PolioPlus
Rotary International

POLIO STOP

Quarterly Newsletter of the Nigeria National PolioPlus Committee

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SEPTEMBER 2026



Rotary International President Yinka Babalola with the NNPPC Members

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PDG Kazeem Mustapha -Vice Chairman, **PAG Yakubu Ndanusa** -Vice Chairman, **PDG Grace Okaro** -Vice Chairman, **PAG Ndus Moh. Dantata** -Vice Chairman,
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TRUSTEE Ijeoma Okoro- Adviser, **PDG Tunji Funsho**-Adviser, **PDG Femi Lawani**- Adviser

A New Year.
The Same Sacred Mandate.

By PDG Joshua Hassan · Chairman, Nigeria National PolioPlus Committee · Rotary International



Dear fellow Rotarians, Rotaractors, and friends of the polio eradication movement,

It is with a full heart and a clear sense of purpose that I welcome each one of you to Rotary Year 2026–2027. A new Rotary Year is always a gift; a fresh calendar, a renewed fellowship, and another twelve months in which we get to ask ourselves the most important question Rotary ever puts to its members: what will I do this year that truly matters?

For those of us in the PolioPlus family, the answer has never changed. We will do what we have always done. We will fight polio in our communities, in our clubs, in our advocacy visits, in our campaign fields, and in our fundraising tables. We will fight it until there is nothing left to fight.

In addition, I am proud of what Nigeria's Rotary districts accomplished in Rotary Year 2025–2026. Six districts. $882,932 contributed to The Rotary Foundation Polio Fund. District 9141 alone gave $469,001.30, Nigeria's highest PolioPlus district total in history. Four districts recorded zero non-giving clubs. Rotarians cycled 853 kilometres through five states to carry the End Polio Now message. We commissioned Africa's largest End Polio Now monument. We walked. We gave. We supervised. We showed up.

I am grateful. And I say so on behalf of the Nigeria National PolioPlus Committee, on behalf of Rotary International, and on behalf of the children who received a vaccine because a Rotarian was present in the field.

WORLD POLIO DAY 2026: OUR IMMEDIATE PRIORITY

October 24 is just weeks away. World Polio Day is not a ceremonial occasion for us; it is one of our most powerful platforms for advocacy, awareness, and fundraising, all at once. I am calling on every Rotarian in every club in every district to register their activities on the R.I website and other dedicated R.I pages.

I want activities in churches and mosques. I want workplace announcements and school addresses. I want awareness walks that draw crowds and photographs that carry our message across social media. I want fundraising events that push every district beyond what it raised last year. World Polio Day belongs to all of us, and I expect all of us to use it.

FOUR THINGS I NEED YOU TO NEVER FORGET

In my years of leading this committee, I have come to believe that the Rotarians who make the greatest impact are not necessarily the most senior, the most connected, or the most resourced. They are the ones who understand what they are part of. So let me remind every Rotarian reading these words of the four thematic areas that must guide everything we do in the fight against polio:

Funding is the foundation. Without resources, campaigns cannot run, vaccinators cannot be deployed, and the global eradication effort cannot maintain momentum. Every dollar you give, matched two-to-one by the Gates Foundation, becomes three dollars for a child. Give. Give more than last year. Push your club. Recruit new Polio Society members. Host a fundraiser. There is no contribution too small and no reason not to make one.

Creating Awareness is the work of every Rotarian, not only those in formal roles. The people in your church, your mosque, your office, and your neighbourhood do not know enough about polio. You do. Tell them. Wear the T-shirt. Share the post. Say the name: End Polio Now. The message spreads only as far as the people willing to carry it.

Advocacy is how we change the environment in which the disease operates. When we visit a governor, a traditional ruler, a commissioner of health, or a local government chairman, we are not simply paying a courtesy call. We are putting the weight of Rotary's global credibility behind the imperative to vaccinate every child. Do not underestimate that weight. Use it.

Fieldwork is where the vaccine meets the child. Supportive supervision, independent monitoring, ODK reporting, household engagement; these are the activities that turn policy into immunisation. I need Rotarians trained, present, and reporting. The child at the end of the last mile deserves a Rotarian who knows what they are doing and shows up to do it.

MY CHARGE TO YOU

Rotary Year 2026–2027 opens against a backdrop of real but fragile progress. Nigeria has been wild poliovirus-free since 2020. But cVDPV2 and cVDPV3 are still paralysing children in the north. The global funding picture is tightening. And in some of our own districts, there are still clubs that have never given to the PolioPlus Fund. Let this be the year that changes. Let this be the year every Rotarian steps forward, every club gives, and Nigeria's polio story moves decisively closer to its end.

I welcome you to Rotary Year 2026–2027. May it be the year we remember as the one that made the difference.

Districts United, Purpose Clear:

A Joint Seminar That Sharpened Rotary's Resolve to End Polio

There is something quietly powerful about a room where no one needs convincing that this matters. On 21 August 2026, that room was in Lagos State, where the Nigeria National PolioPlus Committee convened a joint seminar for Rotary Districts 9111 and 9112. District Governors, PolioPlus Chairs, State Representatives, Rotarians and public health officials came together to take stock, and what the room heard was both a reason to hope and a call to urgency.

The NNPPC Chairman's update set the tone: Nigeria was certified free of wild poliovirus in 2020, but cVDPV2 and cVDPV3 continue to paralyse children in the northwest and northeast. Nigeria reported 34 cVDPV2 cases and nine cVDPV3 cases in 2026 to date, with the latter already surpassing the full-year 2025 total of eight. These are not statistics. They are children. WHO's Polio Surveillance Update confirmed environmental samples still returning positive and AFP cases still being recorded. The NNPPC Vice Chair was direct: the problem is not the vaccine. It is coverage. Every unvaccinated child is an open door.

HESITANCY IS NOT IGNORANCE

UNICEF's Tessa Rintala moved the conversation from epidemiology to empathy. Hesitancy is fear, distrust, and sometimes a rational response to circumstances health workers have not fully understood. From the South-West field, this rings true. During IBRA Round 2 in Ojo LGA, mothers in migrant settlements agreed to vaccinate their children but refused finger-marking, not because they rejected the vaccine, but because they feared their husbands would know. That is not hesitancy in the conventional sense. That is a household power dynamic no health talk at a fixed post can resolve. Lagos State SIO Mrs. KemiOshodi-Uka's presentation on zero-dose children brought that message home to the state in which the seminar was being held. In the same month this seminar was held, she gave an instant where, a child over one year of age

presented at a Lagos facility for the first time, a child who had never received a single vaccine dose. The child was found. But for every child found, the question must be asked: how many have not been?

PDG Sagab Sani's session on best practices offered proof that resistant communities do eventually relent, when the right voice is found. NNPPC National Coordinator Mr. Almai Some closed the formal programme with a precise breakdown of accountability: what is expected of every DPPC, every State Representative, every Rotarian who enters the field — not as a visitor, but as an accountable partner in the outcome.

By Olaide Stephen Onipede,
Field Coordinator (South-West), NNPPC







Different States. One August.

The Field Dispatches from IBRA Round 2

From Kaduna to Lagos — what the field looked like when the logistics failed, the chalk ran out, the door stayed closed, and the teams went back anyway

Before any vaccination team had lifted a carrier in Fanshanu Ward, Igabi LGA, Kaduna State, the briefing had already begun. By 6:20 every morning, the field coordinator had teams assembled for a session that reviewed the previous day's outstanding issues, communicated updates from state and national coordination, and answered the questions teams had brought back from the previous afternoon. This was the discipline that kept 150 settlements moving in sequence.

The ward had recorded a virus detection in April 2026 and was now receiving its second intervention. The coordinator supervised three teams per day, one hour minimum with each, watching for the gaps that only appear when you stay long enough: VVM knowledge thin, accounting for wasted doses imprecise, data synchronisation left to the end of the day and sometimes forgotten. The "Show Your Phone" check, with every team member opening their device before the debrief so a supervisor could confirm the day's data had reached the server — solved the last problem cheaply and completely.

KEBBI: WHAT ONE DOOR COST

In Gwazange Ward, Argungu LGA, Kebbi State, Field Coordinator Aminu Usman Maishanu supervised from 15 to 20 August. The early days produced vaccine wastage, gaps in VVM knowledge, a Fixed Post team that arrived on Day 1 without its Daily Implementation Plan. Coaching happened. Then on Day 3, a caregiver refusal, escalated by the team; the traditional leader arrived. Then the WFP. Then the Sultan Foundation, Rotary International, eHealth Africa, and a UNICEF State Facilitator. All of them at one door, in one settlement, for two children. The door opened. The children were vaccinated. On Day 5, the ward's vaccine stock ran out. The LGA was also dry. The coordinator escalated, the mop-up went ahead, and 46 more children were reached. The team that had been struggling with utilisation on Day 4 held its improvement through to the end.

KATSINA AND JIBIA

Katsina ran from 18 to 24 August across eleven LGAs and 2,477 settlements, targeting 162,532 children. The headline was Jibia LGA, where key settlements had been logged as unreachable in previous rounds due to insecurity. In IBRA Round 2, Rotary International, UNICEF, and the Chigari Foundation worked alongside campaign Team 019 and got in. In cVDPV2-affected wards of Katsina LGA, teams distributed pluses on the street, drawing caregivers out to public spaces where the vaccine could reach them. Rainfall and noncompliance remained, as they always do. But Jibia had been entered.

SOKOTO: SHE PAID FROM HER OWN POCKET

The campaign in Sokoto started with a major setback. Logistics had not reached teams by Day 3. Morale was fraying. Some members were preparing to stand down. Hauwa'u Muhammad Auwal, the Rotary State Field Coordinator, reached into her own pocket, gave teams transport money, and told them the children could not wait. Thirteen House-to-House and Temporary Fixed Post teams returned to the field.

In four households across Yabo and Bodinga, mothers were refusing, not because they distrusted the vaccine, but because the incentive payments they had grown to expect had not arrived. Hauwa'u sat with them as a mother, not a supervisor. She talked about protection that no money can buy. For the children looking out from behind their mothers' wrappers, she brought sweets. Nine children were vaccinated in households that had been closed. At fixed posts in Wamakko LGA where turnout was thin, she tracked six RI defaulters (children who had missed routine antigens entirely and vaccinated them with both their overdue schedules and nOPV2). "When a mother who refused yesterday calls you today to vaccinate her child," she said at the end of the week, "you know you have made a difference."

KANO: AN ORPHAN VIRUS

Kano's briefings carried a specific weight in August 2026. An orphan virus(cVDPV2 strain) with no traceable link to any known chain of transmission, had been detected in Kumbotso LGA. An orphan virus is a confession telling us the virus was spreading in communities the programme had not seen. The EOC coordinated planning meetings, the Commissioner of Health flagged off the campaign, and the team made an advocacy visit to HRH the Emir of Kano Sunusi Lamido Sunusi II. In Wudil LGA, a field coordinator spent the day in Kausani Ward,a community known for refusal, building trust through conversation, patience, and the willingness to sit in someone's compound without pressure. Two households. Three children. Three doses.

LAGOS: THE SERIKI AND THE FESTIVAL

In Lagos, IBRA Round 2 ran across Idi-Oro Ward in Mushin LGA and Okoko Ward in Ojo LGA, 15 to 20 August. The profile was distinct: migrant settlements, deep government distrust rooted in fears of forced eviction, and a pattern at Jakande Settlement where mothers who had consented to vaccination for their children refused finger-marking afterward, fearing their husbands would find out. At Ago Hausa Settlement in Ojo, the Seriki's decisive intervention on Day 3 turned a community that had refused outright into one where previously resistant residents came back voluntarily. By Mop-Up Day 1, the settlement had achieved complete coverage. This is what IBRA Round 2 looked like in August 2026. Not a campaign. A series of early mornings, escalations, conversations, and the particular kind of problem-solving that only happens when the person responsible for the outcome refuses to stop.

Emma Rides For Polio:

12,200 Kilometres, 13 Countries, 1 Reason

He left London in June 2026 on a BMW 850 Adventure, riding toward a continent he knew and a finish line that was, in the most fundamental sense, not about him. The hashtag was simple: #EmmaRidesForZeroPolio. The mission was simpler still: use the most unconventional platform available, an intercontinental motorcycle expedition, to remind anyone watching that the fight to end polio is not finished, and that every contribution and every voice still counts.

Rtn. Captain Olatunji Emmanuel Okedeyi is, by any account, an unusual candidate for a solo intercontinental motorcycle ride. He is a Senior Social Worker at Medway County Council in the United Kingdom, a UPF Ambassador, a Captain in the Oyo State Legion, and the President of the Rotary Club of Mushin Golden. He is a man whose professional life is built around the careful management of risk, the protection of vulnerable people, and the navigation of complex statutory systems. He is also a man who, on a June morning in London, mounted a motorcycle and pointed it south and east, toward home, for a cause.

The route took him through the Dover-Calais crossing, across Europe, through the Algeciras-Tangier Med ferry into Morocco, and south through the continent's western coast toward Nigeria. Thirteen countries. Two continents. Approximately 12,200 kilometres. Twenty-five days. The report he brought back does not dwell on the romance of open roads. It speaks, with the precision of a man trained in assessment and risk management, of what the journey actually demanded: border and immigration coordination, motorcycle maintenance, fuel, accommodation, feeding, safety arrangements, communications, and the full logistical apparatus that keeps a solo rider alive and moving across terrain that does not forgive carelessness.

The #EmmaRidesForZeroPolio expedition was conceived and managed by a small team anchored by PAG AyoadeAdeyemi as Project Lead and Rtn. TolulopeDaramola as Project Admin Support, both from the Rotary Club of Mushin Golden. The campaign identity, digital communication strategy, and media engagement were built into the expedition from the start, not added afterward. The motorcycle was not a stunt. It was a platform.

Proverb Media provided media and digital production services. News Central TV provided broadcast coverage. Leadway Insurance provided HMO and policy support for the rider. In-kind corporate support from these three partners was valued at approximately NGN 7,657,775. The expedition was present on screens before it was present on roads, and that presence made the fundraising conversation possible in communities where a Rotary press release alone would not have reached.

THE MONEY AND WHAT IT MEANS

Individual and direct donations raised NGN 1,694,720. GoFundMecrowdfunding raised GBP 1,440. Following final financial reconciliation, NGN 1,600,000 and GBP 1,440 were formally designated for Rotary's End Polio efforts. The figure is not what it would have been had a large corporation written a cheque. It is what one Rotarian, one club, one project team, and the networks they could reach produced through courage, planning, and twenty-five days of road.

The closure report notes what the expedition demonstrated: that humanitarian advocacy can be innovative, that partnerships are indispensable, and that powerful storytelling can keep important causes in public conversation. The legacy, it says, should be measured not only in kilometres travelled or funds raised, but in the awareness created, the people engaged, the partnerships established, and the renewed commitment to a polio-free world.

THE MAN BEHIND THE HANDLE

To understand the expedition, it helps to understand the rider. Olatunji Emmanuel Okedeyi did not come to this journey as an adventurer looking for a cause. He came to it as a Rotarian who already had a cause and was looking for a way to make it louder. He has ridden long distances before, within Nigeria and across borders. But London to Lagos on a motorcycle, in 25 days, across 13 countries, for End Polio Now, is not a previous expedition scaled up. It is a different order of commitment.

SERVICE ABOVE SELF

"Until Polio is Zero. Service Above Self. THANK YOU." It is not rhetorical. Olatunji Emmanuel Okedeyi spent 25 days on a motorcycle across two continents so that a hashtag could become a conversation, and a conversation could become a donation, and a donation could become a vaccine reaching a child who would otherwise have been missed.



KATSINA STATE POLIO FRONTLINE WORKERS AWARD

The Ceremony

TheKatsina Polio Frontline Workers Award is not a new invention. It is part of the Global Polio Eradication Initiative's annual recognition framework, an event designed, as the GPEI puts it, to motivate and encourage the field workers whose services make the programme move. Nineteen people were recognised in Katsina on 29 July.

Category 1 covered the government and institutional layer: the outgoing Executive Secretary of the State Primary Healthcare Development Agency, the Incident Manager of the State Emergency Operations Centre, the State Immunization Officer, the State Health Educator, and the Honourable Commissioner of Health. Alongside them, the ALGON Chairman and the District Head of Mashi, his absence from the hall notwithstanding — were included in recognition of what traditional and administrative leadership can do for a vaccination programme when it chooses to be present in the field rather than just above it.

Category 2 was where the ground became visible: vaccinators, voluntary women mobilisers, town announcers, community leaders. The people who carry the carrier, knock the door, and wait. Each received a Certificate of Honour, an End Polio wrapper, a reflective jacket, a branded T-shirt and face cap, an apron, and ₦25,000 in transport support. The transport money is the most honest detail in the package. It is an acknowledgment that the people doing this work are often subsidising it with their own.

After the ceremony, the NNPPC team did not go home. Led by Chairman PDG Joshua Hassan and accompanied by Northwest Vice Chairman PAG Ndanusa Yakubu, National Programme Coordinator Almai Some, and field coordinators Grace Sadiku and Mansur Garba Funtua, the team drove to Mashi LGA to find the District Head who had not been able to attend.

The Iyan Katsina, Alhaji Kabiru Aminu, District Head of Mashi, by the account of everyone who has worked with him, is the kind of traditional leader the programme depends on in ways it cannot always quantify. He goes to the field himself and follows up on campaign progress without being asked. He told the Chairman, when the team arrived, that the encouragement of the recognition would make him do more. PDG Hassan decorated him with a Rotary pin and presented his plaque and certificate in person. The visit became, in effect, a second ceremony — smaller, quieter, and in some ways more meaningful than the first.

It is worth pausing on what the cVDPV2 detection meant for the ceremony. The confirmation of an environmental isolate is not a minor administrative matter. It triggers an immediate response sequence under standard operating procedure;field investigation, data review, response planning. The fact that WHO, UNICEF, AFENET, and Katsina State officials were diverted from a ceremony designed to honour field workers, by the very kind of event that makes their work necessary, is a reminder that this is not a programme that gets to pause for its own celebrations.

The representatives who attended in their place carried the message back. The coverage went out on NTA and State Radio. The story of the nineteen people who were recognised reached communities in Katsina State that afternoon and the following day. The work of award ceremonies is not only what happens in the room.

The second advocacy stop of the day was NTA Katsina. The NNPPC team visited the General Manager to express appreciation for the station's coverage of the event and to invest in the relationship that makes that coverage possible. The General Manager's response was direct: come to us for your activities. Use this platform. The station's reach into Katsina homes is a distribution network for the End Polio message that no number of community town announcers, however deserving of their certificates can fully replicate.

That relationship, built over a courtesy visit on the afternoon of an awards ceremony, is worth more than the press coverage of any single event.

The plaques did eventually arrive. The District Head of Mashi eventually received his recognition, in a room smaller than the main hall, with the NNPPC Chairman standing in front of him rather than at a podium, which may have been a better outcome anyway. The environmental isolate triggered the response it was required to trigger.

And nineteen people in Katsina State are now wearing reflective jackets with the End Polio logo on the back. When they appear in a community before a campaign, something shifts: the community knows that the programme knows who they are. That visibility is not a side effect of a recognition ceremony. It is the point.

By Mansur Garba Funtua,
Field Coordinator (Katsina State)



KEBBI STATE FRONTLINE POLIO FIELD WORKERS AWARD

On 12 August 2026, in a ceremony that filled a hall in Kebbi State with everyone from the Incident Manager to the Emir's representative, AlhajiUmaruTakalau was called to the front of the room and given a certificate.

He was one of twenty.

The Kebbi State Frontline Polio Field Workers Award Recognition Programme, organized by Rotary International through the Nigeria National PolioPlus Committee, was built on a single, overdue premise: that the people who carry the vaccine to the last house in the hardest ward deserve to be recognised by name. Not in a data report. Not in a partner meeting. In a room, in front of their colleagues, with a certificate in their hands and a camera pointed at them.

The event began at 9:30 a.m. with the arrival of awardees and guests. Senior government officials from the Kebbi State Primary Healthcare Development Agency were present, including Incident Manager Dr. Hamza Sadiq, who represented the Executive Secretary. The Director of Disease Control and Immunization, JunaiduHaliru, was there. So was the Chairman of Gwandu LGA, Hon. Atiku Ahmed Mandiya, and the District Head of Gulma, Muhammad Bashar Gulma, who had driven in from Argungu. From the NNPPC came PDG Joshua Hassan, the NNPPC Chairman, alongside Northwest Vice Chairman PAG NdanusaYakub, National Programme Coordinator Almai Some, and field coordinators from Kebbi and neighbouringSokoto. WHO, UNICEF, SOLINA, eHealth Africa, the Sultan Foundation, the Chigari Foundation, and the ACE Group all sent representatives. Kebbi Radio, Equity FM, Vision FM, and NTA were there with cameras.

The awards were presented across three categories. Category A recognised state-level leadership; the Executive Secretary, the Incident Manager, the Director of Disease Control, the State Immunization Officer, the State Health Educator. These are the people who hold the architecture of the programme together, whose decisions ripple down through LGAs and wards and into the settlements where the vaccine either reaches the child or doesn't.

Category B named the best at the LGA level: the best LGA Immunization Officer, the best Cold Chain Officer, the best Disease Surveillance and Notification Officer, the best Health Promotion Officer. And alongside them, two men who represent something different — the best LGA Chairman, and the best District Head. Hon. Atiku Ahmed Mandiya and the Gulma District Head Muhammad Bashar Gulma were recognised not for managing clinics but for something harder: persuading entire communities to trust the programme. Their presence in the room as both awardees and guests was itself a small lesson in how recognition works.

Category C was where the ground-level became visible. ZainabAliyu Taka, best vaccinator from BunzaMarafaWard, received her certificate. Ummu Muhammad, her team supervisor, received hers beside her. BabbaWanzam, the town announcer of Gwade in Bunza — the man whose voice travels through streets before the team arrives, who prepares communities to open their doors — was called by name. Zuwaira Muhammad, a volunteer community mobiliser from Nasarawa 1 in BirninKebbi, was recognised. Shafa'atu Muhammad, the best Non-Compliance Resolution Team Member from Nasarawa 2, was named for doing the hardest work in the programme: the work of changing a refusal into a yes. PDG Joshua Hassan, speaking as NNPPC Chairman, thanked the awardees with a directness that the occasion warranted. He used the room, and the presence of state government officials in it, to make a request that the programme cannot afford to let sit: the release of Kebbi State's counterpart funding for polio eradication activities. It was the right moment to say it. A room in which a state government has just been thanked for its leadership is also a room in which it can be reminded of its obligations.

WHO's goodwill message reinforced the theme: sustained collaboration between government, partners, and the frontline is not a courtesy. It is the operational requirement for every child to be reached. It is the difference between a programme that works in coordination meetings and one that works in settlements.

Each awardee left with more than a certificate. The recognition package included an End Polio wrapper, an End Polio/Rotary T-shirt, a facing cap, a Rotary/End Polio apron, and a transport token. The transport token is a practical acknowledgment of the reality that the people doing this work are often funding their own way to the field. The T-shirt is not small. It is visible. When ZainabAliyu Taka wears it in BunzaMarafa Ward, the community sees that Rotary knows who she is.

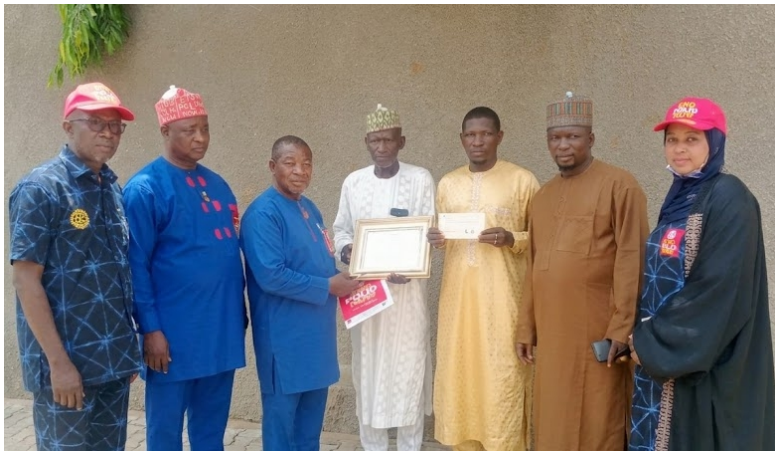
After the ceremony, the NNPPC team visited NTA Kebbi to deepen a partnership with the broadcaster that had already covered the event. Kebbi Radio, Equity FM, and Vision FM had carried the story of the recognition to audiences across the state. The visit to NTA was an investment in the next story, and the one after that. In a programme where misinformation spreads faster than vaccination teams can travel, every radio station that understands polio eradication is a partner that no budget line can fully replace.

WHAT THE DAY WAS FOR

AlhajiUmaruTakalau walked to the front of the room in Kebbi State and received a certificate for what he has done with the life polio did not take from him. That is the right image with which to close this account. The field workers who fill the ward registers, who stand outside hesitant households, who wake before sunrise to prepare refresher sessions, who spend their own money to stay in the field, they are doing what AlhajiTakalau knows better than any of them needs to be done. On 12 August, they were called by name.

By Aminu Usman Maishanu,
Field Coordinator (Kebbi State)





NNPPC team presented Bob Keegan award to Sanusi Ibrahim Moriki, Abdullahi Mohammad Moriki and Ibrahim Mohammed Moriki.



District 9127 PolioPlus Seminar



Rotary International proudly honoured Katsina State polio field workers with awards in recognition of their outstanding dedication,



Rotary International proudly honoured Kano State polio field workers with awards in recognition of their outstanding dedication,



Rotary International proudly honoured Kebbi State polio field workers with awards in recognition of their outstanding dedication,



Rotary International proudly honoured Zamfara State polio field workers with awards in recognition of their outstanding dedication,



NNPPC, led by Chairman PDG Joshua Hassan, paid an advocacy visit to the Senior District Head, the Iyan Mashi, Alhaji Kabir Aminu Ibrahim, one of the respected kingmakers of the Katsina Emirate.



District Governor 9111 Bukuola Bakara vaccinating a child at Mende Primary Health Centre, Maryland



Migrant Nomadic Vaccination supportive supervision at Kuraji Sankalawa Ward Bungudu LGA Zamfara state



Field Coordinator Mansur supervised the nomadic vaccination activities in Daura LGA, Katsina State.



Supportive supervision was conducted at Gidan Baduwa A of Gumbi, Sokoto State



Migrant Nomadic vaccination supportive supervision at Keke ward Lagos state

ZAMFARA STATE POLIO FRONTLINE WORKERS AWARD

Zamfara State carries the heaviest cVDPV2 burden in Nigeria. Thirteen cases in the first half of 2026 alone. Security constraints that have made whole settlement clusters functionally inaccessible to vaccination teams. Data falsification that erases real children from registers. A virus that knows every gap in coverage and moves through them. It was into this context that the Nigeria National PolioPlus Committee's frontline recognition ceremony arrived on 2 September 2026, in the conference hall of the Zamfara State Primary Healthcare Management Board in Gusau.

Zamfara's healthcare management board has been the operational backbone of the state's polio response, providing the room, the staff, and the coordination infrastructure that makes campaigns possible. Hosting the awards in that building was a way of saying: the work happens here, and the people we are recognising are part of that.

Twenty-two awardees were recognised, drawn from across the state's most active LGAs. Five were recognised at state level: Executive Secretary Dr. HussainiYakubuAnka of the ZSPHCMB, Director of Disease Control and Immunization Dr. AlmustaphaAliyu, Incident Manager of the Zamfara State Polio EOC Dr. MurtalaSalahuddeen Mohammed, State Immunization Officer AlhajiMainasaraAmbaya, and Head of Routine Immunization AttikuAdamu. These are the people whose policies either enable or obstruct the vaccinator in the field. Naming them is an acknowledgment that the supply chain is not separate from the last mile. It runs all the way through.

Seventeen awardees came from the LGA level, and the range of roles represented in that group tells the story of what the polio programme actually requires to function. AbubakarSaniAnka was recognised as the best community leader. Saadiya Usman Bukyum, a team supervisor whose work in Bukyum LGA had been noted by supervisors, received her certificate. Murtala Mohammed received the best LIO award for Maru LGA. Habibu Ibrahim was the best vaccinator. Hajara Mohammed of Gusau was named the best Voluntary Community Mobiliser. LawaliHaliluTsafe, the best Health Educator. LukumanMurtalaZurmi, the best Polio Supervisory Group member. And Nasiru Ibrahim Kabara, whose work as a religious leader had opened doors in communities that other forms of engagement could not reach, was named the best Religious Leader.

The Emir of Moriki, HRH Alhaji Bashar Samaila Ari III, was among the traditional leaders recognised. So was the ALGON Chairman and Zurmi LGA Chairman, Hon. SamailaHussainiKongami. Their presence in an awards list alongside vaccinators and town announcers says something deliberate about where the NNPPC believes influence over the programme actually sits: not only in government offices, not only in palaces, but at every level of the chain from emir to vaccinator. The Permanent Secretary of the Zamfara State Ministry of Health, Alhaji Musa Rilwanu, spoke at the ceremony and used the occasion to say plainly what government acknowledgment of this kind can accomplish when it is sincere: the partners, Rotary in particular, have contributed to polio eradication in ways that the state government cannot do alone, and the state's commitment to that partnership will continue. It was the right thing to say in a room full of field workers who have spent years operating without certainty about institutional support. The WHO, UNICEF, CDC, AFENET, the Chigari Foundation, the Sultan Foundation, and the Task Force for Global Health were all present. NTA and Gamji Radio and Television provided media coverage. The room was full. The message went out.

PDG Joshua Hassan, the NNPPC Chairman, thanked the awardees and told them directly what the committee believed: that the recognition was not a conclusion but, a moment to name what has been done well and to ask for more of it. The programme needs these workers to redouble their effort. The naming of names was the committee's way of asking for that without simply issuing a directive.

Zamfara State's security situation is not a background note in any account of work done here. Banditry has made parts of the state operationally inaccessible. Vaccination teams have been escorted by security personnel. The movement of people to and from programme activities involves a level of planning and risk calculation that does not apply in other parts of the country. The field coordinator's report notes, with quiet relief, that all twenty-two awardees arrived on time from their respective LGAs, and all returned home safely.

In Zamfara, that is not taken for granted. The ceremony was conducted successfully. The media aired it. The message reached communities across the state. The awardees returned to their LGAs wearing the T-shirts, jackets, and face caps that announced, to everyone who saw them, that they had been recognised by the programme they serve.

THE DISTRICT HEAD OF BARDOKI

Among the LGA awardees, AlhajiKasimuAliyuGummi, the District Head of Bardoki, was singled out for a particular distinction: the citation described him simply as a “hard-working community leader.” Naming AlhajiKasimu by name, in a public ceremony, with media present, is an investment in that asset that costs nothing and lasts considerably longer than the certificate in his hands.

Zamfara is the hardest state in Nigeria in which to run a polio programme. Twenty-two people have just been told that it matters that they are there.

By ShehuDahiru,
Field Coordinator (Zamfara State)





The Booth That Made Rotarians *Want to Give More*

How a 23-day incentive drive and a VR headset at the District Governor's Installation turned PolioPlus into the conversation — and the donation — of the evening By Rtn. Veronique Tabai · District 9141

There was a 360-degree camera. A VR headset showing Miles to End Polio. Branded teddy bears. A Magic Mug. And, perhaps most importantly, Rotarians smiling while collecting their gifts, taking photographs, celebrating their part in the fight to end polio.

What greeted attendees at the PolioPlus booth during District 9141's District Governor Installation on 26 July 2026 was not what most had expected from a fundraising station. It felt, as more than one visitor put it, like a celebration. And that was entirely the point.

The booth was the culmination of a strategy that had begun three weeks earlier. On 1 July 2026, the District 9141 PolioPlus Committee, chaired by Rtn. Kenneth Okpeahior, launched a time-bound incentive drive: become one of the first 500 donors to the PolioPlus Fund in the new Rotary year. The campaign ran for 23 days, closing on July 23, and offered a tiered recognition structure designed to give Rotarians something specific to aim for.

Bronze donors, giving between $50 and $250, received a pin and key ring. Silver ($251–$1,000) added a bag tag, teddy, and Magic Mug. Gold ($1,001–$2,500) brought a T-shirt and duffle bag. Platinum donors, giving $2,501 and above, received the full recognition package, including a windbreaker. The tiers were straightforward. What was not straightforward was what they produced.

"People started talking about PolioPlus," said one committee member. In clubs across the district, members discussed the campaign. Some who had never given before were pulled in by the incentive. Others who had already contributed considered giving more. The gifts created interest. The conversations created awareness. And the giving began to grow.

When donors arrived at the Installation on July 26 to collect their recognition, the committee had decided that a handover table would not do. The PolioPlus booth was decorated and branded, stocked with the donors' tiered gifts, and equipped with the 360-degree camera, the VR station, and a light snack for those waiting their turn. Donors posed beside the End Polio Now teddy bears and left with photographs. Rotarians who had not given,and who wandered over curious, saw what others had earned, understood the levels, and made contributions on the spot. Donors who had already given upgraded their category.

The initiative drew attention from the top. NNPPC Chairman PDG Joshua Hassan launched the booth and expressed appreciation for the committee's work. Rotary International President YinkaBabalola and Rotary Foundation Trustee Ijeoma Pearl Okoro both visited the booth and showed particular interest in what the incentive drive had achieved. Regional Rotary Foundation Coordinator for Zone 22 Region 27, PDG Andy Uwejeyan, commended Rtn. Kenneth directly for the initiative and the experience it created.

Among the Rotarians recognised at the booth was Past Assistant Governor IbimSemenitari, whose delight at receiving her gifts was captured on video. Her reaction reflected the mood of the evening: this was not simply about souvenirs. It was about being seen, by name, as someone who answered a call.

WHAT THE NUMBERS SAID

The photographs were memorable. The conversations were energising. But the measure of any fundraising initiative is what it does to the giving. In one month, the campaign enabled District 9141's PolioPlus Committee to exceed its half-year fundraising target for the Rotary year. A cause that many Rotarians already knew about had been turned into a clear and personal invitation. A giving campaign had become a conversation. The conversation had become action. The action had become results. The drive has moved on, but the lesson from July has not. When a Rotary priority is backed by strategy, visibility, and a little creativity, people respond. District 9141 proved it. And for every Rotarian who walked past that booth thinking they should have joined — another opportunity is already open.

By Rtn. Veronique Tabai ·
District 9141 PolioPlus Committee

THE FIRST 500 DRIVE

23 days

1–23 July 2026

District 9141 PolioPlus Committee
Chair: Rtn. Kenneth Okpeahior

RECOGNITION TIERS

BRONZE $50–$250
Pin + key ring

SILVER $251–$1,000
Pin + key ring + bag tag + teddy + Magic Mug

GOLD $1,001–$2,500
Silver tier + End Polio T-shirt + duffle bag

PLATINUM $2,501+
Full

package + windbreaker

World Polio Day 2026 Is Coming. *Are You Ready?*

A call to every Rotarian across Nigeria's six districts to register, mobilise, and make World Polio Day 2026 the most impactful yet

Every year on 24 October, the world pauses to remember why polio eradication matters. And every year, the difference between a commemoration and a movement is the same thing: the number of people who decided, before the day arrived, that they were going to do something. World Polio Day 2026 is six weeks away. The question for every Rotarian reading this page is a simple one: what will you do and have you registered yet?

Nigeria's six Rotary districts have an unbroken record of World Polio Day engagement: awareness walks, community rallies, media campaigns, advocacy visits to traditional rulers and government offices, vaccination support, and fundraising events that channel directly into The Rotary Foundation's PolioPlus Fund, matched two-to-one by the Bill & Melinda Gates Foundation. Every dollar raised on and around October 24 becomes three dollars in the fight. That is not an abstraction. That is a vaccine reaching a child who would otherwise have been missed.

Before anything else, every Rotarian and Rotaractor should register their participation with their club's PolioPlus Chair and State Representative. Registration is not a formality. It is the act that transforms intention into accountability, the moment at which a Rotarian stops being a person who intends to do something about polio and becomes a person who is going to. District PolioPlus Committees need headcounts. State Representatives need activity plans. The NNPPC needs to know who is in the field. Register before October 1.

The most effective World Polio Day advocacy is not the advocacy that requires a special journey. It is the advocacy that happens where a Rotarian is already present and already trusted. Consider the spaces you occupy every week:

· Your church or mosque. A two-minute statement from a Rotarian after the service; about what polio is, what it does to a child, and what a vaccine prevents, reaches a congregation that health workers may never see. Coordinate with your religious leader. Ask for two minutes. Use them well.

· Your workplace. A desk-side conversation, a shared flyer on a staff WhatsApp group, a brief address at a Monday morning briefing; these are not grand gestures, but they reach people who are not in Rotary and who may never attend an awareness walk. Every non-Rotarian who learns the polio story from a Rotarian colleague is a multiplier.

· Your community. Markets, neighbourhood meetings, local government health centres, schools; all of them are venues. Wear your End Polio Now T-shirt. Carry a simple flyer. Know two facts about polio that you can say clearly to anyone who asks. That is enough to start a conversation that matters.

World Polio Day is the single most powerful fundraising moment in the Rotary calendar for PolioPlus. Use it. Clubs that have not yet given this Rotary Year should make October 24 their moment. Clubs that have already given should push higher.

Ideas that have worked across Nigerian districts: inter-club sports competitions with entry contributions to the Polio Fund; World Polio Day dinners or high-table events; WhatsApp pledge drives among club members in the two weeks before October 24; and DP photo campaigns with Rotarians changing their profile pictures simultaneously to mark the day and invite their networks to ask why.

The goal this year is simple: every Rotarian engaged, every club active, every district visible. Nigeria has shown it can move the numbers. October 24 is the day we show the world, and ourselves that we are not done.

TAKE THE MESSAGE HERE

Mosque
After Friday Jumu'ah — coordinate with the Imam for a two-minute address

Church
Sunday service announcement — a brief, clear statement about polio and vaccination

Workplace
Monday briefing, staff WhatsApp group, desk-side conversation

Markets
Wear your T-shirt. Carry a flyer. Know two polio facts you can say clearly

Health Centres
Support PHC outreach days; remind caregivers of vaccination schedules

Schools
Assembly addresses; student awareness drives; teachers as multipliers

FUNDRAISING IDEAS

- Inter-club sports competition — entry fees to the Polio Fund
- World Polio Day dinner or high-table event
- WhatsApp pledge drive in the two weeks before Oct 24
- DP photo campaign — change profile pictures simultaneously
- Market collections with branded buckets and T-shirts
- Corporate matching — ask your employer to match your gift

REMEMBER: EVERY $1 =
The Bill & Melinda Gates Foundation matches every dollar
Rotary raises for PolioPlus 2:1. Your ₦ contribution becomes triple

853 Kilometres of Hope, *Struggle and Conquest*

One man. One bicycle. Fifteen days. Kano to Jalingo — carrying the End Polio Now message through Jigawa, Bauchi, Gombe, Adamawa, and Taraba States

He left Kano on 3 August with a bicycle, a message, and not enough money for accommodation on the first night. By the time he arrived in Jalingo, Taraba State, two weeks later, he had cycled approximately 853 kilometres through five states, slept in a Primary Health Care Centre, pushed a broken bicycle for 15 kilometres, ridden through driving rain on impossible roads, fallen ill, had an accident, and given away his campaign shirt to a man living with polio he met by the roadside in Cham.

That is the story of Pedals Against Polio. But the story is not really about cycling. It is about what happens when one person decides that the distance between inaction and impact is worth crossing, even when the road breaks your bicycle and leaves you with ₦5,200 in your pocket and 70 kilometres still to go.

THE ROAD THAT TESTED EVERYTHING

Day 2 set the tone. A bicycle breakdown at Yan Audu. Fifteen kilometres pushed on foot to Dutse in Jigawa State. A repair that cost ₦5,000, leaving almost nothing for food or rest. Then an old university friend, found by chance, who offered a bath, a meal, and a floor to sleep on. "That night reminded me," he wrote, "that sometimes help comes when you least expect it."

Day 5 brought the longest single stretch: 115 kilometres from Darazo to Bauchi. He arrived so late that the Rotarians waiting to welcome him had gone home. He welcomed himself. But Bauchi gave back what the road had taken: Rtr. Jessica Fidah and the local Rotaract family received him warmly, a Rotary Club meeting yielded donations, and for the first time in days, he had a room with constant electricity and space to breathe. The bicycle was serviced. Then he fell sick.

He pressed on. Through Alkaleri, where he found health workers administering vaccines at the PHC and understood that the fight he was cycling toward was already being fought in these rooms. Through Gombe, where Rotarians fed him and where he spoke to NYSC corps members at the orientation camp in Amada. Through Kaltungo, where Rotarians arrived at 7 p.m. to photograph him and press cash into his hands. Through the hills between Gombe and Adamawa that climbed without warning and descended without mercy.

THE MAN AT CHAM

On Day 13, between Kaltungo and Numan, he stopped at Cham. There, he met a man living with the effects of polio, a survivor, a face for a disease that too many people still think of as a historical footnote. He gave the man his Pedals Against Polio shirt. He bought him food. He took his photograph. And one question stayed with him for the remaining kilometres: "Why can't we end it?"

It is the right question. Polio paralyses within hours. There is no cure. But there is a safe, free, and effective vaccine that costs pennies per dose and takes seconds to administer. The man at Cham did not have to be paralysed. And the children along those 853 kilometres do not have to be.

JALINGO: THE ARRIVAL

On 17 August, he rode into Jalingo. Rotarians, Rotaractors, family, friends, and press were waiting. He had crossed Jigawa, Bauchi, Gombe, Adamawa, and Taraba. He had visited Hakimis and health workers, women's groups and NYSC camps. He had distributed polio kits, raised awareness at six PHC centres, and spoken the End Polio Now message into every community the road gave him. At the finish, he donated two wheelchairs to polio survivors. The journey had become much bigger than him. He started in Kano with a bicycle and a message, but he arrives in Jalingo with a story.

PEDALS AGAINST POLIO

853 km

Kano → Jalingo, Taraba State

3–17 August 2026 · 15 days

ROUTE · 5 STATES

Kano
Start · Wudil (Hakimi visit, ADUST)

Jigawa
Dutse · Birnin Kudu · Gwaram

Bauchi
Darazo · Bauchi (Rotary Club meeting)· Alkaleri

Gombe
Gombe (NYSC camp) · Kaltungo

Adamawa
Numan · Cham (polio survivor met)

Taraba
Mayo Lope · Jalingo → FINISH

Strengthening Club Leadership
for a Polio-Free Nigeria

They came in "End Polio Now" branded T-shirts and caps, over 170 of them, including Club Presidents, Club Polio Chairs, District Officers, and Rotaractors from across District 9127, gathering at No. 14 Yawuri Street in Abuja on the morning of 19 September 2026 for a seminar that was, in its plainest terms, a preparation for battle. The theme of District 9127's Polio Seminar 2026 was "Strengthening Club Leadership for a Polio-Free Nigeria." The day ran from 10 in the morning until 2 in the afternoon, combining field sensitisation and classroom training in a format designed to send every Club President home with something specific: a commitment to mobilise members for National Immunization Days, a target of at least $30 per Rotarian in PolioPlus giving, and a role in the District's events for World Polio Day on 24 October.

THE GOVERNOR'S ASK

District Governor Rtn. SikiriAdetonaOwonikoko opened the seminar with a request that was both simple and specific. "Together we implore you," he told the assembled leaders, "seeking all your assistance, by adopting villages and preaching that vaccine is safe and every child should have access." It was not a corporate directive. It was a call from a governor who understood that the distance between a Rotary meeting room in Abuja and a household in a resistant community can only be crossed by a person willing to walk it, and that the people in the room were the people capable of making that walk.

NNPPC Chairman PDG Joshua Hassan, Vice Chair North Central PDG Kazeem Mustapha, Dr. SuleMele of UNICEF, and coordinators Rtn. Almai Some and Rtn. Grace Sadiku all took the floor across the course of the day. The picture they presented was one of genuine, hard-won progress under real ongoing pressure. Nigeria interrupted wild poliovirus transmission in 2020 and was certified free. Since 1985, Rotary has invested over $2.2 billion to immunise more than three billion children worldwide. A further $1.9 billion has been pledged globally for the endgame. These are not small figures. They are the accumulated wager of a movement that has been betting on this moment for forty years.

But the facilitators were careful not to let the numbers obscure the warning embedded in them. A country certified free of wild poliovirus is not a country safe from variant poliovirus. The campaign does not end with certification. It ends when every child, in every settlement, is fully protected, and that end is still being earned.

THE CHAIR WHO MAINSTREAMED IT

District PolioPlus Chair Rtn. Mariam Ahmed Abdullahi, who organised and hosted the seminar, has been running the committee with a particular ambition since July: to make polio awareness inseparable from every maternal and child health intervention the district touches. Not a standalone campaign. Not a seasonal exercise. A permanent thread woven through the district's health programming all year round.

"We have made a lot of progress in Nigeria," she said, "but we can do even better. This awareness creation will continue till the end of the Rotary year." The seminar itself was a demonstration of the approach: training that equipped leaders with tools for vaccine hesitancy conversations, community advocacy, and routine immunisation support, delivered not to a room of sympathetic partners but to the Club Presidents who will carry the message into their own clubs and communities.

WHAT THE ROOM COMMITTED TO

By the time the seminar closed, the commitments on the table were concrete. Club Presidents had pledged to mobilise their members for the upcoming National Immunization Days. Every club in the district was expected to work toward All-Giving Club status, with a minimum of $30 per Rotarian as the target. And World Polio Day on 24 October was framed not as a single event but as a platform, including the District's own 850-kilometre Pedals Against Polio motorcycle ride, which will carry the End Polio Now message through communities across the district's geography.

Over 170 people came to Abuja on 19 September to learn how to end polio faster. They left with a plan. District 9127 remains, as it has been, resolute in its promise.



District 9127 PolioPlus Committee
Chair: Rtn. Mariam Ahmed Abdullahi

Key Polio-Related Abbreviations (Full Meaning + Explanation)

What is Polio?

Polio (Poliomyelitis) is a highly infectious viral disease that mainly affects children under five years of age. It spreads from person to person, primarily through contaminated water or food, and can invade the nervous system, leading to paralysis or even death.

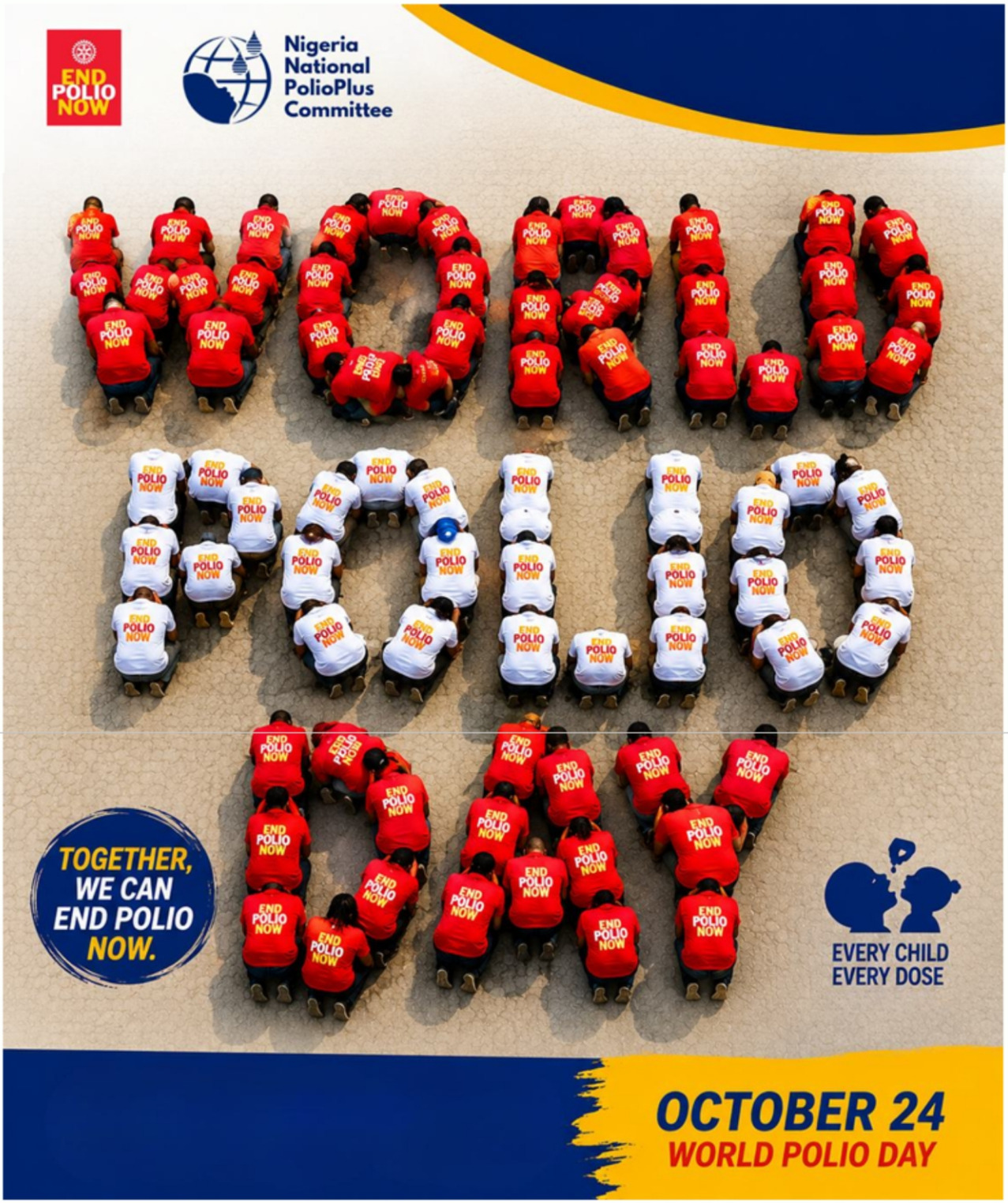
The good news: Polio is preventable with safe and effective vaccines.

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

1. OPV – Oral Polio Vaccine :A vaccine given orally to protect children against polio.
2. IPV – Inactivated Polio Vaccine: An injectable vaccine that provides immunity against polio.
3. cVDPV – Circulating Vaccine-Derived Poliovirus: A rare mutated strain of the vaccine virus that can spread in under-immunized communities.
4. WPV – Wild Poliovirus: The naturally occurring poliovirus responsible for outbreaks.
5. WPV1 – Wild Poliovirus Type 1: The only remaining wild poliovirus strain still in circulation globally.
6. GPEI – Global Polio Eradication Initiative: A global partnership working to eradicate polio worldwide.
7. NPHCDA – National Primary Health Care Development Agency: Nigeria's agency responsible for primary healthcare and immunization programs.
8. SPHCDA – State Primary Health Care Development Agency: State-level body overseeing immunization and health services.
9. LGA – Local Government Area: Administrative division where immunization activities are implemented.
10. HF – Health Facility: A location where healthcare services, including vaccination, are provided.
11. RI – Routine Immunization: Regular vaccination services provided to children.
12. SIAs – Supplemental Immunization Activities: Mass vaccination campaigns targeting children.
13. NIDs – National Immunization Days: Nationwide campaigns to vaccinate children against polio.
14. SNIDs – Sub-National Immunization Days: Targeted vaccination campaigns in selected areas.
15. OBR – Outbreak Response: Emergency vaccination response to stop polio outbreaks.
16. AFP – Acute Flaccid Paralysis: Sudden weakness/paralysis monitored to detect polio cases.
17. AFPSurveillance – Acute Flaccid Paralysis Surveillance System for detecting and investigating possible polio cases.
18 .ES – Environmental Surveillance: Testing sewage/wastewater for poliovirus.
19. VDPV – Vaccine-Derived Poliovirus: A mutated strain of the vaccine virus.
20. mOPV – Monovalent Oral Polio Vaccine: Targets a specific type of poliovirus.
21. bOPV – Bivalent Oral Polio Vaccine: Protects against two types of poliovirus.
22. tOPV – Trivalent Oral Polio Vaccine: Protects against three types of poliovirus.
23. fIPV – Fractional Inactivated Polio Vaccine: A smaller dose of IPV administered intradermally.
24. EPI – Expanded Programme on Immunization: Global initiative to increase access to vaccines.
25. UNICEF – United Nations Children's Fund: Supports vaccine delivery and community engagement.
26. WHO – World Health Organization: Leads global health efforts including polio eradication.
27. CDC – Centers for Disease Control and Prevention: Provides technical support for polio eradication.
28. BMGF – Bill & Melinda Gates Foundation: Major funder of polio eradication efforts.
29. NGO – Non-Governmental Organization: Supports health programs and advocacy.
30. CSO – Civil Society Organization: Community-based groups supporting awareness and mobilization.
31. SMO – Social Mobilization Officer: Engages communities to promote vaccination.
32. VCM – Volunteer Community Mobilizer: Grassroots workers encouraging vaccine uptake.
33. H2H – House-to-House: Door-to-door vaccination strategy.
34. TT – Transit Team: Vaccinates children at transit points like bus stops.
35. MT – Mobile Team: Reaches hard-to-reach and nomadic populations.
36. FP – Fixed Post: Static vaccination site in communities.
37. OTP – Outpatient Therapeutic Program: Supports malnourished children (linked to immunization outreach).
38. PLWD – People Living with Disabilities: Key group needing inclusive immunization services.
40. KAP – Knowledge, Attitude, and Practice: Survey to understand community behavior toward vaccination.
41. IEC – Information, Education, Communication: Materials used to promote awareness.
42. BCC – Behavior Change Communication: Strategies to influence positive health behavior.
43. AEFI – Adverse Events Following Immunization: Any reaction after vaccination.
44. LMIS – Logistics Management Information System: Tracks vaccine supply and distribution.
45. DQA – Data Quality Assessment: Checks accuracy of immunization data.
46. LQAS – Lot Quality Assurance Sampling: Method to assess vaccination coverage.
47. RED – Reaching Every District: Strategy to improve immunization coverage.
48. REC – Reaching Every Child: Focus on ensuring no child is missed.
49. GPS – Global Positioning System: Used to track vaccination team movement.
50. ODK – Open Data Kit: Digital tool for collecting immunization data.
51. NNPPC – National PolioPlus Committee: your Rotary's body coordinating polio eradication efforts in Nigeria.

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POLIO STOP



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