#RideOutPolioNaija
Chairman's Address

The ERC concluded its 34th session on the 19th September on an upbeat but cautionary note. Upbeat because we have managed to contain the Polio virus both in the community and the environment but Cautious because we are still not reaching all the children with the vaccine and surveillance is yet to cover every nook and cranny of Borno state. The ERC has made some far reaching recommendations which will be the subject of my next piece. The subject of this piece is to show appreciation to the members of the ERC.

The ERC was inaugurated in 2004 as a committee of experts who should meet twice a year to review our Polio eradication efforts and make recommendations that will assist in surmounting any challenges to the programme and actively support the achievement of some of the recommendations. It has held its meetings consistently without fail and offered advice to the programme which has assisted in no small measure to get us this far in our efforts to eradicate polio. The ERC has been led by the same chairman since its inception; Prof. Wale Tomori. Prof. Tomori is a distinguished and highly respected Virologist and public health specialist. His humble mien and humorous disposition has endeared him to all of us but his incisive and blunt character is what has made him a great asset to the programme.

The ERC has worked behind the scenes to ensure that the polio eradication programme in Nigeria stayed on focus and utilised knowledge and data based criteria to guide the programme over the past decade and more. Because of the nature of their work, most people, even those working in the programme, do not know them. I am therefore publishing their names below.

The unsung heroes are:
1. Prof. Oyewale Tomori - Chairman
2. Prof. Umaru Shemu
3. Prof. E. Essien
4. Prof. Itam Hogan Itam
5. Prof. O. Kale
6. Dr. Steve Cochi
7. Dr. Halima Dao
8. Dr. Salisu Banye
9. Mr. Ibrahim Buba
10. Prof. T. M. Akande
11. Dr. Jonathan Jiya
12. Dr. Michel Zaffran

On behalf of all Rotarians in Nigeria and around the world I want to say a big thank you to Professor Tomori for his exemplary and selfless leadership and members of the committee for their uncommon resilience and can-do attitude. To the new committee I say welcome on board. You are coming on board at a critical time in the programme. I have full confidence that you will continue the good work that the current committee has started and done admirably.

I salute and thank you all.
At the recently concluded meeting of the Expert Review Committee on Polio Eradication and Routine Immunization, accessibility was identified as the single biggest challenge to polio eradication in Nigeria. With the insurgency and the conflict in northeast Nigeria, it is not hard to see why this is such a major challenge.

At the same time, having lived and worked in Katsina State, I know that the accessibility challenge is not only limited to northeast Nigeria alone. Parts of Nigeria’s northwest and north-central regions are also plagued with security challenges that have made large areas with significant populations inaccessible as well. In these places, as well as in the northeast, polio workers daily risk their lives to carry out their duties during vaccination campaigns and in between campaigns to ensure that life-saving vaccines are made available to vulnerable children. They have not failed in their duties and a lot of the progress we have made in the fight against polio is due to their sacrifice, their doggedness and their persistence. These people are deserving of all our gratitude, our prayers and the appropriate motivation that their sacrifice deserves.

There are also other forms of inaccessibility, particularly in southern Nigeria. Sometimes, in gated and non-gated communities, vulnerable children of Nigeria’s elite are hidden behind huge gates and electrical barbed wire fences. Recently, I was part of a team that visited one such community of elites in Lagos and while we did all we could to attract residents in order to vaccinate their children, we were only able to access the children of domestic and security staff of these residents. Apparently, there is a distrust of vaccines brought from the LGA cold store among the elite. There is also a false sense of security that their own children are not at risk of contracting polio solely on the basis of their status and their surroundings.

The Nigerian polio programme has been in an emergency mode for sometime but in a lot the south, complacency has set in buoyed by a false sense of security. Another form of inaccessibility has to do with the weather and terrain. Many offshore communities are not easily reached and with funding for outreaches reducing, access to healthcare and to vaccines is also reducing.

Health teams are unable to travel safely for fear of bandits and pirates, they have no funds to hire safe boats or to replace expired life-jackets, routes to communities are cut-off by water hyacinths during the rainy season and there is often a shortage of staff to carry out these duties in offshore or riverine communities. Sometimes, what prevents children from accessing vaccines is just a pair of rain boots! Yet, the population of vulnerable children in these communities grows.

It appears that at some level, it has been taken for granted that these children are also at risk of polio infection. It seems insensitive to compare this type of inaccessibility to the type being experienced in northern Nigeria but that is the point I wish to make. It is an unnecessary inaccessibility brought about by complacency and a false sense of security. It is accessibility that can be easily overcome if we all pull together to address it. So why does it still exist?
Nigeria continues to maintain a zero-polio status after reaching the one-year polio-free milestone on 21st August 2017. Nigeria’s ability to stop the transmission of poliomyelitis was first proven to the world when the country was certified non-polio endemic in 2015 and was able to maintain a polio-free status for about 1 year after that. That period was the longest the country has been without reporting a case of wild polio virus. Reaching this milestone again after the outbreak in 2016, which left the country with 4 wild polio cases, is a clear indication that Nigeria is a country capable of succeeding soon in the pursuit of a polio-free nation.

Nigeria’s footpath towards reclaiming its status as a non-endemic country has been commended by both local and international public health experts. It is now engrained in the hearts of all polio eradication advocates working in Nigeria that the pathway to success lays squarely on sustaining the program gains made since 2014 through 2015 and in the continuous deployment of new innovations to reach inaccessible populations since the last outbreak. The Nigeria program remains resilient in deploying the strategies that are helping the program sustain traction towards program goals. The conviction that a totally polio-free Nigeria is near was validated in the preliminary report of the 34th session of the Experts Review Committee (ERC) held on 18th September 2017.

The 34th session of the Polio Experts Review Committee led by Professor Oyewale Tomori put forward motivating reflections that reaffirms the current thrust of the Nigeria Program. The report commended the program for strategically committing thousands of health workers in responding to the last WPV1 and cVDPV2 outbreaks under a very complex security situation in Borno. It highly acknowledged the extraordinary efforts, leadership of Government of Nigeria and its PEI partners in reaching the one-year milestone. The Committee reconfirmed that Nigeria has recovered from the major set-back in 2016 and has gone 1 year without WPV, but is not out of the woods yet.

The Experts Review Committee further observed that inaccessibility remains a major challenge in Borno state as pockets of under-5 children are still unreached despite the deployment of special interventions. Though the number of inaccessible settlements have decreased from 50% in July 2016 to 33% in July 2017. The ERC recommended that the Nigeria program enhances disease surveillance in the inaccessible areas and other high-risk populations and to maintain high population immunity in all parts of the country. It added that the initiative taken to revise House-based Micro-planning on Population denominators can improve the quality of program management.

On program financing, the ERC acknowledged that the funding gap for 2017 has significantly narrowed following the commendable efforts of international donors that fulfilled their pledges. Though delays in release of funds from government and donors due to bureaucratic processes and pre-conditions is a huge concern. Therefore, all requirements for PEI could be met once Federal Government of Nigeria releases its 2017 pledge. It also noted that the volatility of exchange and inflation rates have been a major challenge for financial projections. Also, the ERC warned that GPEI funding ramp-down will affect the Nigeria program going into 2018, if there is reduction of technical assistance by partners. To avert further financial bottlenecks, the ERC urged the Federal Government of Nigeria to release the 2017 commitment by end of September 2017. The Committee also advised donors and government to keep their commitment to support the program through 2018 and beyond. The ERC approves Nigeria’s interventions towards promoting accountability for vaccines management. It suggested that vaccine accountability and management practices must be instituted at all levels of the supply chain. That Government should accelerate leveraging of resources for routine immunization, primary health care services, disease surveillance and other public health priorities.

It is highly encouraging to note that the advancement made in the global polio eradication efforts is being sustained in Nigeria, this progress is evident at the national and state levels and in many local government area councils. Also, the involvement of political and community institutions through traditional leaders has been essential in achieving this result. The most important epidemiological development has been the decline of WPV1 transmission Nigeria, which is now at zero. It is interesting to note that the level of the International Community’s confidence in the management of polio virus in Nigeria has flourished.
The Chairman, International PolioPlus Committee (IPPC), Mr. Michael McGovern, has disclosed that Rotary International has spent close to 1.7 billion US dollars on polio eradication with most of the funding going to Nigeria’s polio programme.

Mr McGovern disclosed this when he paid a courtesy visit to the Country Representative of the World Health Organisation (WHO) Nigeria, Dr Wondimagegnehu Alemu, at his office in Abuja. The Chairman of the IPPC disclosed that “We have invested close to $1.7bn in the eradication of polio globally with the largest funding being invested in Nigeria due to the size of the country, the quality of the program and number of children that need to be reached”.

The IPPC Chairman who was in the company of Rotary International Polio Plus Director Carol Pandak, the National Polio Plus Chair Dr Tunji Funsho, and local Rotarians expressed satisfaction with ongoing polio eradication activities particularly noting WHO’s role in controlling polio outbreaks in Nigeria.

“Mr McGovern noted that “despite the disappointment a year ago when four cases of wild poliovirus were detected in Borno, the government rose to the challenge when it mounted robust national and international border campaigns”. The Chairman expressed his appreciation to the government and partners for taking up the challenge in Borno very seriously stating “this is one of the real battle-fronts in the effort to eradicate polio.”

Earlier in his speech at the meeting with the Rotarians, Dr Alemu expressed his appreciation with the visit and highlighted the important role played by Rotary and Rotarians in polio eradication particularly acknowledging their role in advocacy and financial support.

The Team Leader of the WHO Expanded Programme Immunisation (EPI) Dr Fiona Braka while noting the progress that has been achieved in polio programme in Nigeria however disclosed the challenges currently facing the programme in the North East especially in areas of Borno “where accessibility is still a challenge”. She however disclosed that various innovations that include Reaching Every Settlement (RES), Reaching Inaccessible Communities (RIC) and transit point vaccinations are currently being implemented to reach children in areas that are inaccessible.

Since the launch of the Global Polio Eradication Initiative (GPEI) in 1988 over fifteen (15) billion US dollars has been raised to support polio eradication activities globally. These funds which have gone into supporting the implementation of polio campaigns, operations and other polio activities have assisted greatly in reducing the number of wild polio cases from about 350,000 at the start of the initiative to ten (10) confirmed cases so far in 2017.
As Nigeria achieves 13 months without any fresh case of polio, the World Health Organization (WHO) has identified accessibility as the major challenge to total eradication of the virus in the country.

Speaking in Abuja during the 34th Expert Review Committee (ERC) on polio and routine immunization meeting, WHO country representative for Nigeria, Dr. Wondimagegnehu Alemo said that the lack of access to some of the Local Government Areas in Borno state is part of the reason polio cases still arises in the country.

He said that there were trapped children in Borno, a state badly impacted by the effect of the Boko Haram terrorists group.

He said while the country was celebrating its achievements of no polio case in the last one year, it should be known that more efforts are needed to totally eradicate the virus.

Calling on the government and other partners to address all challenges threatening the eradication of the virus, he said it was crucial to ensure that the work that had been started and flourishing was completed and that quality surveillance was a crucial part that needs attention, to help detect any polio virus circulation.

Earlier, the Executive Director of the National Primary Health Care Development Agency, (NPHCDA) Faisal Shuaib said that the country still needed to put in more work to access trapped populations.

He said that tremendous efforts were needed in the fight to eradicate polio completely in the country while pleading with the committee and development partners to lay more emphasis on Routine Immunization and systems strengthening.

In his goodwill message, the representative of the Centre for Disease Control, CDC Mabesh Swaminatha assured of the Centre’s commitment to the goal of eradicating polio.

He urged all partners to support Primary Health Care Centres, stating that polio is one out of all diseases that needs attention.

The chairman of the Expert Review Committee, Oyewale Tomori in his remarks, noted that celebrating one year of no polio virus was not an achievement but a wakeup call while reminding the gathering that the country had once marked two years with no traces of the disease until it was later detected.

The country was on its way to be certified polio free nation after two years without any case of polio, until August 2016, when two fresh cases were reported.

Tomori therefore called on both government and development partners to put in more works to ensure more success on the virus.

Prince Okedinachi for worldstagegroup.com
Record rainfall recently caused a lot of havoc across Benue State, leading to evacuation of a large number of the population to temporary shelters. According to the Executive Secretary of State Emergency Management Agency (SEMA), Mr Boniface Ortese, there are over 110,000 persons who have been displaced by the floods in 21 local government areas (LGAs). With a poor drainage system, muddy waters from blocked gutters submerged several houses. This has led to fears that the dirty water and animal carcasses could lead to disease outbreaks. The crowded population, limited water sources and exposure to rodents and mosquito bites, put communities at risks of various diseases, including cholera and malaria.

In an effort to combat disease epidemics in the affected communities, the Polio infrastructure in the state has been deployed to intensify disease surveillance and reporting, assess potential sources of infection and engage communities through their leaders to create awareness on disease prevention such as cholera and malaria. The Permanent Secretary in the State Ministry of Health (SMOH), Dr Joseph Kumba said, “The deployment of these staff is timely”. He stressed that, “all health activities should be strengthened to provide necessary support to the victims”.

With the support from WHO, the SMOH has set up temporary clinics for consultation and treatment of minor ailments. At the clinics, polio workers support the triage of patients for consultation and treatment as well as conducting immunization, social mobilization and surveillance activities in the camp to strengthen the response.

Mr James Osu, a health worker and a polio team ward focal person who is leading the immunization team said “we were mobilized to support the effort here based on our experience in immunization activities”.

In Benue, there are 8,957 personnel who support polio eradication activities in the state. The broader infrastructure consists of partnership between the government and development partners, with a reporting system established from the community, LGA and state levels.

Benue has not reported any case of confirmed polio since 2009 but it is at risk of polio importation due to the commercial and social activities between the state and Borno state in North-eastern Nigeria where 4 wild polio viruses were detected in 2016 after almost 2 years without any case.

Dr Fiona Braka, the WHO Nigeria Team Leader for Expanded Programme on Immunization (EPI) said, “The polio personnel comprising cluster coordinators, LGAFs and field volunteers have the experience and always worked with community leaders to combat disease outbreaks by creating awareness on preventive and control measures including health education”.

WHO will continue to provide requisite technical support to the SMOH and to strengthen partnerships in the state, including with UNICEF, on media and community sensitization in efforts to forestall disease outbreaks.

Support for polio eradication to the Federal Government of Nigeria through the WHO is made possible by funding from the Bill & Melinda Gates Foundation, Rotary International, European Union, Government of Germany through KfW, Global Affairs Canada, USAID, Community Chest Korea through KOFIH, DFID (UK), and the World Bank.
The VCMs provide their neighbours with this vital service while facing their own hardships brought on by displacement.

These are their stories:

We left our village of Kashimburi two years ago after the insurgents attacked the town and burnt homes around the neighbourhood. My family and I, all forty of us, left the village and walked for two days until we arrived the outskirts of Maiduguri. We have been living in Muna Garage camp since we arrived. – Amina

I volunteered to become a VCM when the Bulama (community leader) mentioned that people were needed to help the community. I wanted to help. – Adama

I was previously very active in my village, I was a birth attendant. So I have experience with working with communities so I volunteered to continue. – Zara

When the rains arrived, it created more problems, the environment became dirtier and it is causing all this disease! We go round the camp and create awareness about the importance of hygiene such as the use of soap for handwashing, proper washing of children after defecation. So many things… – Amina

You have to pay attention to handwashing, bathing properly, keeping your environment clean. – Adama

We pray to God. But we also have to work together to ensure that everyone is rid of the disease by telling them about its causes and how they can prevent it. – Zara

The health of the community is important. There is a difference when you educate people. Diseases become less rampant. – Amina

The VCMs of Muna Garage camp join a cadre of community members committed to stopping the spread of this potentially catastrophic disease. With the VCMs leading the charge, prominent community members, teachers, and religious leaders are mobilised and have a busy few weeks ahead as the area suffers the full impact of the rains. Funding for the engagement of VCMs through UNICEF is supported by Rotary International.

Adapted from the writing of Fati Abubakar and Harriet Dwyer for unicef.org
Each afternoon of a polio campaign in Kandahar, after the day’s door-to-door rounds have been completed, the vaccination teams congregate at health facilities. Most go right inside to drink tea, refrigerate their remaining stocks of vaccine and brainstorm operations for the next day. But a few, those who knocked on the doors of homes only to be abruptly shooed away, stop to speak with two profoundly bearded, energetic middle-aged men.

These men, Shah Mahmood, 56, and Abdul Rashid, 48, sit on their motorbikes consulting maps in animated conversation with the health workers about local families who refused to vaccinate their children against polio. Both men are mullahs – respected religious leaders – and lately their motorbikes have facilitated a novel program to use religious elders to sway the most skeptical and conservative parents who believe vaccinations for children aren’t halal.

Mullah Mahmood and Rashid are independent volunteers who believe Muslims have an obligation to prevent the spread of polio. Their efforts are now being expanded, with a further 10 Mullahs being engaged in Nangarhar, in the country’s east.

In their role as freelance advocates these so-called “mobile mullahs” go a step beyond the conventional approach to health education. For the most part religious refusals are rare. Still, they occur frequently enough that during campaigns the mullahs remain on standby to intervene. During a typical campaign day, the mullahs can clock anywhere between several kilometers of city driving to more than 100 kilometres of rough rural roads.

“Polio campaigns have been going on so long it was easy to overlook the importance of vaccinating children,” said Mullah Rashid. “I’m doing this because ending polio is an obligation and I want to help my community.”

Their effort takes Islamic doctrine about vaccines out of the mosques and directly to homes, madrassas, and temporary nomadic settlements. At the end of its first year, their efforts have achieved significant results, convincing up to 80% of the families who persistently refuse to vaccinate their children against polio to agree to vaccination.

In Afghanistan, religious leaders have often been called upon to support polio vaccination campaigns and other children’s health initiatives. But until lately their support has been limited to gentle endorsements via mosque loudspeakers during the call to prayer. The Mullahs take their message directly to poor rural communities where modern health practices provoke deep anxieties.

Along with Pakistan and Nigeria, Afghanistan is one of the world’s three remaining polio endemic countries. In 2017, to date, the country hosts 6 of the 10 cases recorded globally.

“So far I think our work is very important. Parents may be aware of the risk of polio but still be scared of accepting the vaccinations for their children,” said Mullah Mahmood. “When we arrive at their homes and speak with them it establishes that vaccination is something that is supported by Islam and often this is enough to reassure them and make polio drops less threatening.”

Adapted from polioeradication.org
cross section of IPPC members at their recent meeting in Evanston

The District Governor D9110, Dr Wale Ogunbadejo (in yellow reflective jacket) at the awareness campaign organised by RC Mushin Golden

NNPPC team and the Cycologists after a press briefing for the 2017 World Polio Day

From left, Dr Tunji Funsho and Captain Ladi Soetan of Cycology Riding Club, Lagos
Dr Tunji Funsho (2nd from right) with cycologists during a press briefing in Lagos

Power bikers creating Polio awareness in Lagos, sponsored by RC Mushin Golden

#RideOutPolioNaija
www.polioplusng.org
We’re close to ending the second human disease in history.

Rotary’s World Polio Day Livestream event
24 October 2017
5:30 p.m. EST