able to continue to benefit broader public health efforts long after the disease is gone. In 2020 and 2021, for example, the GPEI infrastructure continues to provide crucial support to the COVID-19 pandemic response, and will continue to do so, as global response continues to accelerate vaccine roll-out efforts. The G7 has recognized that the GPEI has one of the most effective disease surveillance and response networks in the world at a time when the COVID-19 pandemic continues its devastation. It has the ability to respond to not only polio but also other disease outbreaks, contributing to larger global health systems and security.

Key to success, however, will be the continued support and engagement of the international development community, including by ensuring that previous pledges are fully and rapidly operationalized.

Source: polioeradication.org

THE VACCINE CHALLENGE IN COUNTRIES HIT BY COVID-19 AND CONFLICT



G7 nations recently pledged an additional billion doses of vaccines to developing countries participating in the global COVAX scheme. The World Health Organisation has confirmed this to be too little too late for a number of poorer countries that have now run out of vaccines, just as a third wave is hitting many nations.

Even when the vaccines are delivered many developing countries will still face challenges in distribution, for example, due to insufficient cold chains and other healthcare system capacity constraints. For regions experiencing violence and instability however, the challenges are more sinister. And this isn't a peripheral issue: currently some one billion people live with the daily threat of violence.

Research conducted in north eastern Nigeria, where bloody clashes involving Boko Haram continue to play out, reveals that if an armed conflict occurs within 10km from where a child resides, the odds that they will receive a vaccination of any kind are 47% lower.

Armed groups' disruption of the roll out of vaccination programmes has a history, with Pakistan its poster

child. The south Asian nation remains one of only two countries yet to eradicate the polio virus – a global campaign that began in 1989. As late as 2019, vaccination workers were still being targeted and killed.

Many conflict zones wrestle with a legacy of distrust in government, with heavy handed and often violent enforcement of covid lockdown measures further eroding trust in government in many contexts. In the last week, some states in Pakistan have threatened to remove mobile phone access from those who refuse vaccination, while in the Philippines President Duterte threatened the vaccine hesitant with jail – two strategies that could potentially further undermine already fragile relationships between the state and some groups within its citizenry.

Lack of trust is compounded by misinformation. In 2003, some Nigerian states suspended polio immunisations following rumours that the polio vaccine was contaminated with an anti-fertility agent as part of a plot to make women infertile. This resulted in a 30 per cent increase in polio prevalence with polio cases originating from Nigeria spreading to 20 countries. During the 2018 Ebola outbreak in DRC, vaccination efforts were undermined by rumours that the outbreak was fictitious and part of a money-making scheme dubbed the “Ebola business.”

In countries ranging from Ethiopia to Zimbabwe to Cambodia, governments have also used the pandemic and associated measures to crack down on opposition groups, as well as delay or postpone processes of peace and democracy. But there is

hope in the form of intensified collaboration between peacebuilding organisations and healthcare responders.

During 2020, many peacebuilding organisations have pivoted to respond to the pandemic, tackling violence, misinformation and the trust deficit in an effort to support the early response and help healthcare workers navigate conflict dynamics. This work capitalised on their experience working in hostile environments, extensive local networks in hard-to-reach locations, relationships of trust built over decades and knowledge of local conflict dynamics. This last capability is particularly important as, where access to resources and inequality are recurring drivers of conflict, sudden influxes of aid, including vaccines, can sow further seeds of division.

In Nigeria, one NGO adapted their media peacebuilding work using radio programming to disseminate messages of tolerance and patience, involving community and religious leaders, government stakeholders, to counter false information and stigmatisation. Improved community social cohesion helped to restore public confidence in health responses.

It is imperative that this type of collaborative approach be extended to vaccination efforts. A failure to plan for and adapt to the specific needs of conflict-affected countries puts the global vaccination effort at risk, leaving pockets where entire populations remain largely unvaccinated and variants can evolve, undermining the efficacy of vaccines. The window for action is small. The opportunity is now.

Adapted from politics.co.uk

ARGUNGU EMIR VOWS TO ENSURE COVID-19 VACCINATION IN EMIRATE



Alhaji Samaila Muhammadu Mera, the 33rd Emir of Argungu in Nigeria's Kebbi state, has been one of the foremost traditional leaders using all resources at his disposal to ensure that his Emirate is vaccinated against infectious diseases. As a prominent member of the popular Northern Nigeria Traditional Council on Polio Eradication and Primary Health Care, Emir Muhammad was particularly active in seeing that children under five in Northern Nigeria took the polio vaccine before Nigeria was certified free of the virus, and he continues to advocate for routine immunization as routine vaccination efforts continue in the country.

According to the Emir "I took the Covid-19 vaccine recently and I must say that the shot has made me feel safer, as I combine that with continued use of my nose mask. The shot was a bit painful, but the discomfort went away after a little while. In my Emirate, I have been leading efforts to get the vaccines to every home. But the vaccination campaign has been tough as much misinformation has been peddled about the virus and its antidote. I was bombarded with a lot of information and was finally convinced to take the Covid-19 vaccine when I remembered the earlier action taken by World leaders to lock down all cities, towns and places of worship in Europe, Americas, Middle east, Asia, China and Russia. These actions have had a serious impact on economic, social,

and religious activities of people worldwide. We don't want such again and so we must comply with the rules and if that means taking the vaccine, then that is what we must do.

There are those in my community who say Covid-19 is a lie but it obviously isn't. Such universal action with all its negative impact on social and economic lives of citizens of these nations must have been taken after deep evaluation of the great danger posed to the world by the disease. No government will take such a decision just to support a lie. And there is much evidence to prove the disease is real. We saw very influential leaders in hospitals, and some even landed in the ICU. Many rich and powerful people died and their demise was linked to the disease.

Vaccines are not new to my people, so that has been a positive one for us. We have, for years, been administering the Oral Polio Vaccine (OPV) to our children and this has become part and parcel of our activities. We all rejoiced when Nigeria was finally declared polio free last year and even now, when there is routine immunization, people still present their children.

However, I have noticed there are some major differences between when we conducted the mass polio campaigns and when we are sensitizing people about Covid-19 vaccine.

For example, during the polio campaign, there isn't much of a challenge in mobilizing parents to present their children for vaccination, even after the certification due to the fact that all our messages back then reflected that vaccination must continue beyond certification. The parents have not given us many problems around why they should still present their kids after we already told them that Nigeria has been declared polio-free. The major problem that we have encountered with administering

OPV was the prolonged interruption of activities due to Covid-19 pandemic that made people relax. In Kebbi we had a 13-months gap between the last and the most recent vaccination round so we are actively trying to get people engaged again.

The issues around COVID-19 vaccine, on the other hand, have been quite significant. There is widespread hesitancy and that has made it difficult to engage people, especially as we need to urgently vaccinate eligible groups. I can't recall any vaccine that was maligned like that of COVID-19. It is much easier to convince people to take the polio vaccine than COVID-19 vaccine, because too many lies were told about COVID-19 vaccine and no adequate efforts were made by governments across the world to counter the fake information about COVID-19.

Additionally, adequate engagement with stakeholders at all levels to convey appropriate information about the disease and the vaccine to the grassroots, to the rural communities was lacking. Politicizing the disease and its control by world leaders and the media made the matter worse and we saw that problem in Nigeria too. In Argungu, we got people to accept the OPV vaccine because we at the traditional and local levels were properly engaged. We are consistently reinforcing that message that polio vaccines must be continued. We celebrated World Polio Day in October last year in Argungu Emirate and used the opportunity to recognize and celebrate key stakeholders. We gave trophies to the police for their support, the community leaders and religious leaders for the role they played. We identified Traditional Birth Attendants (TBAs), town announcers, and so on for their contribution to the zero-polio achievement. Events like that and avenues like the annual Eid celebration where people gather for

sermons, affords us the opportunity to speak directly to the parents and caregivers on issues of vaccination, thus keeping the message alive.

But for COVID-19 there wasn't a strong campaign to convince people to accept it in the same way. Some Governors were proactive with a proper agenda while some showed minimal concern. However, the Presidential Task Force on COVID-19 has done well in sending messages, conducting interviews, and positioning billboards across the country encouraging people to accept the vaccine and observe other preventive and control measures.

The ways that we have tried to mitigate the crisis have been fairly effective in my opinion. For us traditional leaders, we simply led by example; I received






the vaccine publicly and I am always wearing a face mask publicly to encourage people. I have given physical assurances to the people during Eid celebration where I publicly and religious leaders fully at the national level, to cascade to the states, LGAs, districts, and grass root level. assured my people that the vaccine is safe because I took it and I am hale and hearty, my 85 years old mother took it and she's fine, all my wives took it, and all my eligible children took the vaccine. Majority of my council members and staff took it and they are all fine.

I also try to engage well with the media. I have conducted interviews on national television stations for the wider public to accept COVID-19 vaccination and adhere to other public health measures. We traditional leaders have allowed our pictures to be used on billboards in order to improve public acceptance for COVID-19 vaccine.

In conclusion, I believe there is a need for the government to mount a big campaign for the COVID-19 vaccination involving the traditional and religious leaders fully at the national level, to cascade to the states, LGAs, districts, and grass root level. Nonetheless, I will do more, in my position, and continue to sensitize my people and make all efforts to convince them to be vaccinated. This is our job and we will never relent our efforts in the service of our people."

Source: WHO

Vaccines Work & are the best investments we can make in human health & potential. Thanks to the polio vaccine, the world's seen a 99.9% reduction in polio cases since 1988.

@Rotary #EndPolio
NIGERIA NATIONAL POLIOPLUS COMMITTEE

DISTRICT CONFERENCE 9110, POLIO FUN AEROBICS



District Governor Bola Oyeade (right)



IDG Remi Bello (right)



District Governor Nominee Omotunde Lawson (right) .



District Governor Nominee Designate Ifeyinwa Ejezie (right).



Some Rotarians at the Polio Aerobics

NNPPC END OF ROTARY YEAR MEETING & DINNER



1st row -PRIP Wilf Wilkinson, Dr Tunji Funsho, PRIP John Germ, Dr Bob Scott, Mike McGovern (IPPC Chair) and PRIP John Server



PRIP Kalyan Banerjee (Top, PRIP Rajendra Saboo (Down), Dr Tunji Funsho & NNPPC members



Standing Ovation for Rotary International Officers



Left Mrs Ogunkeye, Mrs Bello, Mrs Funsho, PDG Tunji Funsho, Mrs Toyin Adewumi, DG Virginia Major and Rotn. Nike Abdul-Azeez



(From R) PDG Deinde Shoga, PDG Kola Shodipo, PDG Kamoru Omotosho, PDG, Tayo Alabi, PDG Jide Akeredolu & Rotn Nike Abdul-Azeez



(From L) NNPPC Chairman PDG Tunji Funsho appreciating PAG Yakubu Ndanusa (NNPPC Vice Chairman North)



(From L) NNPPC Chairman PDG Tunji Funsho Appreciating DG Jumoke Bamigboye.



(From L) NNPPC Chairman PDG Tunji Funsho Appreciating DG Virginia Major.



(From L) NNPPC Chairman PDG Tunji Funsho appreciating IDG Remi Bello (NNPPC Treasurer) and Spouse.



(From L) NNPPC Chairman PDG Tunji Funsho appreciating PDG Ijeoma Okoro and Spouse.



(From L) NNPPC Chairman PDG Tunji Funsho appreciating PDG Joshua Hassan.



(From L) NNPPC Chairman PDG Tunji Funsho Appreciating PDG Ogiemudia Ikonmawosa.



(From L) NNPPC Chairman PDG Tunji Funsho Appreciating PDG Obafunso Ogunkeye (NNPPC Secretary) and Spouse.



(From L) PDG Tunji Funsho appreciating PDG Kazeem Mustapha (NNPPC Vice Chairman Abuja)



(From L) PDG Tunji Funsho appreciating PDG Yomi Adewumi (NNPPC Vice Chairman SouthWest) and Spouse



(From L) PDG Tunji Funsho appreciating PDG Joshua Hassan (NNPPC PR Adviser)



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