ADIEU

SAM OWORI
ROTARY INTERNATIONAL PRESIDENT-ELECT

“Rotary has become a way of life for me – with the intrinsic value and core belief in mutual responsibility and concern for one another as a cornerstone”
Why is sudden death so painful? Is it because we are not expecting people to die? Of course. No. In my view it’s because we are not given the opportunity to prepare ourselves for it.

As a person of faith I believe death is a respite from the ups and downs of this world, particularly if you have spent most of your life working to make other people’s lives better and happier as Sam has done. His death hit me and most people who knew him and in particular Rotarians around the world. If this were a boxing match I will have said we were hit below the belt. In the more than a century of Rotary’s existence we have never lost a serving president or a president elect.

Sam was a personification of Rotary ideals; humble, diligent, eager to serve without counting cost or returns, loving and hardworking both in his career and Rotary service.

Sam Owori was until his death Chief Executive officer of the Institute of Corporate Governance of Uganda. Before that, he was Executive Director of the African Development Bank, Managing Director of Uganda Commercial Bank Ltd., and director of Uganda Development Bank. He studied law, employment relations, business management, corporate resources management, microfinance, and marketing at institutions in England, Japan, Switzerland, Tanzania, and the United States, including Harvard Business School.

His early years in Rotary were marked by political turmoil in Uganda when elites were targets of harassments and assassinations. During this period the number of Rotarians in Uganda was reported to have dropped from more than a hundred to about 20. Many Rotarians left the fold for fear of their lives. Not Sam Owori. He stayed on and will later be a gem to our organisation.

Since becoming a member in 1978, Sam has served Rotary as regional Rotary Foundation coordinator, regional RI membership coordinator, RI Representative to the United Nations Environment Program and UN-Habitat, and RI director. He has been a member or chair of several committees, including the International PolioPlus Committee, the Drug Abuse Prevention Task Force, and the Audit Committee. Most recently, Sam served as Trustee of The Rotary Foundation, Chair of The Rotary Foundation’s Finance Committee, and a member of the Investment Committee.

Sam’s chief concerns as a Rotary leader were membership and extension. Since he served as district governor, the number of clubs in Uganda swelled from nine to 89. He urged past, present, and future leaders to work together to engage more women, youth program participants, alumni, and community members to increase Rotary’s membership in the coming years. This is because more members in more communities eventually translate to more service to more communities and alleviation of suffering. But also he believed in the doctrine that whatever good you do to others, you are doing to yourself.

Hear him again. “Rotary affords us an incredible potential to serve humanity. But truth must be told. In the process of doing good, we are the biggest beneficiaries, because our lives change. We become better people and enjoy that intrinsic satisfaction to which we cannot put a price. It is true that One Profits Most Who Serves Best”.

As we mourn the very sad falling of this Rotary star from the firmament our hearts go out to his wife Norah and his family for God to console and strengthen them in their bereavement.

Adieu Sam Owori
HOW LONG SHOULD YOU KEEP TRYING?

UNTIL. That was the answer given by Jim Rohn when he was asked the question above. To him, unless and until the objective is attained, you never, ever quit trying. One of the questions we keep getting asked during polio campaigns is, ‘why always polio?’ People wonder why we are so persistent and why we keep coming back again and again, attacking the same virus in the same places over and over again. Some have attributed rather clandestine reasons to it but the answer is really a simple one. We keep coming back again and again because our adversary is a cunning, dogged and persistent foe. History has shown us that it is a virus that constantly seeks out areas of weakness and conflict to carry out its dastardly act. Imagine an enemy that disappears for two years in Nigeria and just as we were about to start celebrating its exit, it attacks four innocent children in Borno State who were also struggling with the effects of an insurgency. Imagine a disease that relishes attacking innocent children under the age of 5 and crippling them before they have fully grasped the joy of movement and before they can even understand why. That is the adversary that we are up against.

News of the outbreak of vaccine-derived cases in Syria came to us as a big blow. It was however not a surprise because we already knew that our adversary, being cunning could adapt and seek to use our own weapons against us. It would take advantage of a situation of conflict or chaos and target the most vulnerable ones amongst us with the very tools that are being used for their protection. And that is why we keep fighting and will never stop fighting until we have dealt with the last vestiges of polio conclusively. Already, we are on course for the lowest numbers of wild polio cases in human history and despite the setback in Syria, we have reasons to be optimistic that polio endemicity will soon be history in Nigeria, Afghanistan and Pakistan. We will however not be sure until we have vaccinated every child again and again with the life-saving polio vaccines. That is why we won’t quit and we will keep coming back again and again until every child is reached. Babe Ruth once said, ‘You just can’t beat the person who won’t give up’. Polio won’t win because we will never give up.

I will end with these words from Sri Chinmoy which I think are highly instructive as we approach a critical point in our fight against polio:

“Not to give up under any circumstances should be the motto of our life: we shall try again and again, and we are bound to succeed. There will be obstacles, but we have to defy them. So do not give up, do not give up! Continue, continue! The goal is ahead of you. If you do not give up, you are bound to reach your destined goal.”

Rotn ‘Gbenga Olayiwole
Editor PolioStop Newsletter
The July 2017 Sub-National Immunization Plus Days (SIPDs) was the 5th Supplemental Immunization Activity (SIA) implemented in Nigeria this year. There are 2 more SIPDs left in 2017: The next one is coming up in October involving 18 high-risk states while the second in November involving 6 highest-risk states. In the July Round, 33,478,035 children of 0-5 years old were targeted using the Bi-valent Oral Polio Vaccine (bOPV). In supporting the exercise reach program target, the Nigeria National PolioPlus Committee (NNPPC) deployed it's Exco members and Rotarians to the field to monitor the activities in polio vulnerable states. Past Assistant Governor (PAG), Yakubu Ndunusa and Rotary International Director Elect, (RID-Elect) Yinka Babalola were in Sokoto, PDG Charles Lawani was in Zamfara, PDG Ijeoma Okoro and Assistant Governor (AG) Boniface Igomu in the FCT, PDG Kazeem Mustapha in Kano, and PDG Joshua Hassan was in Jigawa. NNPPC's involvement in monitoring of SIAs has notably contributed in improving the quality of immunization campaigns in Nigeria. The crux of NNPPC's mission in the July 2017 Round was to help the Nigeria program reduce the number of non-compliance cases and to increase the quality and span of vaccine coverage in high-risk states. The NNPPC Team that supervised in the FCT carried out advocacies to non-compliant schools, churches and households. The outcome of the Lot Quality Assurance Survey (LQAS) that precedes every Supplemental Immunization Activity (SIA) will validate the huge investments made by the Government of Nigeria and its partners in this highly challenging exercise.

Highlights of Activities
The National flag-off of the July SIPDs took place on 8th July 2017 in Wamakko LGA of Sokoto state. The event was chaired by HRH Alh. (Dr.) Muhammadu Sa'ad Abubakar the Sultan of Sokoto, supported by HE Hon. Aminu Waziri Tambuwal, the Executive Governor of Sokoto state, current program momentum. Highlighting that Nigeria must keep a good grasp on the program to ensure there is no resurgence of polio in Nigeria. He expressed the NNPPC's confidence in the efficacy of the current polio programming at the National Emergency Operations Centre (NEOC) and averred that Nigeria is unlikely to see any case of Wild Poliovirus (WPV) anymore. He commended all stakeholders for helping keep Nigeria on a zero-polio case status for over 10 months now and reiterated the strategic importance of strengthening the Routine Immunization system in Nigeria, adding that no country has ever eradicated polio without a vibrant routine immunization structure. He conveyed Rotary's call-to-action by government, religious and traditional institutions in supporting polio eradication efforts in the country. He reassured the government and partners of Rotary's commitment to support GPEI until a polio-free World is attained. In closing, Mr. Igomu advised that all tiers of government to desist from organizing flag-off ceremonies on any of the days designated for conducting immunization activities. Warning that doing so diminishes the efficient use of time and resources earmarked for delivering drops of vaccine in the mouths of children, which is the primary goal of the programme. The representative of the Honorable Commissioner for Health of the FCT, flagged-off the campaign and reassured Rotary International and other partners that the FCT will henceforth avoid organizing flag-off ceremonies within the days scheduled for immunization. Earlier in day, vaccination teams and Rotarian volunteers deployed to immunize children in and around the FCT. Rotary clubs have 'adopted' communities all over the country, many of which are hard-to-reach and have always taken
advantage of immunization campaigns to push for uptake of vaccines in such locations.

On the second day, Rotarians continued to push for improved vaccine coverage in their adopted communities, reaching out to children around churches since it was a Sunday. There has been a rise in reported cases of vaccine rejection amongst churches in the FCT in recent time. Feedback shows that reasons for rejection ranged from ‘too many rounds’, ‘appearance’ or ‘inappropriate dressing’ by vaccinators. In other instances, timing was cited as the reason for refusal. It has been noted that when Rotarians accompany local vaccination teams, some of these complaints were easily resolved or minimized. Rotarians’ mandate during immunization campaigns is to help limit bottlenecks that denies vaccinators access to eligible children. Large cohorts of eligible children are often trapped in circumstances that block their chances of receiving immunization services. On this day, Past District Governor Ijeoma Pearl Okoro, District Governor Nnoka Mbanofo, led a team of Rotarians to Gwagwawa community primarily to revisit houses and churches and vaccinate children in those locations. Moving from street to street, the team checked fingerprint-marking of children to determine their immunization status and vaccinated those yet to be immunized. The team noted that some church members willingly presented their children to be vaccinated and in some instances called on the team to attend to children already lined up outside the church to be vaccinated. This behavior is attributable to the involvement of Rotarians in the exercise, which was orchestrated by Rotary branded materials provided by the NNPPC. The Evening Review meeting for day 2 held at the Secretariat of the Abuja Municipal Area Council (AMAC), Feedback from the Ward Focal Persons (WFPs) were received and with the support of the NNPPC team, a committee was set up comprising of Reps of AMAC PHCB, the Inspectorate of Education, and the NNPPC Team with the mandate to engage with school authorities, church administrators and heads of households to resolve all pending non-compliance cases in AMAC. The Committee work was to commence immediately and to continue through the period in-between the July and October 2017 SIDPs.

Engagement with Non-Complaint Schools
Day 3, started with a meeting at AMAC Secretariat, with the Vice Chairman of AMAC in attendance along with the ES, Dr. Ashikeni, HOD Health Dr. Adeyinka, the LIO, The SMO, Reps of the Inspectorate of Education and the NNPPC Team. Discussions centered on resolving elite schools’ non-compliance. The Vice Chairman provided update on efforts made in the past to resolve the issue. He also reaffirmed that the Council is resolute on escalating the matter if it remains unresolved after this Round. He encouraged the AMAC Committee on Resolution of Non-Compliance in the Municipal Area to proceed as planned and engage with the schools. Using the line-list earlier generated, the Committee Commenced its first day of intervention with the schools in Wuse area of the FCT. The response from the school administrators were similar; parents’ consent must be sought first before letting vaccinators immunize the pupils. But the Committee insisted that Polio Eradication is still an emergency in Nigeria and institutions that disallow immunization services in their schools will be sanctioned. The school authorities were advised to review their approach in seeking parents’ consent by sending more assertive communication to parents providing them with no choice to decline.

Immunization in Hard-to-reach Communities
On day 4, the Committee visited Damagaza community of Apo District where there were reported cases of non-compliant households. The Rotary e-Club on Nigeria D9125 has been working in the community and had resolved some rejection cases during previous rounds of SIAs. The Committee worked with the Rotarians and immunized all hitherto missed children. The Rotary e-Club President, Rtn Paulyn Eleishi was advised to support the community establish a Local Community Health Committee (LCHC) that would organize activities that promotes clean environment, personal hygiene, health awareness and acceptance of polio vaccination. The Community Leader along with some members of the Community Development Committee volunteered to work with the Rotary club to advance this initiative.

Evening Review Meetings
Evening Review meetings are interactive sessions conducted to review activities implemented during SIAs on daily basis. The sessions mainly focus on addressing challenges that could distract the program from reaching targets. The AMAC Executive Chairman was in attendance at the last evening review meeting and charged the AMAC Polio Team to address all pending non-compliance reported during the exercise. The AMAC Committee on Resolution of Non-Compliance recommitted to resolving all pending cases before the next SIPDs. After a quick analysis of the In-Process Data, it was determined that 1-2 days’ mop-up was required to complete the exercise in AMAC. The ES observed that this is the right time for the state level supervisors to start using the Open Data Kit (ODK) to enhance data collection and ease reconciliation of field data between national and state supervisors. ODK is a free and open-source set of tools which help organizations author, field, and manage mobile data collection solutions. The HOD Health on behalf of the Council appreciated Rotary for the support and stated that AMAC is looking forward to feature partnership with Rotary on other public health programmes. The NNPPC National Program Coordinator, Mr. Boniface Igomu reminded the Government and GPEI partners that polio eradication is still an emergency in Nigeria therefore must be treated as such by all persons, agencies, and institutions both in the private and public sectors.
In an effort to support the eradication of polio in Nigeria, the German Government through the KfW has signed a grant of ten (10) million euros to support the activities and sustain the gains of polio eradication programme in the country. The grant which will be released through the German Development Bank, KfW, will make available seven (7) million euros through WHO and three (3) million euros through UNICEF for polio operations costs.

At the signing ceremony, led by the Honourable Minister of Foreign Affairs, Mr Geoffrey Onyeama, and the German Ambassador to Nigeria, Mr Bernhard Schlagheck, the Minister disclosed that the “grant we signed today will go a long way in ensuring that efforts to eradicate polio in Nigeria are achieved. We were close to making history last year until when some new polio cases cropped up in the insecure and inaccessible areas of Borno state. With this grant, we will continue to conduct activities that reach children with vaccine to prevent any spread of the virus and to achieve poliovirus interruption”.

In his remarks at the signing ceremony, German Ambassador to Nigeria Mr Schlagheck stated that his government has been engaging with the Government of Nigeria in the area of polio eradication for a long time. “Past agreements signed with the Government of Nigeria supporting polio eradication have amounted to over 110 million euros. We are committed to supporting Nigeria achieve a polio free world”. The German grant funding will support the National Polio Eradication Emergency Plan activities, which include: reaching children under five years old with oral polio vaccine through high quality SIAs; vaccinating children in recently accessible and inaccessible areas; and cross border immunization activities among others.

In August 2016, the wild poliovirus (WPV) was detected in Borno state following the liberation of previously inaccessible areas. Following the notification of the WPV outbreak, the Government of Nigeria led by the Honourable Minister of Heath, through the National Polio Emergency Operations Centre, mounted an aggressive outbreak response to vaccinate children with special innovations in the insecure areas.

Reacting to the signage of the agreement, the WHO Representative for Nigeria, Dr. Wondimagegnehu Alemu, expressed his gratitude to the Government of Germany for its longstanding commitment to the polio programme in Nigeria which has been essential in the progress towards Nigeria’s goal of reaching “Polio Free” status and contributes to the certification of the African Region. WHO’s Expanded Programme on Immunization (EPI) Team Lead, Dr Fiona Braka, also stated that the grant will go long a way in supporting critical polio eradication activities, particularly in high risk areas.

Source: WHO
At their Summit in Hamburg, Germany, the Heads of State of the Group of Twenty (G20) acknowledged the global effort to eradicate polio and the need to finish the job in their 2017 Summit Statement, committing to “strive to fully eradicate polio”.

While the annual summits of the G20 have traditionally focussed on issues of global significance closely linked to economy, trade and finance, this year global health has been added to the agenda for the first time under the German presidency. In May, Ministers of Health from G20 countries issued their first ever declaration on global health, recognising the historic opportunity that the world faces to eradicate polio. The inclusion of health in the Statement of the Heads of State is a further confirmation that health, and the eradication of polio, is a global priority at the highest level. This high level political commitment will be key to success in countries such as Nigeria, Afghanistan and Pakistan, where the wild poliovirus remains endemic, and to ensure that the programme is fully funded to achieve its goals.

The German Chancellor, Angela Merkel, said: “The engagement for strong healthcare systems generates new jobs and employment. People remain in good health for longer. They can participate in the work process more reliably. Investment in healthcare systems also means investment in economic systems and improves the prospects of all countries, particularly the emerging economies and developing countries”. The eradication of polio is projected to lead to savings of US$ 20 – 30 billion by 2035, making it an example of the economic impact that can be achieved through a focus on health.

The polio eradication infrastructure is part of the global effort to improve health systems and the health of the world’s population, as it addresses other public health issues over and beyond polio. In May, the World Health Assembly reviewed progress toward polio eradication and adopted a resolution on the polio transition planning process, to ensure the infrastructure established to eradicate polio will continue to benefit broader public health efforts even after the disease has been eradicated.

Source: polioeradication.org
A POLIO-FREE WORLD IS A GIFT TO FUTURE GENERATIONS

When I was a young doctor having just completed my medical training, I had the once-in-a-lifetime opportunity to participate in one of humanity’s most ambitious efforts: to eradicate smallpox. While smallpox may seem like a distant memory for children born today, there was a time not too long ago when the disease, like polio, was a very real threat and in the 18th century it killed an estimated 400,000 Europeans every year.

Using a vaccine pioneered by British scientist Edward Jenner in the late 18th century, health workers around the world searched for people displaying the distinctive rash of smallpox, isolated them and provided whatever medical care they could. Then, they vaccinated everyone who had been in contact with the person, effectively forming a ring of protection around the infected individual.

In 1967, the year when intensive eradication activities began, smallpox killed over 2 million people a year, mostly in developing countries. On 8 May, 1980 – only thirteen years later – the disease was declared eradicated at the 33rd World Health Assembly in Geneva, Switzerland, thanks to committed partners and strategies like the ring of protection.

After smallpox eradication, our only question was: what disease would be next? In 1988, the world embarked on its journey to eradicate polio – a dreaded disease known for its ruthless, lifelong paralysis, and for which there is no cure.

Polio, like smallpox, does not hide in animals – it only infects humans. And we have very effective vaccines to prevent it. This makes polio the perfect candidate for eradication. All we have to do is provide the vaccine to everyone, everywhere.

Of course, this is easier said than done. By the early 2000s, the world had managed to eliminate polio in all but six countries – Europe was declared polio free in 2002. Around that time, I joined the eradication effort. My job was to help end polio in endemic countries and ensure it didn’t resurface in countries where it had been eliminated.

I quickly learned that polio eradication was much more complicated than smallpox eradication had been. While every person infected with smallpox could be easily identified by a characteristic rash, polio is often invisible until it’s too late. For each child paralyzed there are up to 500 infected who show no symptoms but can still spread the virus to others. And so the only way to stop polio for good is to vaccinate every single child, so that they can neither be nor paralyzied by the disease themselves nor spread it to others.

When the polio eradication effort was launched, polio had already disappeared from most industrialized countries, but continued to paralyze 1,000 children per day around the world, mainly in less developed regions. Last year, there were only 37 children paralyzed by polio in the entire world. But 37 children paralyzed by polio is still 37 too many. And polio in any country is a threat to all countries, as history has shown us time and time again.

Today, the eradication programme has succeeded in eliminating polio in all but three countries: Nigeria, Pakistan and Afghanistan. Even so, one exported case from any of these countries to a neighbouring region is all it takes to backpedal and put the whole world at risk. Fortunately, the polio eradication effort has remained well prepared over the years. Last summer, the programme rapidly responded to an outbreak in Nigeria by organizing emergency immunization campaigns throughout the surrounding regions, which are still underway today. It’s likely thanks to these efforts that polio hasn’t reappeared in regions where it had been eliminated.

But containment and emergency response alone will not get us to where we need to be. We cannot afford to lose sight of our ultimate goal: eradication.

While some believe the economic cost of eradication is too high, the cost of not staying the course is even higher. It’s only by getting to zero cases anywhere in the world that children everywhere will be protected. And now that we are a stone’s throw away from ending polio for good, it’s more important than ever for the international commitment to science, foreign aid and polio eradication. Ending polio is a gift not only for this generation, but also for every generation in humanity’s future.

In the 20th century, smallpox claimed more than 300 million lives. In the 21st century, it will not claim any. Polio will have a similar legacy. Just as my children do not know a world without smallpox, their children will grow up in a world free of polio.

David L. Heymann for euractiv.com

David L. Heymann, M.D. is a former Assistant DG of the WHO. He is currently head and senior fellow of Chatham House Centre on Global Health Security (London).
Recently, a polio outbreak was confirmed in Syria — a setback for polio eradication efforts, which have managed to reduce the number of endemic countries to just three: Afghanistan, Nigeria and Pakistan. But that blow was also almost immediately followed by a boost. Leaders from countries and humanitarian organizations across the world gathered at the Rotary Convention in Atlanta, to pledge $1.2 billion toward efforts to end the disease. Together, the Gates Foundation and Rotary International have pledged $450 million to end polio over the next three years, building on a partnership that has been important to the success of efforts so far. Polio is now close to becoming the second human disease to be eradicated.

Remarks by Bill Gates — co-chair of the Bill & Melinda Gates Foundation — at the Drop to Zero event pointed to some of the lessons the global health community can learn from this experience.

“More than 16 million people are walking today who would otherwise have been paralyzed by polio,” Gates said. “Yet we all have one big question on our minds. It’s something I think about all the time. Why has it taken so long?”

When the Global Polio Eradication Initiative, a public-private partnership dedicated to ending the virus, was launched in 1988, the goal was to eradicate the disease globally by 2000. There is no cure for polio, which spreads rapidly among children in particular, invading their nervous systems. Initial symptoms include fever, vomiting and pain in the limbs that can quickly turn into paralysis. Polio can only be prevented by immunization, and more than 10 billion doses of the oral vaccine have been delivered by volunteers and frontline health workers since 2000.

Stephen Crane, a member of the Rotary Club of Seattle, Washington, is a polio survivor, who said paralysis from the disease ended his athletic ambitions and self-confidence at the age of 13. “When I went to Ethiopia to vaccinate young children after an outbreak, I saw how devastating polio still is for survivors without the care and facilities they need,” he said, explaining that he was able to walk for many years before needing a wheelchair, and that high-quality medical care prevented him from having to use an iron lung, a now obsolete ventilator chamber patients had to lie inside in order to breathe. “It was a privilege to be able to protect kids from paralysis,” he said.

Crane is one of the Rotary members who have used recently discovered cases of polio — such as in Syria last week — to highlight how critical sustained vaccinations and surveillance are to success. “Unless and until we get to zero polio cases for three years, it will come back,” he said, referencing the resurgence of polio in Nigeria last year, after a gap of two years.

Rotary’s advocacy is aimed at reminding the public — and their elected representatives — that a fully funded effort must continue until eradication is achieved, he said.

“When smallpox was eradicated, visionary Rotarians saw the possibilities for ending polio. When polio is eradicated, it will inspire others to believe that malaria and other diseases can be as well,” Crane said. At their international conference, Rotarians’ campaigns included a special “Strike Out Polio” celebration at an Atlanta Braves baseball game; a three-kilometer fundraising and awareness-raising walk; and a virtual reality film that allowed viewers to share the experience of a young Indian girl paralyzed by polio. They celebrated their successes: Three decades ago, 40 children were paralyzed by polio every hour; last year, just 37 children in three countries contracted the disease. They also discussed what more is needed to get to zero.

The $1.2 billion in funding commitments announced on Monday is just $300 million short of what global health experts have said is needed to ensure eradication. Pledges included $75 million from Canada; $61.4 million from the European Commission; and $55 million from Japan. The United States remains the largest government funder of the Global Polio Eradication Initiative — something Gates acknowledged in his remarks, before expressing concern about cuts to foreign aid in the U.S. and elsewhere.

“Constant innovation has been key to improving vaccination coverage and reaching more children with the polio vaccine,” said Dr. Anne Schuchat, acting director of the U.S. Centers for Disease Control and Prevention in Atlanta, which is allocating $233 million to polio eradication this year. “The unrelenting commitment and support of these global leaders will help us do just that — and ultimately end this disease for everyone and forever.”

With uncertainty over the U.S. budget in the coming years, it is encouraging to see other donors stepping up their commitments. “But money isn’t everything. I think you all know that money, although very critical... [is] only one piece of the story of Rotary’s leadership on polio eradication,” Gates said. Over the past 30 years, “in the face of challenges that no one would have predicted, Rotary has kept it on the global agenda.”

Increasingly, the progress that has been made on polio is being used as an example of lessons learned that might apply to other diseases.

During a panel discussion on ending pandemics at this year’s Skoll World Forum, Salman Ahmad, a polio goodwill ambassador for Rotary International, spoke about the experience of closing in on polio in Pakistan — one of the three countries where it is still endemic. Rather than the role of capital, he emphasized the importance of communication, trust and diverse partnerships — highlighting in particular the influence of Junaid Jamshed, a Pakistani musician, who is credited with making polio vaccines more mainstream by referring to them as a “religious duty.”

Similarly, at a recent conference hosted by the Center for Global Action in San Francisco, Michael Callen — an assistant professor at the University of California, San Diego — presented his research on how to develop better incentives for health workers to improve polio vaccination drives in Pakistan. There is a paucity of data — certainly of credible and reliable data — on who has been vaccinated where, he said, adding that better data means better incentives, which means more vaccinations. Recently, he and others gathered at Harvard University to discuss how researchers can become part of the Woodward of health ministries in solving problems such as this.

Getting to zero hasn’t proven easy — nor will it be moving forward, Gates said. “I think we’d all agree that has been harder than any of us expected. The answer has to do with the ambition of the polio eradication program. Eradication means zero cases: All 7.5 billion people on the planet, across all 200 million square miles — and no polio,” he said.

But the news from Syria serves to underline his words of warning: “As quickly as progress is made,” he said, “it can [also] disappear.”

Catherine Cheney for devex.com
In recent years, the global drive to eradicate polio has seen the virus cornered in fewer places than ever before. Yet polio’s final strongholds are some of the most complicated places in the world to deliver vaccination campaigns. Insecurity and conflict are some of the challenges to delivering vaccines, as well as populations on the move, testing terrain and weather, and weak health systems.

In 2013, polio outbreaks in Central Africa, the Horn of Africa and the Middle East paralysed hundreds of children. The Global Polio Eradication Initiative (GPEI) developed strategies to deliver vaccines and stop the virus, even when access seemed impossible. All three of these outbreaks were put to an end just a year later, by not letting the complexity of the situation undermine the quality of vaccination campaigns.

The valuable lessons learned by the GPEI in tackling these outbreaks are now being used to end polio in the final polio endemic countries – Afghanistan, Nigeria and Pakistan – as well as to stop a newly-detected circulating vaccine-derived polio outbreak in Syria.

Disruptions to routine immunization systems and mass displacement caused by conflict can rapidly reduce population immunity, making individuals much more vulnerable to polio outbreaks. Polio eradication relies on being able to repeatedly access over 95% of children with vaccines. Yet emergency settings can interrupt systems that gather data about a population, functioning health facilities, health care personnel, vaccine supplies, cold chains to keep vaccines safe, power supply, financial resources, population demand for vaccines, and disease surveillance. Whenever these factors are at play, the GPEI calls on past experience and adopts new approaches to reach every last child.

When there are barriers to access, the first step is to have community trust and acceptance of vaccination. Every community and context is different and calls for a targeted approach to communicate exactly why immunization campaigns need to take place. The polio eradication programme identifies and trains vaccinators from local communities, engages religious figures to support the campaign and gets local leaders on board to advocate for, plan and implement vaccination efforts. The polio programme has seen time and time again that when securing access is a challenge, the answer often lies in the very communities we are trying to reach.

When different forces make populations periodically inaccessible, vaccination schedules can be interrupted and leave pockets of people unprotected against polio. In these situations, health authorities try to reach children in whatever ways are possible. Transit points can be set up around insecure areas, to vaccinate children as they enter or leave; vaccinators work with local leaders to track and reach populations on the move; communities within the inaccessible areas can store and deliver vaccines themselves; and brief periods of calm can be used to bring vaccines and other essential health services into villages through a health camp.

In the most challenging situations, when all other approaches are not able to overcome the severity of vaccination challenges, the programme has negotiated access by engaging non-state actors, governments, religious figures and local leaders. Reiterating the humanitarian principle of “neutrality,” the GPEI works with all parties to a conflict to highlight the importance of vaccination campaigns, and secure agreements to access targeted communities for specific periods of time.

Conflict and insecurity continue to pose significant challenges to eradication. Our best chance of ending polio for good in conflict zones lies in learning from these lessons and adhering to the principles of neutrality in health.
DG Embee Nnoka led a team of Rotarians on advocacy visit to a community leader in Gwagwa, Abuja.

DG Embee Nnoka immunising in Abuja during the July SIPDs.

Secretary to Kano State Government, Alh. Usman Alhaji representing the State Governor at the July SIPDs Flag Off.

NNPC Vice Chair, PAG Yakubu Ndanasu (in red Polio cap) with some Traditional Leaders at the Northern Traditional Leaders meeting in Sokoto.

Dr Ibrahim Getzo, Commissioner for Health, Kano State Immunising Children during the flag off Ceremony in Kano.

Cross section of Rotarians during the flag off Ceremony in Abuja.
JULY 2017

Polio is GONE

SAM OWORI
Rotary International President Elect

#ForeverInOurHearts