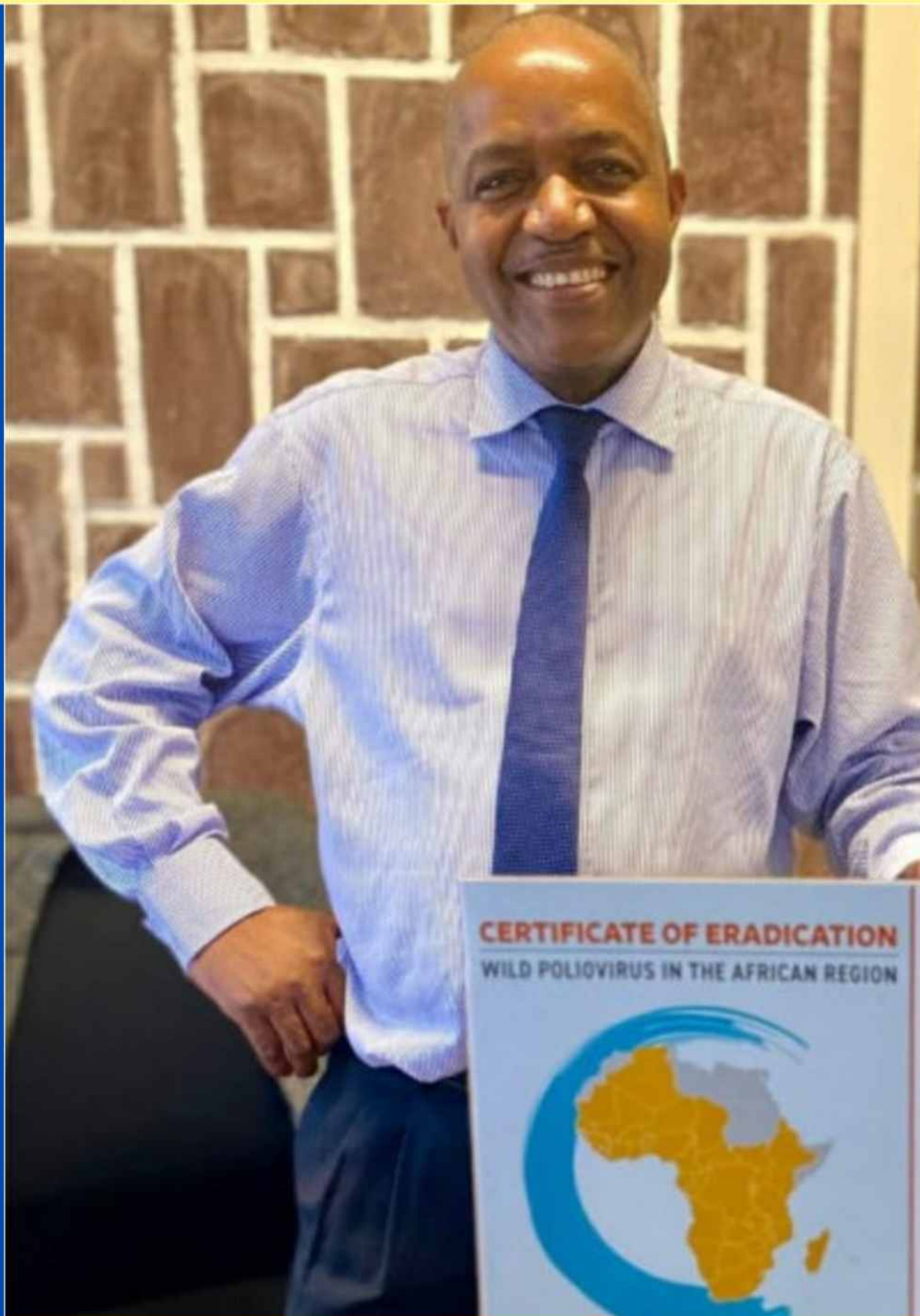




POLIOSTOP

MARCH 2022

Contribute Participate Change



Dr Pascal Mkanda: A "once in a life-time" contribution to Polio Eradication in Africa.

National PolioPlus Committee: Dr Tunji Funsho – Chairman, Dr Kazeem Mustapha – Vice Chairman, PDG Femi Lawani – Vice Chairman, PDG Yomi Adewunmi – Vice Chairman, PAG Yakubu Ndanusa – Vice Chairman, PDG Obafunso Ogunkeye – Secretary, DG Remi Bello – Treasurer, PDG Ijeoma Okoro – Member, PDG Ikponmwosa Ogiemudia – Member, Rotr. Fathia Adekeye – Member, PRIVP Yinka Babalola – Adviser, PRIP Jon. B. Majiyagbe – Patron

**END
POLIO
NOW**



Dr Pascal Mkanda Leaves a large footprint in the sands of polio eradication in Africa



PDG DR TUNJI FUNSHO
Chairman NNPPC

We received the news of Dr Pascal's retirement from WHO with mixed feelings. We are happy for him for the grace of being able to take early retirement having gone 9 years of his 22 years with WHO working assiduously to ensure polio is eradicated in Nigeria. But we will miss his immense knowledge, very analytic mind and a very positive can do spirit.

Dr Pascal Mkanda, a Malawian medical doctor, studied clinical medicine and tropical medicine at University College London and London School of Hygiene and Tropical Medicine in England, United Kingdom, and returned to Malawi in 1991. He worked in several district hospitals before proceeding to study public health (epidemiology and biostatistics) at Emory University in Atlanta, USA in 1996. He again returned to Malawi and was later appointed head of the National Public Health Institute of Malawi, an institute which oversees national communicable diseases control programmes in the country. He joined the World Health Organization (WHO) as a national professional officer for immunizations and polio eradication in 1999 and started his international career with WHO in 2000. He has since worked as a WHO international epidemiologist and polio/immunization team lead in Zambia (2000 – 2002), inter-country office in Zimbabwe 2002 – 2004 (responsible for 14 southern Africa countries), Nigeria (twice: 2004 – 2009 and 2012 -2015) and Ethiopia (2009 – 2012) where he successfully led teams to control polio outbreaks. Finally, from 2015 – 2022, he was the Coordinator of the WHO Polio Eradication Programme in the African Region based in Brazzaville, Congo.

Specifically, for Nigeria, where he spent most of his WHO career, he was instrumental in deploying the surge to increase “boots on the ground” and establishing a robust accountability framework to monitor and improve staff performance with management actions. In the Nigeria National Polio Eradication Emergency Operation Centre (EOC), which housed senior government and global polio partners, he was the head of the EOC

strategic team that came up with several local “home-grown” innovations to reach inaccessible children in insecure areas, mobile populations, vaccine refusing communities, hard to reach and underserved remote areas.

During his career, he has been a recipient, as an individual staff or as leader of a team, of numerous annual WHO outstanding performance awards. He has also received several awards from governments, in countries he worked in, as well as from the Global Polio Eradication Initiative (GPEI) partners for his distinguished contributions and practical innovative strategies and solutions. It was during his tenure as the head and coordinator of the WHO Polio Eradication Programme in Africa that the African Region was certified and declared free of wild poliovirus in 2020 – a historic public health achievement.

We thank him for his immense contribution to polio eradication in Africa and his warm and humble personality. We wish him peace and happiness as he devotes more time to his family.





Lessons from Lilongwe

Rtn 'Gbenga Olayiwole - Editor

Recently, news came out of Malawi about the discovery of a case of the wild poliovirus in a 3 year old girl at the outskirts of Lilongwe. It was both sad and alarming. It is sad because every child who comes down with polio paralysis anywhere in the world is one child too many. The impact of such paralysis in the life of a child can be life altering- for the child and for the family which is now saddled with caring for a child with a disability for the rest of their life. It is alarming because, Africa was only recently certified wild poliovirus free with the last case having been seen in Nigeria on 21 August 2016. There were fears that there might have been gaps in our surveillance system that could have allowed the virus to be present but undetected on the continent for a long time. The implications of an indigenous virus going undetected on the continent for such a long time are far reaching and the consequences could be very dire indeed. For one, it would mean a setback and a reversal of the polio-free certification of the Africa region and make rubbish of all the efforts it took to achieve it. We would have had to return to the drawing board while earnestly trying to identify the causes of the setback. It would have taken several years or even decades to achieve re-certification and get back on track to achieving eradication. This virus was however found to be related to a family of viruses that was found in Sindh province in Pakistan in 2019. This means that this case was an importation from elsewhere and our continent remains wild polio-virus free. This is perhaps the only sliver of joy that can be stripped from this really sad incidence.

The lesson we all can learn from this is that nowhere is truly polio-free as long as there remains a reservoir of polio anywhere in the world. Our collective safety from the virus is predicated on there being no single case of the disease again anywhere in the world which is

why we have to strive harder to get everything together in order to achieve a polio-free world.

We can also learn that polio is always just a flight away. This virus, found in Lilongwe originated in Pakistan. The association may not be immediately obvious but it's clear that a human being brought the disease, undetected into Malawi from elsewhere. It means that we cannot afford to treat polio as a problem just for the people of Pakistan and Afghanistan. An unimmunized child in Nigeria may just be as susceptible as any unimmunized child in Sindh province Pakistan.

Perhaps the most important lesson to learn is that there is just no getting past the issue of vaccinations. We can twist it in 200 ways, dance around it or even make obeisance to it but there is no getting past the fact that diseases thrive where there are large pools of susceptible individuals and the only safe and cost effective way to protect people, is to vaccinate them against the disease. There is a correlation between low immunization rates and the prevalence of diseases. For polio specifically, we find out that outbreaks usually occur in places where immunization rates are low and till date, the only people ever to be affected by polio are the unimmunized. Low immunization rates and cessation of supplemental immunization activities due to the pandemic are directly responsible for the outbreaks of the cases of the circulating mutant poliovirus strains we are currently experiencing in Nigeria and many parts of Africa and the world. To put it simply, if we had high immunization rates and conducted quality supplemental immunization activities, we would not have outbreaks. Not in Malawi and certainly not in Nigeria. The achievement of our dream of a world free of polio is dependent on this very fact.

So, let this unfortunate case in Lilongwe Malawi be a reference point for us all as to why we need to refocus and redouble our efforts to ensure that every susceptible child is reached with life-saving vaccines. It is the only way to keep polio out of Africa and kick it out of our world.



Enforcement of Accountability for PEI to Keep Polio at Zero in Nigeria

AMINU MUHAMMAD

NATIONAL PROGRAMME COORDINATOR

Enforcement of accountability is one of the game changers in the PEI programme in Nigeria. Accountability is enforced at every level and every component of the programme. One of the objectives of the recently introduced SOP for conducting focused revaccination after every failed LQAS is 'to ensure accountability for poor performance and improve on follow-up SIAs. A settlement by settlement analysis of why children were missed is imperative to guide the sanction or reward that has to be given to affected personnel

Guiding Principles of PEI Accountability Framework

- i. Evidence based decision making: Assessments of critical impediments, their solutions, staff performance and progress will be evidence based.
- ii. Independent assessments: The programme will provide technical assistance to LGAs to conduct assessments to the extent possible, and will also conduct independent assessments of critical impediments, solutions and performance at LGA and state levels. Each infected, high-risk or vulnerable LGA should be independently assessed at least every two months.
- iii. Feedback to all levels: Constant feedback loops are critical to ensure a coordinated response and common understanding of challenges and progress. Feedback loops between wards, LGAs, state, EOC and Presidential Task Force will be in place.
- iv. Promoting accountability at every level: People have been hired to achieve specific terms of reference for the polio eradication program. This framework helps to identify those who are performing and those who are not, and to consider rewards and consequences accordingly.
- v. Rewards for strong performance: The individuals who demonstrate strong performance should be publicly recognized through a new reward program.
- vi. Consequences for weak performance: Given the Presidential directive to eradicate polio in Nigeria, the programme simply cannot afford to maintain staff who do not perform. Demonstrated weak performance will be sanctioned.
- vii. Personal engagement for problem-solving: The programme will focus on personal, face-to-face engagement of people involved in polio eradication

including decision makers such as Executive Governors, LGA Chairmen and traditional leaders in order to gain the support and leadership required.

Accountability Action: The Carrot Approach

In line with Accountability framework of using carrot and stick approach to PEI program 2015, the Nigeria National Polio-Plus Committee (NNPPC) in collaboration with PEI partners in Nigeria held the maiden edition of the National Polio Field Workers' Awards which was later reaffirmed by ERC. The aim of the awards is to honor the frontline workers who risk their lives to make sure that every child is immunized.

This was done in an effort to stimulate greater commitment to Polio eradication amongst the frontline-workers in Nigeria thus keeping Polio at Zero and following the recommendation of the 31st Expert Review Committee (ERC) that the Nigeria Program establish a system to reward good performance.

Frontline workers are the "foot soldiers" of the Polio Eradication Initiative, working at the States, LGA and ward levels. These individuals are mostly primary healthcare workers, vaccinators, ward focal persons, team supervisors, field volunteers, Local Immunization Officers (LIOs), Disease Surveillance and Notification Officers (DSNOs), Volunteer Community Mobilizers (VCMs), Town Announcers (TAs), Community, Religious and Political leaders etc. These are people who have been able to make a difference wherever they are and whatever position they hold

Accountability Action: The Stick Approach

- i. Non distribution of transport logistics as per template = LIO & WFP to be sanctioned. Silent approval by STF/LGF to be sanctioned
- ii. Report of incomplete/ghost/untrained team = WFP to be sanctioned & team dropped. Silent STF/LGF to be sanctioned
- iii. Team without DIP = Team dropped & WFP sanctioned
- iv. Team without pen-marker = Team dropped & WFP sanctioned
- v. Watery icepacks = LIO/CCO sanctioned
- vi. LGA not freezing icepacks – Return fund for fuelling generator & LIO sanctioned. Silent STF/LGF to be sanctioned
- vii. Non-display of HRA, Transport logistics distribution plan, DIPs, supervisory plan, etc = LIO to be sanctioned
- viii. Failed LQAS:
 - a. One child not finger-marked = Warning for WFP & Team
 - b. 2-3 children not finger-marked = warning for WFP & 50% payment for team
 - c. 4 or more children not finger-marked = WFP & team not to be paid & blacklisted. LIO to be sanctioned and the whole area redone for vaccination to ensure no child is missed



There is reason for optimism in spite of the pandemic

Now that Pakistan has gone one full year without a case of the wild poliovirus, there is reason to be cautiously optimistic that we are finally getting to the end of the struggle to rid the world of poliomyelitis. Following the recent certification of the Africa region as wild poliovirus free, this represents a real milestone in achieving the interruption of virus transmission necessary to achieve the last batch of regional elimination of this disease prior to final eradication. We hope that this trend continues and Afghanistan also follows the trend in having a completely polio-free 2022 thus ensuring that wild polio transmission in that particular epidemiological belt is done with once and for all.

However we still face enormous challenges in our quest to rid the world of all forms of poliomyelitis. The new challenge is in the rapidly escalating number of new cases of the circulating mutant strain of the virus which threatens to set us back severely in our quest to rid the world of polio as quickly as possible. Of course we always anticipated that as the number new cases of the wild poliovirus dropped off, the mutant strain may become more significant but the quantum of new cases, particularly in Nigeria has been a little bit of a surprise. However, given the fact that the world is currently grappling with a global pandemic which has had a serious impact on health systems across the world, particularly in the developing world where the health systems were already extended and poorly funded prior to the pandemic, perhaps one should not have been surprised at all. When one considers that routine immunization has been negatively impacted during this time and supplemental

immunization activities have essentially been suspended for much of the past 15 months, the outbreaks of mutant polio strains as well as other childhood diseases like measles and cholera begins to look much less like unfortunate coincidences and more like consequences of this unending global coronavirus pandemic.

To get from where we are currently to where we want to be is going to require us to take our vaccination activities seriously. The most effective way out of the pandemic remains the protection offered by the newly developed vaccines which have been shown to reduce the risk of hospitalization and death from the disease. In the same vein, the path to ensuring that Pakistan remains polio-free, Afghanistan becomes polio-free and Nigeria overcomes the current challenge being posed by the mutant polio strain is also to ensure that we protect as many susceptible people as we can in the shortest possible time.

Thankfully, we have a new tool in this fight called the novel oral polio vaccine (nOPV) which has been developed specifically to address the issue of mutating vaccine antigens. It has already been deployed in several countries, including Nigeria, to help us respond to the mutant poliovirus strain outbreaks. With the continued commitment of our field staff, including the thousands of volunteering Rotarians, we can be confident that we will be victorious. We at the Nigeria National PolioPlus Committee (NNPPC) of Rotary International and our partners in the Global Polio Eradication Initiative, including the WHO, UNICEF, US CDC, Bill and Melinda Gates Foundation, Dangote Foundation and the Emeka Ofor Foundation will continue to support every effort to ensure that the gains we have made in the fight against polio, evidenced by Pakistan going a full year without a case of wild poliomyelitis are not lost and that we are quickly back on the path to a truly polio-free world.

Nigeria moves against importation of Wild Poliovirus



Dr Faisal Shuaib Executive Director/CEO NPHCDA

Nigeria has moved against importation of Wild Polio Virus into the country following the recent outbreak of the Wild Polio Virus (WPV) in Malawi. The case in a little girl on the outskirts of Lilongwe was investigated to have likely been a case of importation from Pakistan. Pakistan and Afghanistan remain the only two nations still endemic with the wild poliovirus in the world. The discovery of the case has not affected Africa's polio-free certification but it does expose the dangers of having immunity gaps and low immunization coverage.

In view of this, the Nigeria Expert Review Committee on Polio Eradication and Routine Immunization (ERC) is being reactivated and reconstituted. This was made known in a statement issued by the Executive Director and Chief Executive Officer of the NPHCDA, Dr Faisal Shuaib. The Statement stated that "The ERC provides expert advice and guidance on strategies and approaches for polio eradication and routine immunization. The committee meets periodically to review the country's polio eradication and routine immunization programmes taking

into consideration population-based and laboratory studies, programmatic approaches, cost information, and other issues so as to provide a holistic and practical advice to the country."

According to Dr Shuaib, "The ERC's expert advice contributed immensely to the country's achievement of WPV-free status in August 2020. Consequently, it has become imperative to reactivate the committee following the recent outbreak of WPV in Malawi and the outbreaks of circulating variant of polio virus type 2 (cVDPV2) in Nigeria. The ERC is expected to work with the National Primary Healthcare Development Agency to come up with multi-stakeholder plans to strengthen surveillance, build population immunity, mitigate against and control all forms of polio viruses."

The reconstituted 12-member expert committee chaired by a public health expert, Prof. Akin Osibogun has members drawn from the academia, the media, donors and development partners including WHO, CDC and the Bill and Melinda Gates Foundation. Members include Prof Dorothy Esangbedo, Prof Shuaib Bello, Prof Clara Ejembi, Prof Sade Ogunsola, Prof B.S.C. Uzochukwu, Prof Ilayisu Zubairu, Dr. Muhammad Dallatu, Mr Mannir Dan Ali, Dr Steve Cochi (CDC), Mr Aidan O'Leary (WHO) and Jay Wenger (BMGF). The reconstituted ERC have a renewable tenure of two years and will be inaugurated at a date to be announced soon.

-Gbenga Olayiwole



Rtn. Gloria Thomas

District PolioPlus Committee

D9125: Racing to Keep A Clean Polio Slate

Rotary International District 9125 has over the years been known as the hotbed of polio outbreak in Nigeria. Consisting of 23 states spanning the northwest, northeast, northcentral, part of the southwest and the Federal Capital Territory Abuja, it boasts of a large expanse of land and a huge population in need of help to keep polio at zero.

On August 25 2020 Nigeria was declared polio-free after many years and thousands of hours put into countless rounds of outbreak responses (OBR) and Immunization Plus Days (IPDS) in an effort to protect children from age zero to five years from the horrors of this crippling virus thanks to the sacrifices of hundreds of Rotarians, immunization officials and partners.

Since the onset of the recent outbreaks of the mutant polio virus, Rotarians across Nigeria have risen to the occasion to stop the spread with prompt OBR activities which have been designed to help spare children the agony of the debilitating effects of polio and help us keep our promise of a polio-free world.

The Chairman of the Nigeria National Polio Plus Committee (NNPPC) Dr. Tunji Funsho recently led a strong team of Rotarians including the District Governor Ayo Oyedokun and partners in Abuja the FCT, to ensure that vaccines get to the target population and that children are adequately immunized. The January immunization exercise saw Rotarians in selected states

also participate in massive flag-off ceremonies in Kano, Kaduna and Bauchi among others which drew large crowds of mothers and children.

The Mai Kaltungo, a traditional ruler per excellence, led other Rotarians, partners within the health sector and government officials to the Gombe state flag-off ceremony with the sole aim of advocating parents to present their children for immunization against polio.

In Plateau state the NNPPC made available 500 aprons which were presented to the Chairmen of Jos North and Jos South local government areas during which Jos North local government chairman Shehu Bala Usman said he would work with Rotarians to protect children against polio through consistent immunization while the Secretary of Jos South LGA Alexander Chukwak, who spoke on behalf of the LGA Chairman said the provision of the aprons was timely as it would fill a huge gap in the kitting and appearance of immunization officials. They expressed profound appreciation to Rotary International for the support which would change people's perception and increase acceptance as the aprons would aid the visibility of the vaccination teams.



Cont on page 9



ROTARY FRIENDSHIP EXCHANGE TEAM FROM D9212 (SOUTH SUDAN, ERITREA, ETHIOPIAN AND KEYAN) IMMUNISATION ACTIVITIES IN LAGOS.



ROTARY FRIENDSHIP EXCHANGE TEAM VISIT TO POLIO HOUSE, LAGOS



The wife of the Jos North Local Government chairman Farida Bala Usman flagged off the immunization at Anwgan Rogo Primary Healthcare Center with community, religious and political leaders in attendance including the media, staff of the Primary healthcare development agency, WHO, UNICEF and Rotarians from the seven Rotary clubs in Plateau state. Adorning the red and yellow end polio now apron she encouraged women to make the most of all polio immunization rounds by presenting their children for immunization which is free and safe for children five years and under. Mrs. Farida Bala Usman said the local government council will not relent until all children are immunized against polio and other preventable childhood diseases.

The OBR in Plateau State from the 19-22 February 2022 witnessed a large turnout of Rotarians who monitored the immunization exercise in Jos North and Jos South local government areas. Compliance for the round was put at 90 to 95% across the 17 Local Government Areas of the State. Pockets of noncompliance were recorded in Jos North but these were quickly addressed with the help of Rotarians and the council Chairman Shehu Bala Usman.

Past District Governor Joshua Hassan was a strong presence in some states such as Kaduna, Taraba, Kano and Abuja where his presence gave Rotarians a major boost in the monitoring of the immunization exercise. The NNPPC also made available some pluses in selected locations to help overcome noncompliance.

The massive number of Rotarians in Abuja the federal capital territory led by the District Governor Ayo Oyedokun and the FCT Polio Rep Winnie Fonaka helped to ensure a huge turnout in all the Area Councils, especially during the flag off ceremonies and a lot of

ground was covered during the OBR. They provided various kinds of pluses to reward children and mothers who presented themselves for immunization. Together with Rotary partners, they made sure no child was left behind as two drops of the polio vaccine were put in the mouths of FCT children, fortifying them against polio.

Prior to the commencement of the OBR, Polio Seminars were organized in most states facilitated by Rotarians and their partners touching on topics such as the status of polio in the country and in the state in focus, what has been achieved concerning the current outbreaks of the mutant strain, monitoring and communication, importance of Rotary and Rotarians' involvement in the final push to end polio globally and keep it at zero in District 9125. The use of ODK was also practically demonstrated to Rotarians who deployed its use during the OBR immunization drive. A second round of training will be required in some states to help ensure that more Rotarians key into the ODK platform as their knowledge is improved upon. Rotarians in Zone 1 of the district will have their polio seminar before the end of March 2022.



Maintaining Milestone of Zero Polio in Nigeria through Rotaract District 9110



After the declaration of Nigeria as wild poliovirus-free and the subsequent certification of the WHO Africa Region by the Africa Regional Certification Committee (ARCC), a lot of people have had to ask if there is still a need to continue funding and supporting the fight to eradicate polio globally. The answer to this question is a resounding YES.

As Rotaractors we need to continue our advocacy efforts to the gatekeepers and the people in authority in our communities and areas of influence, we need to continue to strive to increase our contributions and donations to the Rotary Foundation's Polio Fund and also ensure that we are fully on ground to widely cover, monitor and supervise supplemental polio immunization activities.

From the commencement of my term as District Rotaract Polio Chair in July 2021, I have worked with a target of ensuring that we put more efforts into maintaining the milestone of a Zero Polio Africa that we have already achieved and in Rotaract District 9110 we have Continued to play our part to keep polio at zero. Our approaches are targeted at Supporting efforts to improve immunization coverage, increase the support of stakeholders for the fight against polio and encourage health workers as they strive to protect the children of Nigeria. In fundraising, our Rotaractors have complied with a minimum of \$10 contribution per Rotaractor and \$50 per Rotaract club to the Rotary Foundation's Polio Fund. We consider ourselves to be Polio Champions and a few months ago, we embarked on two-day polio challenge which raised \$500 in support of polio eradication.

In terms of advocacy, we have reached out to community and traditional leaders to seek their collaboration and develop a partnership towards mobilizing our communities in support of routine immunization so as to sensitize our communities on the need to take their children for this essential service. We paid advocacy visits to the palaces of some notable traditional rulers such as the Oba of Ijanikin Kingdom, the Oba of Oto-Awori Kingdom , the Eze Udo of Ndigbo in Ajegunle and also to the palace of the Seriki of Arewa Community in Ajegunle .

We also paid courtesy visits to the Local Government Chairman of Ajeromi Ifelodun LGA, Hon. Fatai Adekunle Ayoola. He commended the efforts of Rotary in Polio Eradication and asked the District to work toward establishing a Rotary /Rotaract Club in Ajegunle Community. He promised to continue making Ajegunle Primary Healthcare Centre to be among the best in Lagos State and also assured us of his administration's eagerness to partner with and collaborate with Rotary in the fight against polio. We intend to still reach out to communities in other LGAs as part of efforts to reduce the numbers of vaccine rejections and noncompliance during vaccination exercise in the state.

In partnership with the Rotaract Club of Amuwo Main we have also supported local health centres in our community especially in Ajeromi Ifelodun LGA and Ifelodun LCDA with "pluses" to be used to improve coverage during vaccination exercises. Aside these "pluses" we also donated megaphones , rain boots and raincoats for use in riverine and waterlogged communities during adverse weather, packets of chalk for house marking and some branded Aprons to support health workers in their coverage .Serving as the polio chair has really been an honour and has inspired me to have more passion for polio eradication.

Onyedimma Patrick PHF

Chair, PolioPlus Committee , Rotaract District 9110 , Nigeria .

Nigeria Must Remain Polio Free

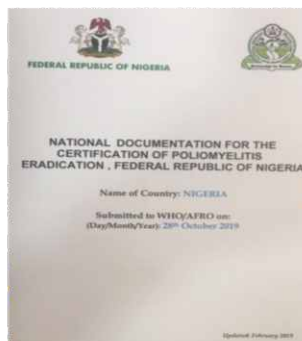


Certificate of a Wild Poliovirus Free Africa issued by the Africa Regional Certification Committee

Nigerians were dismayed over the recent outbreak of Vaccine-Derived Poliovirus Type 2 (cVDPV2) in some states of the federation and the Federal Capital Territory (FCT). The states include Jigawa, Kano, Kebbi, Lagos, Niger, Rivers, Sokoto, Yobe, Zamfara, Abia, Bayelsa, Borno and Delta. The disappointment is because, following global and national initiatives, on August 25, 2020, Nigeria became the last country in Africa to be declared free of wild polio after the continent's last case was reported in Borno State in northeast Nigeria in 2016.

It was such a historic achievement that Dr Walter Kazadi Mulumbo, the World Health Organisation's (WHO) Country Representative in Nigeria, said it "is undoubtedly the greatest public health triumph in the annals of Nigeria and indeed Africa that will bequeath to posterity lessons learnt and best practices for addressing future public health interventions."

The feat, which was also celebrated by many Nigerians, was achieved through the collaborative effort of the Global Polio Eradication Initiative (GPEI) partners, including Rotary International; the US Centers for Disease Control (CDC); Bill and Melinda Gates Foundation and the Global Alliance for Vaccines and Immunisation (GAVI); as well as Nigerian traditional and religious leaders and foot soldiers who volunteered across communities, fighting to free children from the virus. Nigeria attained the status after meeting all the criteria for certification, which include three years of non-detection of any wild poliovirus case in the country



The Certification of a Wild Poliovirus Free Africa followed the acceptance of the documentation submitted to the ARCC by Nigeria

Sadly, this celebration has been cut short by the outbreak of the vaccine-derived polio virus in parts of the country. Out of the global 420 cVDPV2 cases recorded in 2021, 266 occurred in Nigeria and three newly infected countries were all as a result of international spread of cVDPV2 from Nigeria, namely Guinea Bissau, Mauritania and Ukraine.

With this development, the immediate focus is to declare an emergency towards the eradication of this polio variant and work to keep the virus permanently out of the country.

Since UN agencies, particularly WHO and UNICEF, alongside Nigeria's international partners, through GPEI, played very strong roles in the wild polio eradication effort, this is the time to reinvigorate all links with all stakeholders. The three tiers of government in Nigeria, the nation's development partners, donors, traditional and community leaders, health workers and caregivers must be mobilized towards this effort.

There must be urgent efforts to rededicate resources to stop the transmission of all forms of the poliovirus and to strengthen routine immunisation, especially in high risk areas while maintaining high quality surveillance.

Parents and caregivers must be sensitised on the presence of this variant of polio in the country and the need to ensure that their children/wards are vaccinated during routine and supplementary immunisation campaigns. Vaccines should also be made available everywhere in the country to ensure easy accessibility.

The Federal Government, working with the governors of the 36 states and the Federal Capital Territory (FCT), must strengthen the primary healthcare system at the grassroots. This is because a single confirmed case of polio paralysis is regarded as an outbreak of the poliovirus.

Also, the activities of Polio Survivor Groups (PSG) should be encouraged as their testimony is important in getting skeptical Nigerian parents to embrace vaccination.

And since polio often spreads due to contact with contaminated food and water as a result of poor sanitation and hygiene, there must be constant campaigns on the need for proper hand washing and avoidance of eating or drinking contaminated food or water.

While it is true that health workers are working to keep the effect of COVID-19 at its minimum in Nigeria, they must not also lose sight of other issues like prevention of childhood illnesses including polio. All hands must now be on deck to permanently rid the country of the virus.

Source: World Health Organization

2022 FRONTLINE FIELD WORKERS AWARD



HRH Engr. Saleh Muhammad Umar OON 'Mai Kaltungo, addressing awardees and guests during the ceremony in his palace



Representatives of Partners and Rotarians during the ceremony



Presentation of certificate and cash gift by MAI Kaltungo



Vice Chairman PAG Yakubu Ndanusa addressing audience during the ceremony



Cross section of the Gombe state awardees



Representatives of partner agencies and Katsina Rotarians at the award ceremony.



Kaduna state awardees



Group photograph of Sokoto state awardees



Borno state polio team during the award ceremony



Group photograph of awardees and partners Borno

DONATION OF PLUSES AND APRONS



Vice Chairman, Alhaji Yakubu Ndanusa presented aprons and pluses to Kastina State through the Incident Manager and State Immunization Officer.



Presentation of pluses and aprons to AMAC Gwagwalada Bwari and Kwali area council of Abuja



Presentation of END POLIO NOW APRONS to Kano State Commissioner of Health Dr. Aminu Ibrahim Tsanyawa



Donation of pluses to Kaduna State ECO team led by the Incident Manager Dr Neyu Iliyasu.



Donation of Aprons to Kwara State



OUTBREAK RESPONSE FLAG OFF IN GOMBE STATE



Vaccination of children by HRH Engr. Saleh Muhammad Umar OON 'Mai Kaltungo and the State Officers



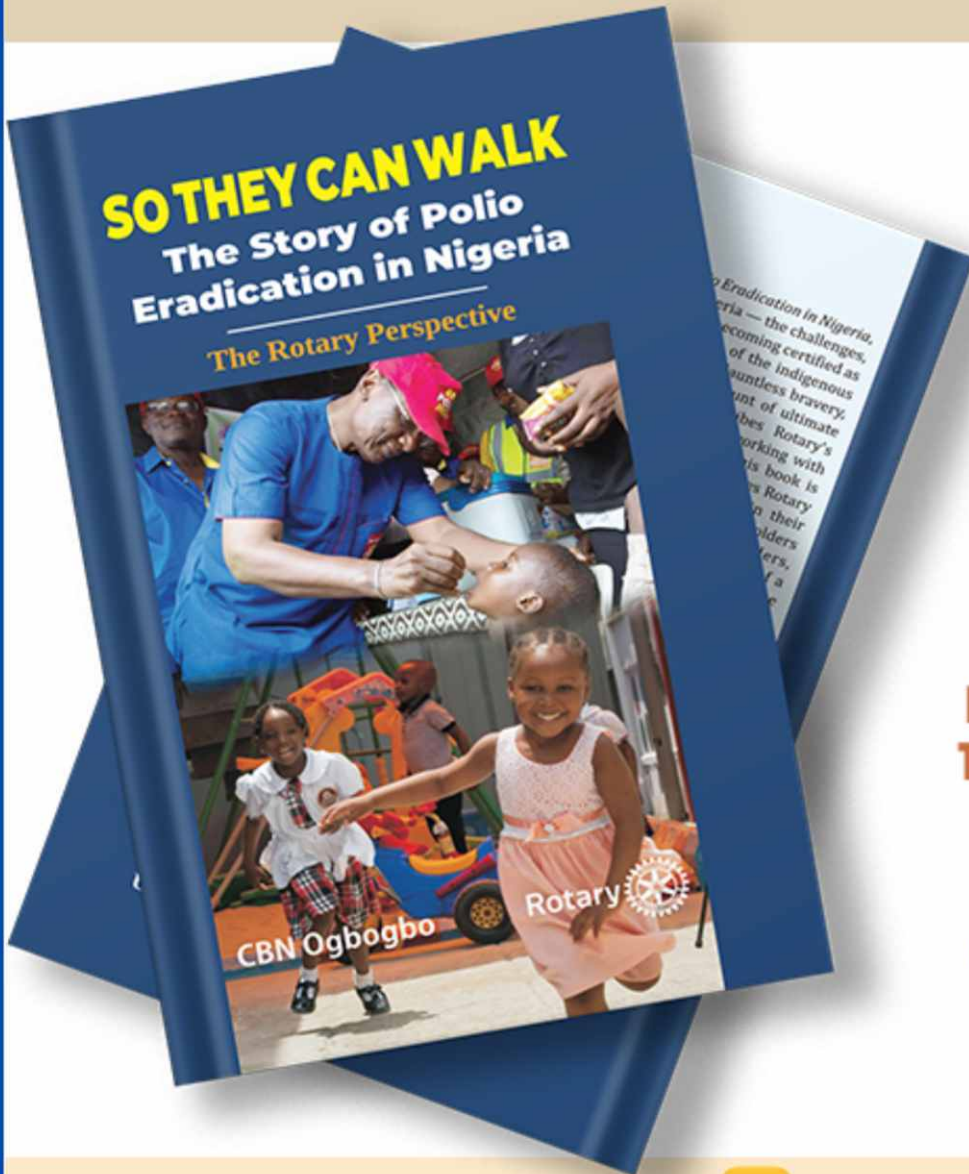
Presentation of Rotary aprons to the State Polio team by HRH Engr. Saleh Muhammad Umar OON 'Mai Kaltungo',



HRH Engr. Saleh Muhammad Umar OON 'Mai Kaltungo', addressing mothers and caregivers at the Flag Off ceremony



HRH Engr. Saleh Muhammad Umar OON 'Mai Kaltungo', with Gombe State Primary Health Care Board team at the Flag Off ceremony of February OBR



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SO THEY CAN WALK

**The Story of Polio Eradication in Nigeria
The Rotary Perspective**

by

CBN Ogbogbo | Rotary 

AVAILABLE ON:



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