

# POLIO STOP

Quarterly Newsletter of the Nigeria National PolioPlus Committee

Contribute Participate Change

MARCH 2026



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# We Were There at the Beginning We Will Be There at the End.

Chairman, Nigeria National PolioPlus Committee, Rotary International

<p><b>99.9%</b> reduction in polio cases since 1988 <small>(GPEI, 2025)</small></p>	<p><b>3 Billion+</b> children vaccinated across 122 countries <small>With Rotary's direct support via UNICEF &amp; WHO (UNICEF, 2025)</small></p>	<p><b>US\$2.9B</b> contributed by Rotary via PolioPlus grants <small>Leveraging US\$11B+ from governments worldwide (Rotary International, 2025)</small></p>
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In 1985, three years before the world had a formal plan; Rotary moved first. PolioPlus launched as the first large-scale privately coordinated effort to combat polio globally, raising US\$247 million in its opening three years. Nigeria was among the countries where that early investment mattered most: in 1988, polio was paralysing an estimated 350,000 children every year across 125 countries, and Nigeria bore one of the heaviest burdens on the African continent. It was Rotary's early commitment and proven track record that helped bring WHO, UNICEF, and the US CDC to the table, culminating in the launch of the Global Polio Eradication Initiative. That spirit of moving first, of exceeding expectations before the world was watching, has defined the programme and Nigeria's role within it ever since.

The decades that followed rewrote history. Wild poliovirus type 2 was eradicated in 2015; type 3 in 2019. And then, in August 2020, came the moment Nigeria had worked towards for a generation: the entire WHO Africa Region 47 countries, Nigeria among them was certified free of wild poliovirus. It was a triumph built on the backs of Nigerian health workers, community mobilisers, field coordinators, Rotary volunteers, and the millions of caregivers who brought their children forward. Globally, more than 20 million people are walking today who would otherwise have been paralysed, and an estimated 1.5 million lives have been saved, a share of those lives belonging to Nigerian children.

But certification was not the finish line. Circulating vaccine-derived poliovirus type 2 emerged as a new front arising when the oral polio vaccine virus mutates in under-immunised communities. It is not a reason to distrust the vaccine; it is a consequence of not vaccinating enough children. The answer is more vaccination, not less. The novel nOPV2 vaccine, WHO-prequalified in 2023, is now the preferred response tool, with over 2 billion doses administered by late 2025. Nigeria has been at the forefront of its deployment: a Targeted Local Outbreak Response vaccinated more than 3.6 million children across seven high-burden states using nOPV2, and the 2025 Measles-Rubella and Polio Vaccination Campaign set out to reach over 106 million children, which was one of the largest immunisation drives ever conducted on this continent. By week 50 of 2025, Nigeria had recorded a 41 percent reduction in cVDPV2 cases compared to 2024. That progress is real. It is also fragile, and it must be protected.

Nigeria's National Polio Emergency Action Plan, led by NPHCDA under Executive Director Dr. Muyi Aina and supported by WHO, UNICEF, Rotary, and GPEI, represents one of the most coordinated public health responses on the continent. Yet surveillance data tells a sobering story: orphan virus detections continue to rise, and over 80 percent of Acute Flaccid Paralysis cases identified in 2025 were children who had never received a single dose of inactivated polio vaccine. The immunity gap is not narrowing fast enough.

This is where every Rotarian in this country becomes directly relevant. Through PolioPlus, Rotary has contributed more than US\$2.9 billion globally since 1985, and your advocacy has leveraged over US\$11 billion in government commitments worldwide. Each year, Rotary raises US\$50 million for polio eradication, which the Gates Foundation matches 2-to-1; meaning every US\$1 you give becomes US\$3 in the field. At the June 2025 Convention in Calgary, Rotary and the Gates Foundation renewed their partnership with a joint commitment of up to US\$450 million. In Nigeria specifically, PolioPlus has gone beyond vaccines: delivering clean water boreholes to displacement camps, hand-operated tricycles to polio survivors who now serve as community mobilisers, and antimalarial medicines to children in Borno through polio infrastructure. The 'Plus' in PolioPlus has always meant more than one disease, and in Nigeria, it has always meant more than one kind of dignity.

*"Smallpox was eradicated in 1980. Polio will be the second human disease eliminated from the face of the earth. And Rotary will have been there, from the first campaign to the last child."*

*When the last case is confirmed, Rotarians will know their purple-stained fingers, donation drives, and decades of advocacy made it possible, a legacy worth every effort.*

# Beyond Interruption:

*Sustaining the Fight Against Circulating Variant Poliovirus in 2026*

Stephen Onipede, Field Coordinator (South West)

I am honored to assume the role of Field Coordinator for the South West region and editor of this publication, a role I accept with both humility and resolve. I build on the strong legacy of my predecessor, whose advocacy advanced our collective awareness of the polio eradication agenda. Together with our team and partners, my commitment is to sustain that momentum, confront what remains unfinished, and ensure this newsletter continues to serve as a frank and credible voice from the field.

In August 2020, Africa including Nigeria, was declared free of Wild Poliovirus, a historic triumph. Yet the continued emergence of circulating Variant Poliovirus reminds us that declaration is not destination. In 2025, Nigeria intensified efforts to interrupt cVPV2. Full interruption was not achieved, but detections fell by 35 percent compared to 2024, reflecting the hard work of every immunisation team, mobiliser, and surveillance officer. That momentum must be the foundation; not the ceiling of our ambitions for 2026.

Progress has been uneven. Kano and Katsina recorded notable reductions, which is an evidence that coordinated campaigns can move the needle. But Sokoto, Kebbi, Borno, Zamfara, and Yobe saw increases, exposing persistent immunity gaps and the challenges of insecurity and population mobility. The detection of Poliovirus type 3 in Yobe and Kebbi signals waning type 3 immunity. The virus does not respect boundaries, so long as it circulates in any reservoir state, the South West cannot afford complacency.

The detections of, Orphan virus – which arise when the attenuated virus from the Oral Polio Vaccine (OPV) circulates in areas where there is low vaccination coverage, mutating and regaining virulence, have risen from 13 in 2023 to 25 in 2024 and 30 in 2025. This is an indication of the opulations outside our immunisation and monitoring systems. Over 80 percent of AFP cases in 2025 were IPV zero-dose children: we are systematically missing the most vulnerable.

As Field Coordinator under the Nigeria National PolioPlus Committee, I witness daily the quiet heroism of the people who carry this programme on their backs. Field coordinators engage resistant communities with patience, build trust in environments where vaccine rumours spread faster than any campaign message, and ensure immunisation teams push past accessible health posts into wards where the hardest-to-reach children live. Through collaboration with Local Government health authorities, State Emergency Routine Immunisation Coordination Centres, and international partners, we monitor campaigns in real time, strengthen AFP surveillance, and equip health workers with the skills to overcome refusals. It is work rarely visible at the national level. It is work that is absolutely indispensable.

Interrupting cVPV2 transmission in 2026 is achievable, but it will not happen through incremental effort. It requires a step-change in the quality of Supplementary Immunisation Activities, a measurable strengthening of routine immunisation coverage, sharper surveillance that finds viruses before they find new children, and a deepened partnership between Rotary's PolioPlus network and every tier of Nigeria's health system. Most of all, it requires community trust that cannot be mandated from above; it must be earned, conversation by conversation, household by household, in every high-risk ward across this country.

*"Orphan virus detections have risen from 13 in 2023 to 25 in 2024 and 30 in 2025; a trajectory that speaks not to bad luck, but to structural gaps in our surveillance architecture that must be urgently addressed."*

Our commitment to protecting every child from polio is not conditional on convenience or circumstance. With continued partnership, coordination, and unflinching presence in the communities that need us most, Nigeria will interrupt variant poliovirus transmission and secure a polio-free future for generations to come.



# The Last Mile Is the Hardest:

## *Non-Compliance, Defaulters, and the Unfinished Work of cVDPV Eradication*

Every campaign has a map and somewhere beyond its boundary, down an unmarked road, behind a gate locked by suspicion, lives a child who has never received a single drop of oral polio vaccine. In my work conducting supportive supervision across health facilities in Southwest Nigeria, I encounter that child's absence every week. It is the weight of that absence that compels me to write this.

cVDPV does not require a war zone to spread, it requires only a gap. A ward where coverage dips below 80%. A household where a caregiver refused and was never followed up. A child who received OPV1 but never returned for OPV2 or OPV3. Defaulter rates persist not because caregivers are indifferent, but because the system has not met them where they are. Fear of side effects, misinformation, religious objection, distance, and the economics of a lost day's wages all keep immunisation cards incomplete. When I review facility registers, I find children who started their schedule and vanished. These are not statistics, also they are open doors through which the virus walks.

Supportive supervision is not just inspection, it is also accompaniment. When I visit a PHC in a high-risk LGA, I am not there to find fault; I am there to find fractures before a child falls through them. I check cold chain integrity, review defaulter registers, assess whether health workers are genuinely following up missed children, and probe whether mobilisers are engaging resistant households or merely ticking boxes. In dense urban wards, semi-nomadic communities, and settlements bordering active transmission states, a single cluster of unvaccinated children is all it takes to turn a dormant risk into an outbreak. This role bridges data on paper and reality on the ground - unglamorous, exhausting, and absolutely indispensable.

Rotary's commitment to polio eradication is one of the most sustained acts of organised civic will in public health history; over \$2.1 billion

contributed through PolioPlus. But the frontier of this campaign now demands more than funding; it demands presence. Rotarians are teachers, religious leaders, business owners, and local opinion-shapers. In communities where a government vaccination team is met with suspicion, a Rotarian neighbour can open a door that no official letter can. Rotary can scale up through four levers: financing community-based defaulter-tracing schemes; equipping field coordinators for last-mile supervision; funding targeted social mobilisation in high-risk wards; and embedding PolioPlus volunteers as community liaison officers within the health system.

### **The Work of the PolioPlus Team**

PolioPlus teams operate at the intersection of advocacy, financing, and technical support. Their greatest contribution now must be targeted capacity-building for frontline workers — training health staff not just on vaccine administration, but on the behavioural science of hesitancy: how to hold a respectful conversation with a resistant caregiver, how to track defaulters using community health worker networks, and how to document refusals in ways that generate actionable intelligence upward. PolioPlus must also bridge the global frameworks of WHO and UNICEF with the ward-level intelligence that field coordinators accumulate daily but rarely have a formal channel to report. In the current cVDPV environment, that gap is dangerous.

*Polio eradication will not be completed in a conference room. It will be completed on a dirt road at the end of a long day, by a field coordinator knocking on a door, by a Rotarian who lends their credibility to a cause that science has already solved.*

*Stephen Onipede, FC South West*



## Two Drops, One Mission:

### *Rotarians Advancing the Last Mile to End Polio in Kaduna State*

workers to review vaccination registers, confirm household visits, and identify areas requiring follow-up. This coordination ensures teams adhere to their micro-plans and that no eligible child is missed. The review is not bureaucratic, it is the moment where the data becomes action, and where gaps become targets.

Polio eradication may be discussed at global summits, but its real impact is felt at the doorsteps of families, in busy marketplaces, and along the neighbourhood streets where health workers and volunteers work tirelessly to protect every child. In Kaduna State, Rotarians continue to stand shoulder to shoulder with frontline vaccination teams. Through supervision, advocacy, and community engagement, they help ensure that no child is left behind in the effort to sustain Nigeria's polio-free status.

#### **Walking the Last Mile Together**

Throughout the campaign, the field coordinator accompanies vaccination teams through communities, knocking on doors, engaging caregivers, and monitoring progress. These walks symbolise the last mile of the global effort to eradicate polio. Nigeria achieved a historic milestone in 2020 when it was declared free of wild poliovirus, but maintaining that achievement requires continued vigilance and strong immunisation coverage. Every step in these streets is a step toward making that declaration permanent.

#### **Protecting Children One Household at a Time**

The campaign begins with house-to-house visits. Vaccination teams move through communities carrying vaccine carriers filled with oral polio vaccines. At each household, a mother holds her child as the vaccinator administers the drops. The child cries briefly; the moment passes. But those two small drops represent lasting protection against a disease that once caused widespread paralysis. The field coordinator's role is to ensure this scene repeats; across every ward, every settlement, every household, until every eligible child is reached.

#### **Engaging Communities for a Polio-Free Future**

Community engagement remains a vital component of eradication. Rotarians work with caregivers to build trust and encourage participation in immunisation campaigns. These conversations; patient, respectful, persistent strengthen public confidence and help ensure every child receives the protection they deserve. At the end of the campaign day, children play freely in the same streets where vaccination teams worked tirelessly. For every Rotarian and health worker, that image is the reason the fight continues.

#### **Reaching Children Beyond the Household**

Not every child can be reached at home. To ensure no child is missed, vaccination teams extend their outreach to markets and busy gathering places. In bustling local markets, vaccinators administer oral polio drops to babies resting in their mothers' arms while nearby traders observe. These outreach efforts are critical: many caregivers are working during campaign hours, and fixed-site approaches alone will never close the immunity gap. The market is where the campaign meets the community on its own terms.

"Every step taken, every door knocked, and every child vaccinated brings us closer to a world where no child will ever suffer from polio again."

*Grace Sadiku*



# Supportive Supervision and Its Contribution to Polio Eradication and Routine Immunization in Kebbi State, Nigeria

Supportive supervision has emerged as a pivotal strategy in Kebbi State, improving immunization coverage, enhancing health worker performance, and accelerating eradication efforts. In a setting where routine immunization coverage has historically fallen below national targets, structured supervision has strengthened service delivery, improved accountability, and driven coverage rates exceeding 90 percent for key antigens.

Supportive supervision is a structured, mentorship-driven approach prioritising collaborative problem-solving over fault-finding. Visits are conducted across 100 percent of participating LGAs using standardised checklists and monitoring tools. On-the-job coaching, real-time feedback, and periodic data validation meetings improve compliance with immunization standards and strengthen facility accountability. Enhanced AFP surveillance has improved timely detection and reporting, sustaining indicators above national thresholds. During campaigns, supervisors conducted real-time monitoring across high-risk wards, reducing missed-children rates and driving team compliance above 95 percent. Cold chain supervision maintained vaccine potency despite infrastructure gaps, with temperature compliance above 90 percent in most facilities.

The 8,097 vacant health worker positions continue to strain service capacity. Financial constraints delay supervisory visits, affecting timely interventions. Poor road networks reduce reach in hard-to-access settlements, and occasional campaign team performance gaps require continuous monitoring to sustain quality above 95 percent compliance.

Supportive supervision contributed to 99 percent implementation of planned sessions across 669 health facilities (approximately 662 facilities as scheduled). Penta 1 coverage reached 97 percent; Penta 3 achieved 92 percent, with a 5 percent

dropout rate between first and third doses. Continuous monitoring reduced stock-outs to below 5 percent. Data validation exercises improved reporting accuracy and strengthened zero-dose child identification in high-burden LGAs.

Despite the 81 percent workforce deficit, supportive supervision has driven measurable system gains: session implementation rates consistently above 95 percent and antigen coverage exceeding 90 percent. Targeted outreach in Birnin Kebbi, Bagudo, and Gwandu LGAs improved zero-dose tracking and increased access among underserved populations.

Supportive supervision must be institutionalised within annual state health budgets with dedicated funding to ensure 100 percent planned supervisory coverage. Digital monitoring tools should be expanded for real-time data visibility. Phased recruitment to address the 81 percent workforce gap is critical, alongside strengthened community engagement to sustain coverage above 90 percent and drop-out rates below 5 percent. Supportive supervision has played a transformative role in Kebbi State, driving session implementation to 99 percent and maintaining antigen coverage above 90 percent despite substantial workforce deficits. Sustained investment and political commitment will be essential to maintain these gains and achieve long-term public health resilience.

*Aminu Usman Maishanu*



## 2.5 Million Reasons to Never Stop

Before sunrise on Sunday, March 29, thousands of health workers fanned out across Kaduna State carrying one of the most powerful tools in public health: a simple oral vaccine, and the determination to reach every last child.

The Kaduna State Government launched a four-day mass immunisation blitz targeting no fewer than 2.5 million children under the age of five, one of the most ambitious single-state polio drives in recent Nigerian history. Vaccinators were deployed across all 23 local government areas, reaching children aged 0 to 59 months across over 28,000 settlements statewide.

Speaking ahead of the exercise, Health Education Officer Isa Yushau of the Kaduna State Primary Healthcare Board left no room for ambiguity: “Even in areas with security challenges, we have put measures in place to ensure no child is left behind.” Adequate vaccines, trained personnel, and logistical support had been pre-positioned to back that promise.

*“Even in areas with security challenges, we have put measures in place to ensure no child is left behind.”*

—ISA YUSHAU, Health Education Officer, Kaduna State Primary Healthcare Board

Kaduna's campaign is part of a sweeping national drive covering 14 states across northern Nigeria — including Kano, Katsina, Adamawa, Bauchi, Gombe, Niger, Kwara, Jigawa, Nasarawa, and Yobe. The scale of the coordinated effort underscores just how seriously Nigeria's health authorities are treating the persistent threat of variant poliovirus transmission in the region.

The urgency is well-founded. Neighbouring Kwara State reported confirmed cases of Circulating Variant Poliovirus Type 2 (cVPPV2) in December 2025, with an additional case in January 2026. Niger State is mobilising to

protect over three million children amid outbreaks in bordering states. UNICEF's Social and Behaviour Change Specialist Dr. Ibrahim Mohammed has been emphatic: “There is no cure for polio. Immunisation remains the most effective means of prevention.”

For Kaduna, the campaign is both a medical intervention and a statement of resolve. Nigeria achieved historic WHO-certified wild poliovirus-free status in 2020, but the threat of variant poliovirus strains demands sustained vigilance. Each campaign is not merely a response — it is a reaffirmation that the gains of decades of effort will not be surrendered.

[arewavanguard.com](http://arewavanguard.com)

**2.5M**

children targeted by Kaduna's four-day immunisation blitz

**23**

local government areas covered across Kaduna State

**28,000+**

settlements reached during the exercise

### THE 14-STATE CAMPAIGN

- Kaduna (2.5M target)
- Katsina (3M target)
- Niger (3M+ target)
- Kwara (1.2M target)
- Adamawa (1.2M target)
- Kano, Bauchi, Gombe, Sokoto, Kebbi
- Jigawa, Yobe, Nasarawa, Zamfara

### KEY FACT

Polio has **no cure**. Multiple doses of oral vaccine are required for full immunity — and a single missed child can keep transmission alive.

# ROTARY INTERNATIONAL PRESIDENT VISIT TO NIGERIA



Rotary International President Francesco Arezzo addressing mothers during his visit to Area 2 health centre in Abuja



RI President Francesco Arezzo vaccinating a child in Area 2 health centre in Abuja



RI President Francesco Arezzo, alongside his spouse, Anna Maria, and distinguished Rotary leaders, paid a courtesy visit to the National Polio Incident Manager in Abuja.



Rotary International President Francesco Arezzo and Rotary leaders during his visit to Abuja, Nigeria



Rotary International President Francesco Arezzo and his beloved spouse, Anna Maria, at the Polio House Abuja



RI President Francesco Arezzo adorning Dr Shina Aladeshawe The Deputy Incident Manager Strategy National Emergency Operation Center with an End Polio Now pin.

# FIELD ACTIVITIES



Cross section of the NNPPC members and District Governors Elect at the recent NNPPC meeting in Lagos



NNPPC Chairman PDG Joshua Hassan led a team on advocacy visit to Deputy Governor of Katsina state His Excellency Faruk Lawal Jobe



NNPPC Chairman Joshua Hassan and partners at Katsina State polio flag off



Polio Flag-Off at the Emir of Zazzau Palace, Zaria, His Royal Highness, Alhaji Nuhu Bamalli, personally vaccinate a child, a powerful symbol of commitment to protecting every child in the community



FC Grace Sadiku ensuring quality, accuracy and accountability during SNIPDs in Kaduna state



FC Shehu Dahiru leading vaccination team to ensure no child is left unprotected.



## Addressing Variant Polio Transmission in Kano

Kano State, classified as a Very High-

compliance within communities where resistance has historically been high.

Surveillance and routine immunisation efforts have also been strengthened through continuous supportive supervision of health workers at Primary Health Care facilities and CMAM centres. Mothers are regularly sensitised on vaccine-preventable diseases, including tuberculosis, hepatitis, polio, tetanus, diphtheria, measles, yellow fever, and HPV, and encouraged to promptly report any suspected illness to health facilities.

Yet, it is in the field that the true story of progress unfolds. In Dawakin Kudu LGA, a visit to the remote Mango settlement, a community known for non-compliance, demonstrated the power of persistence and empathy. Through patient engagement and respectful dialogue, trust was gradually built. What began as resistance ended in acceptance: 20 households, representing 35 previously unvaccinated children, received the novel oral polio vaccine (nOPV2). In another instance, a visit to a medical doctor's residence in Layin Bakin Kasuwa settlement resulted in the immunisation of two eligible children after initial refusal was overcome through skilled interpersonal communication.

Moments like these underscore a fundamental truth: polio eradication is as much about people as it is about vaccines.

The state also marked World Polio Day with strong multi-partner engagement. Rotary District 9127, alongside key stakeholders, including the Honourable Commissioner for Health, Dr. Abubakar Labaran Yusuf, and representatives from UNICEF, WHO, and the CORE Group participated in a state rally to reinforce commitment to eradication efforts. In recognition of its sustained contributions, Rotary International was honoured by the State Government. Kano's story is one of both progress and persistence, where strong systems, committed leadership, and community engagement intersect with ongoing challenges. As the fight against cVSV2 continues, it is clear that success will depend not only on strategies and structures, but on trust, consistency, and the unwavering resolve to reach every last child.

*SALAMATU YUSUF · FIELD COORDINATOR*

Risk (VHR) area for polio transmission, remains a critical frontline in Nigeria's fight against circulating Variant Poliovirus type 2 (cVSV2). In 2025, the state recorded four detections, with two from Acute Flaccid Paralysis (AFP) cases and two from Environmental Surveillance (ES). Notably, an orphan virus was identified in Yangizo ward, Warawa LGA, while a new emergence was detected from an environmental sample collected in February at Jakara Police Station in Kano Municipal LGA.

The presence of orphan viruses is a stark reminder that transmission is not always visible. It signals gaps in surveillance and suggests that the virus may be circulating silently among asymptomatic individuals, beyond the reach of routine detection systems.

Even more concerning is the immunity profile of affected children. Among 39 confirmed cVSV2 AFP cases, 72% had received four or more doses of type 2-containing vaccines. Yet, none were fully immunised for age through routine immunisation. A significant 82% were zero-dose children, while the remaining 18% were only partially immunized; highlighting deep-rooted gaps in routine immunisation systems despite repeated campaign exposure.

In response, coordination efforts within the state have remained robust. The State Polio Emergency Operations Centre (EOC) and Strategy Team continue to hold regular review meetings, focusing on the implementation of Supplementary Immunization Plus Days (SIPDs), strengthening supportive supervision, and analysing intra-campaign data, particularly on missed children, noncompliance, and absenteeism. Feedback mechanisms, including LQAS performance data, are actively shared with Local Government Areas to drive continuous quality improvement.

Political leadership has also played a visible role in driving demand and acceptance. The Deputy Governor of Kano State, Comrade Abdulsalam Gwarzo, led the flag-off of a polio campaign in Warawa LGA, the same area where an orphan virus was detected, alongside Trustee Ijeoma Okoro. This high-level engagement sent a strong message on the importance of vaccination and government commitment.

At the community level, advocacy and social mobilisation efforts continue to address vaccine hesitancy. Engagements with traditional leaders, including His Royal Highness the Emir of Kano, Alhaji Adau Ahamed, and his council, have been instrumental in fostering trust and improving

# Polio Remains a Global Emergency: *WHO Extends PHEIC for the 44th Time*

## The Emergency Continues

The 44th meeting of the IHR Emergency Committee on poliovirus, convened by the WHO Director-General on 14 January 2026, unanimously concluded that the international spread of poliovirus continues to constitute a Public Health Emergency of International Concern (PHEIC). The Temporary Recommendations were extended for a further three months, effective 1 March 2026.

The Committee reviewed the latest data on Wild Poliovirus Type 1 (WPV1) and circulating Vaccine-Derived Polioviruses (cVDPV) against the backdrop of the global targets to interrupt endemic WPV1 transmission in 2026 and to stop cVDPV2 outbreaks by 2028.

## Wild Poliovirus: Afghanistan & Pakistan

Since the previous Emergency Committee meeting on 1 October 2025, nine new WPV1 cases were reported: five from Afghanistan's South and East Regions, and four from Pakistan's Khyber Pakhtunkhwa and Sindh provinces. Across all of 2025, 40 WPV1 cases were confirmed, marking a reduction from the 99 cases recorded in 2024.

Despite this progress, the Committee warned that intense WPV1 transmission persists in South Khyber Pakhtunkhwa and Karachi in Pakistan, and in the Southern Region of Afghanistan. An estimated 250,000+ children remain unreached in South KP alone. The Committee also expressed serious concern that Afghanistan has not implemented house-to-house vaccination campaigns since October 2024, significantly limiting reach.

“An estimated 250,000+ children remain unreached in South KP alone.”

A WPV1 detection in an environmental sample from Hamburg, Germany in October 2025, genetically linked to Kandahar, Afghanistan, served as a sharp reminder that no country is immune from importation so long as the virus persists anywhere.

## Vaccine-derived Poliovirus: A Persistent Threat

In 2025, a total of 202 cVDPV cases were reported across 27 countries, down significantly from 463 cases in 38 countries in 2024. Nigeria recorded the highest cVDPV2 burden globally with 53 cases (28% of the world total), followed by Ethiopia (40) and Yemen (30). Together these three countries account for 64% of global cVDPV2 cases.

The Committee expressed particular alarm over northern Yemen, where over 4.5 million children under five remain unvaccinated due to insecurity, and Somalia, where access challenges left more than 450,000 children unreached during vaccination campaigns

Source: WHO



## NIGERIA'S POSITION

**53**

cVDPV2 cases in 2025 — 28% of the global total  
Nigeria remains a critical focus of the global polio eradication effort, particularly in the Lake Chad Basin and Horn of Africa transmission corridors.

## COMMITTEE CONCLUSION

- PHEIC extended by 3 months from 1 March 2026
  - Does NOT constitute a pandemic emergency
  - Temporary Recommendations apply to all infected states
- 30% GPEI funding shortfall flagged as critical risk

# From Roundabouts to Remote PHCs: District 9141's *Fight for a Polio-Free South*

A summary of the PolioPlus Committee midyear report, Rotary Year 2025–2026 · July–December 2025

At the busy Rumuomasi Roundabout in Port Harcourt, a giant End Polio mascot now stands watch over the traffic, the first of its kind in Nigeria. It was commissioned by District Governor Osaretin Woghiren alongside Rotary International President-Elect Olayinka Babalola and RI Trustee Ijeoma Pearl Okoro. It is a small symbol, perhaps, but symbols matter in this work. They tell a community: we are serious, we are here, and we are not leaving until polio is gone.

That determination is the thread running through the midyear report of the Rotary International District 9141 PolioPlus Committee for Rotary Year 2025–2026. Covering July to December 2025 across Edo, Bayelsa, Delta, and Rivers States, the report not only tells a story of a district that did not wait to be asked, it also showed up.

## \$211,318 And Counting

By 31 December 2025, District 9141 had raised \$211,318 (two hundred and eleven thousand, three hundred and eighteen dollars) for the global fight against polio. The Rotary Club of Port Harcourt Airfield led all clubs with \$38,210, followed by the Rotary Club of Auchi Central at \$17,258 and the Rotary Club of Edjeba at \$16,024.

The figure is significant, but the committee is clear-eyed about the gaps: 25 clubs across the four states recorded zero giving to the Polio Fund as at December 31. A district-wide fundraiser, planned for the last Sunday of February 2026, is part of the response, alongside a directive to all State Representatives to replicate the initiative locally. The goal is simple and firm: no zero-giving clubs.

## On The Ground Across Four States

In Rivers State, Rotary members participated directly in polio immunisation campaign flag-offs, conducted field supervision, and performed independent monitoring alongside the Rivers State Primary Health Care Management Board, WHO, and UNICEF. A large advocacy billboard was unveiled along Aba Road. The Rotary Club of Rebisi Kingdom hosted a Port Harcourt Airport Polio Carnival; clubs across the state held an End Polio Concert.

In Edo State, more than fifteen clubs across Benin, Ekpoma, Uromi, Auchi, and surrounding areas participated in immunisation sessions at primary health centres on 18, 24, and 25 October 2025. Two major End Polio billboards were unveiled at City Square (Ring Road) and Airport Road in Benin City. Clubs also partnered with the Office of the First Lady and Oredo Local Government Council for outreach.

In Delta State, clubs from Asaba, Warri, Sapele, and

across the state joined the district-wide awareness walk in Bayelsa on 18 October and participated in World Polio Day activities on 24 October. Clubs in the Sapele and Asaba areas distributed delivery kits to pregnant women — a quiet but significant investment in maternal and child health that goes beyond the polio drop.

In Bayelsa State, the district's training seminar was held on 17 October 2025 in Yenagoa, training club presidents, PolioPlus chairs, foundation chairs, and Rotaractors on advocacy, vaccination supervision, and the ODK Collect application for recording immunisation data. A para-athlete football tournament organised by five clubs, raised funds for polio survivors and drew wide community attention. End Polio flags were mounted at the state's two tertiary hospitals.

## The Uniform, The Walk, The Long Commitment

Across all four states, the district introduced an End Polio Now T-shirt, worn at marches, rallies, and community events that gave the movement a visible, unified face. More than ten EndPolioNow advocacy billboards were erected. Awareness walks spanned multiple cities. World Polio Day 2025 saw massive turnouts across all four states.

The report closes not with a celebration but with a challenge: to the 25 clubs yet to give, to the states yet to fully mobilise, and to a district that knows the work is not finished. Polio is down. It is not out. District 9141 intends to be part of the generation that ends it.

DISTRICT GIVING · 2025  
**\$211,318**  
total raised for polio eradication

### TOP GIVING CLUBS

Port Harcourt Airfield

**\$38,210**

Auchi Central

**\$17,258**

Edjeba

**\$16,024**

### DISTRICT HIGHLIGHTS

- ▶ First End Polio mascot in Nigeria — Rumuomasi Roundabout, Port Harcourt
- ▶ 10+ EndPolioNow billboards across 4 states
- ▶ District training seminar, Yenagoa — 17 Oct 2025
- ▶ Para-athlete football tournament, Bayelsa
- ▶ Awareness walks across all 4 states
- ▶ End Polio flags at Bayelsa tertiary hospitals
- ▶ Delivery kits to pregnant women, Delta State
- ▶ End Polio Now district uniform launched

### CHALLENGE AHEAD

**25**

clubs recorded zero giving to the Polio Fund as at 31 December 2025

A district fundraiser is planned for February 2026. The target: no zero giving clubs.

# The Drop That Holds the North Together

*Why oral Polio Vaccine remains the most indispensable weapon in Nigeria's fight — and why northern Nigeria demands our full attention*

There is a reason we call it a drop. Small, swift, and almost effortless to administer, the oral polio vaccine — OPV, carries within it one of the most consequential public health promises ever made to a child. It asks nothing of a clinic, nothing of a syringe, nothing of a child's cooperation beyond an open mouth. And in that simplicity lies its genius and its irreplaceability.

In a world of increasingly sophisticated medical tools, it is worth pausing to appreciate what OPV achieves that no other intervention can. Unlike the inactivated polio vaccine (IPV), which protects the individual who receives it, OPV also provides intestinal immunity — meaning it can interrupt the chain of transmission at the community level. A vaccinated child does not just protect themselves; they become a barrier that the poliovirus cannot pass through. This is the principle of herd immunity made visceral: each immunised child is a wall in a fortress that surrounds the virus and slowly starves it of hosts.

## Why The North Cannot Wait

Northern Nigeria presents one of the most complex and consequential vaccination challenges anywhere on the continent. The region carries a disproportionate share of Nigeria's circulating Vaccine-Derived Poliovirus Type 2 (cVDPV2) burden — a consequence not of geography alone, but of the interplay between inadequate routine immunisation, high population density, mobile communities, and in some areas, deep-rooted hesitancy that years of outreach are only beginning to turn.

Nigeria reported 53 cVDPV2 cases in 2025, making it the highest-burden country globally, accounting for 28% of the world's cVDPV2 caseload. The Lake Chad Basin (stretching across Borno, Yobe, and neighbouring states) continues to be identified by WHO as a zone of persistent, high-intensity transmission. For a virus that paralysis children without warning and has no cure, these are not merely numbers. They are children's futures foreclosed.

The urgency of campaigns like Kaduna State's recent four-day drive which targets 2.5 million children across 23 local government areas and 28,000 settlements, must be understood in this context. These are not routine exercises. They are carefully coordinated offensives against a virus that exploits every gap in coverage, every missed child, every week of delay.

## OPV'S Unique Strength In Hard-to-reach Communities

Critics of OPV have long pointed to the small but real risk of vaccine-derived poliovirus emergence in populations with low immunity the very mechanism driving Nigeria's cVDPV2 outbreaks. The introduction of novel OPV2 (nOPV2), with its greater genetic stability and substantially lower risk of reversion, has addressed much of this concern. More than two billion doses of nOPV2 have now been administered globally, and WHO confirms that over 80% of cVDPV2-affected countries have interrupted outbreaks with three or fewer supplementary immunisation activities using nOPV2.

But the lesson is not to retreat from OPV, it is to use it better. In northern Nigeria, where health workers must navigate remote communities, seasonal flooding, insecurity, and populations that have sometimes been persuaded by misinformation, OPV's oral route of administration is not a convenience. It is often the only viable option. A simple drop on the tongue is required to be administered by a trained Community Health Worker or Volunteer at a market, a mosque, a transit point.

## The Commitment We Owe

This magazine has always held that the story of polio eradication is, at its core, a story about equity. The children most at risk of paralysis are the ones already living with the fewest advantages — in areas of insecurity, in communities outside the reach of routine health systems, in households where the state has rarely delivered on its promises. OPV — fast, cold-chain-hardy, orally administered and community-transmissible in its immunity is precisely the tool designed for those children.

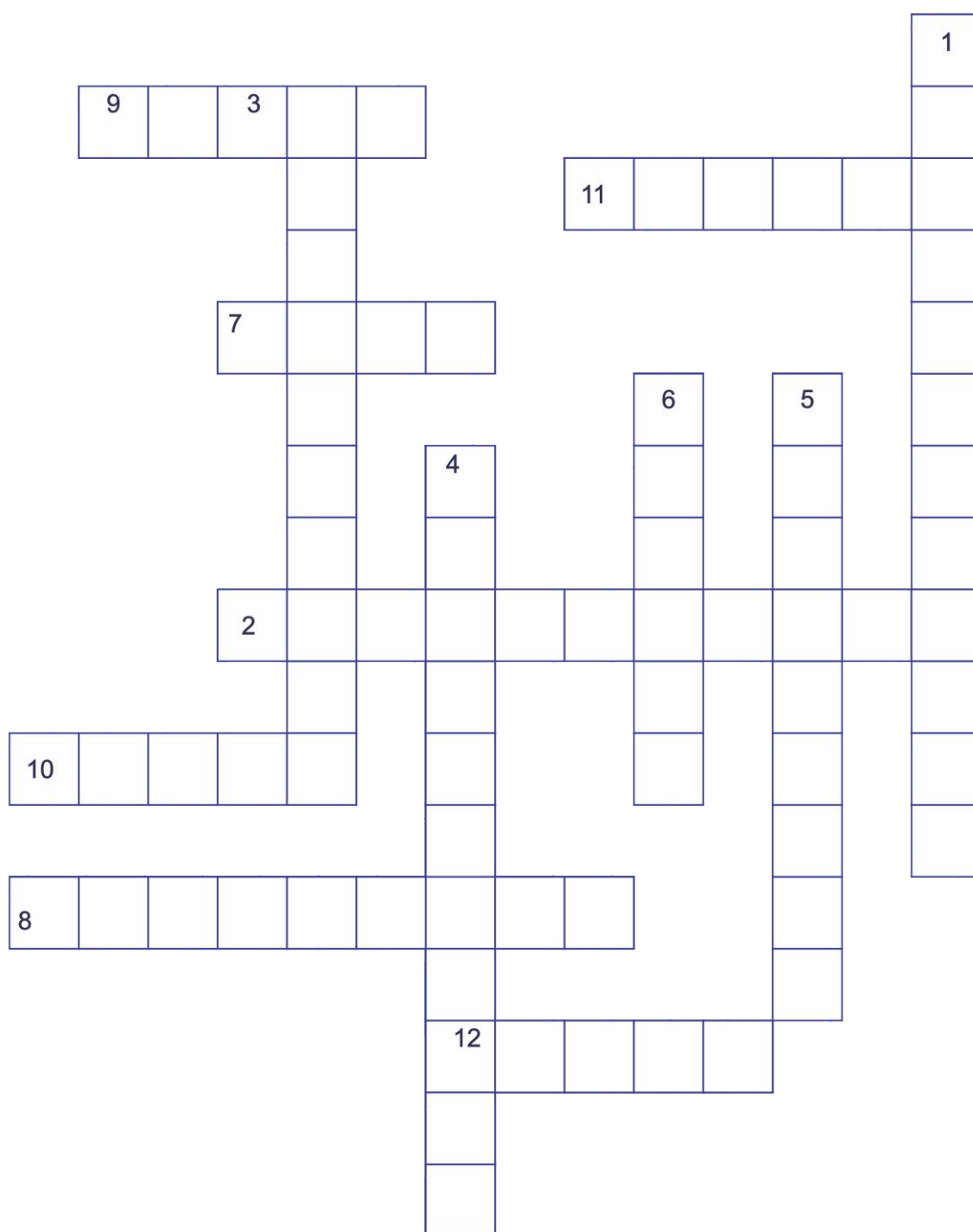
Northern Nigeria's polio challenge is not a failure of medicine. The vaccine works. The challenge is delivery, trust, consistency and political will. As campaigns continue and as funding pressures mount globally, with WHO flagging a 30% GPEI funding shortfall; Nigeria's leaders, health workers, community and religious figures, and citizens must understand: the drop is ready. The question is whether we are.

*Stephen Onipede*

# Key Polio-Related Abbreviations (Full Meaning + Explanation)

1. AEFI – Adverse Events Following Immunization: Any reaction after vaccination.
2. AFP – Acute Flaccid Paralysis: Sudden weakness/paralysis monitored to detect polio cases.
3. AFP Surveillance – Acute Flaccid Paralysis Surveillance: System for detecting and investigating possible polio cases.
4. AIT – Areas of Intractable Transmission: Regions or communities where disease persists despite control efforts.
5. BCC – Behavior Change Communication: Strategies to influence positive health behavior.
6. bOPV – Bivalent Oral Polio Vaccine: Protects against two types of poliovirus.
7. CSO – Civil Society Organization: Community-based groups supporting awareness and mobilization.
8. cVDPV – Circulating Vaccine-Derived Poliovirus: A rare mutated strain of the vaccine virus that can spread in under-immunized communities.
9. DQA – Data Quality Assessment: Checks accuracy of immunization data.
10. EOC – Emergency Outbreak Centres: Centralized hubs activated to coordinate response efforts during disease outbreaks or public health emergencies.
11. EPI – Expanded Programme on Immunization: Global initiative to increase access to vaccines.
12. ES – Environmental Surveillance: Testing sewage/wastewater for poliovirus.
13. fIPV – Fractional Inactivated Polio Vaccine: A smaller dose of IPV administered intradermally.
14. FP – Fixed Post: Static vaccination site in communities.
15. GPEI – Global Polio Eradication Initiative: A global partnership working to eradicate polio worldwide.
16. GPS – Global Positioning System: Used to track vaccination team movement.
17. H2H – House-to-House: Door-to-door vaccination strategy.
18. HF – Health Facility: A location where healthcare services, including vaccination, are provided.
19. IBRA – In-Between-Round Activities: Tasks and interventions implemented between vaccination rounds to maintain momentum, address gaps, and prepare for the next round.
20. IEC – Information, Education, Communication: Materials used to promote awareness.
21. IPV – Inactivated Polio Vaccine: An injectable vaccine that provides immunity against polio.
22. KAP – Knowledge, Attitude, and Practice: Survey to understand community behavior toward vaccination.
23. LMIS – Logistics Management Information System: Tracks vaccine supply and distribution.
24. LQAS – Lot Quality Assurance Sampling: Method to assess vaccination coverage.
25. mOPV – Monovalent Oral Polio Vaccine: Targets a specific type of poliovirus.
26. MT – Mobile Team: Reaches hard-to-reach and nomadic populations.
27. NIDs – National Immunization Days: Nationwide campaigns to vaccinate children against polio.
28. OBR – Outbreak Response: Emergency vaccination response to stop polio outbreaks.
29. ODK – Open Data Kit: Digital tool for collecting immunization data.
30. OPV – Oral Polio Vaccine: A vaccine given orally to protect children against polio.
31. OTP – Outpatient Therapeutic Program: Supports malnourished children (linked to immunization outreach).
32. PLWD – People Living with Disabilities: Key group needing inclusive immunization services.
33. REC – Reaching Every Child: Focus on ensuring no child is missed.
34. RED – Reaching Every District: Strategy to improve immunization coverage.
35. RI – Routine Immunization: Regular vaccination services provided to children.
36. SIAs – Supplemental Immunization Activities: Mass vaccination campaigns targeting children.
37. SMO – Social Mobilization Officer: Engages communities to promote vaccination.
38. SNIDs – Sub-National Immunization Days: Targeted vaccination campaigns in selected areas.
39. SSV – Supportive Supervisory Visit: A collaborative, on-site assessment and guidance process to improve performance, ensure quality, and build capacity of health workers or teams.
40. tOPV – Trivalent Oral Polio Vaccine: Protects against three types of poliovirus.
41. TT – Transit Team: Vaccinates children at transit points like bus stops.
42. VCM – Volunteer Community Mobilizer: Grassroots workers encouraging vaccine uptake.
43. VDPV – Vaccine-Derived Poliovirus: A mutated strain of the vaccine virus.
44. WPV – Wild Poliovirus: The naturally occurring poliovirus responsible for outbreaks.
45. WPV1 – Wild Poliovirus Type 1: The only remaining wild poliovirus strain still in circulation globally.

# POLIO CROSSWORD PUZZLE



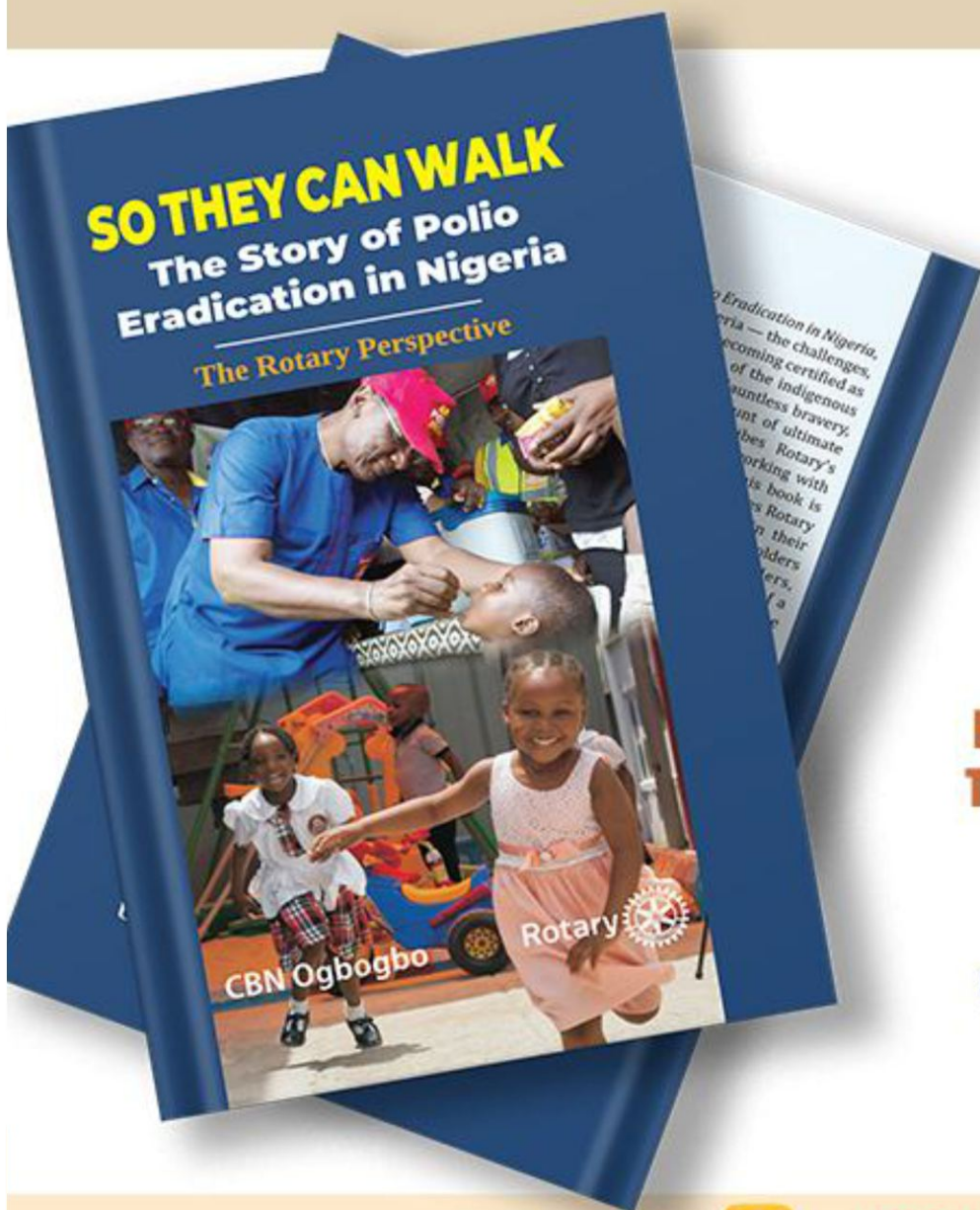
**Down:**

1. A place where vaccines are given
3. Virus that causes polio
4. Rotary's campaign to eradicate polio
5. A person who helps spread awareness in communities
6. The organization who first initiate polio eradication

**Across:**

2. The ultimate goal of polio campaigns
7. Vaccination strategy targeting all children
8. Children most at risk of polio (age group)
9. A rare mutated poliovirus strain
10. A campaign where children are vaccinated nationwide
11. Nigeria agency responsible for primary healthcare
12. Rotary's body coordinating polio eradication efforts in Nigeria.

# POLIO STOP



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## SO THEY CAN WALK

The Story of Polio Eradication in Nigeria  
The Rotary Perspective

by  
CBN Ogbogbo | Rotary 

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