National Polio Plus Committee: PDG Tunji Funsho - Chairman, PDG Yomi Adewunmi - Vice Chairman, PDG Charles Femi Lawani - Vice Chairman, PDG Kazeem Mustapha - Vice Chairman, PAG Yakubu Ndanusa - Vice Chairman, PDG Obafunso Ogunkeye - Secretary, PAG Remi Bello - Treasurer, PDG Joshua Hassan - PR Adviser, PDG Tolu Omatola, PDG Ifeoma Okoro, PDG Alaba Akinsete - Representing CRODIGON, PDG Yinka Babalola - Special Representative. DG Wale Ogundakejo, DG Nnoca Mbaevo, DG Ogudemia Ikponmwosa, DG Emma Ude Akpeh
In our sustained efforts to rid the world of the crippling disease Poliomyelitis, we have learned a lot on advocacy through political, traditional and religious leaders. The Nigerian programme has been blessed with notable traditional leaders who have either through their role in the Traditional Leaders' Council for polio eradication or acting in their individual capacities as traditional rulers, have impacted the programme positively. One such traditional ruler is HRH Mai Kaltungo who has been the main pillar of support for the programme in Gombe state. Incidentally, Mai Kaltungo is a Rotarian and has strongly identified with the programme for several years. I have heard and read reports of his involvement with the programme from Rotarians on ground in Kaltungo and Gombe but I did not really appreciate the depth of his passion and his personal involvement with the programme until I visited and participated in the November rounds of SIPDs in Gombe state. It was only natural that after paying advocacy visits to the commissioner of Health Mr Dr Kennedy Ishaya and the Deputy Governor of Gombe state Mr. Charles Ya'u Iliya, I should pay a courtesy call on our own HRH Mai Kaltungo at his palace in Kaltungo. It is an hour’s journey from Gombe to Kaltungo and the road is mostly bad. However, the trip was very much worth my while as we were ceremoniously ushered in to the presence of the HRH Mai Kaltungo by traditional drummers and dancers who added a lot of colour to my visit. My team and I were very warmly received and entertained. Thereafter the Mai Kaltungo announced our imminent departure to the site of the flag off ceremony for the campaign. It was at a village called Dogon Ruwa in Kaltungo LGA which was another hour’s drive on rough roads. And now this is the reason for writing this piece; the Mai Kaltungo single handedly initiated, organised and chaired the flag off. I was soon to learn from Rotarians in Kaltungo that he has always done this for all the rounds of SIPDs. Now this is exemplary and I want to use this medium to appreciate and thank the HRH the Mai Kaltungo for his unflinching support and leadership of the programme in Gombe state. With this type of leadership and commitment, I am confident that Gombe state will continue to remain polio free. HRH the Mai Kaltungo is my hero of polio eradication in Gombe state.
A lot of times when I ran into some mischief as a child, I would cross my fingers and hope that would be enough to make my dad forget what I had done and spare me a spanking for what I had done or failed to do. That is my first memory of keeping my fingers crossed. At other times, I would pluck an eyelash and put it in the middle of the hair on top of my head to achieve the same purpose. The thinking behind that particular practice still mystifies me. Till this day, I still wonder if the eye lash being buried in my hair was supposed to appeal to the gods to bury my sins among the many items in my dad’s day so he wouldn’t remember them. I still remember getting spanked so clearly these were superstitions that did not work. That is why I am surprised that on many important issues today, many people will still say 'Let keep our fingers crossed'. I am often tempted to retort in the common Nigerian parlance ‘Who finger crossing epp?’

At different forums, when the issue of Nigeria having gone one year without polio and looking forward to certification is being discussed, speaker after speaker would end with, ‘hopefully’ or ‘fingers crossed’. Crossing fingers didn’t work for me as a child and I don’t think it is cynical of me to believe that it won’t work for us now. What will work is persistent, dogged adherence to the strategies and standards that have led us to the brink of interrupting polio transmission in Nigeria. Every time I look at our history, it always seems that we have a few years of progress and then a setback. Reduction in cases in 2007 was immediately followed by an escalation in 2008, few cases in 2010 followed by crises in 2011 and 2012 and to top it all, we recorded 4 cases after going two full years without a case. It leaves one wondering if there are no systemic issues that make us go back and forth on this matter of polio eradication. I believe that we have shown enough progress in this fight against polio to prove that the strategies and they processes we have put in place actually work. You do not just go from 122 cases in 2012 to zero in 2017 if you are not doing something right. What seems to cause our setbacks is complacency. Of course, one will also factor in the crisis in the northeast but complacency seems to be the major factor. Already, there is a growing sense that focus is shifting from polio to other causes, both from the government and the partners even as UNICEF and WHO warn us that we could have as many as 200,000 cases a year in just 10 years if we do not persist in our struggle. We must not allow this. Polio is like a wounded serpent. Until it dies, it will always have the power to strike and cause harm. Until global certification is achieved, we cannot afford to fold our arms or cross our fingers. Our only way forward is to roll up our sleeves and continue the hard painful grafting that has brought us this far. Hard work, persistence, courage, focus, doggedness are the tools we will need to push us over the line. As we continue immunizing children and marking their little fingers, we will not be able to cross our own fingers. The battle is too hard and the stakes are too high for us to sit back and hope that unseen forces will do what we should be doing. There is simply too much at stake to leave things to providence or luck. Let this thought be with you as this year ends and we re-fire and refocus for the New Year. Have a wonderful Yuletide season everyone!
The 2017 World Polio Day was marked with cautiously low-key celebrations all over the country. Nigerians have learnt not to celebrate too early after the incident in 2016 when the country had a resurgence of polio virus after maintaining a zero-polio status for about 2 years. Though Nigeria has recovered from the setback, the disappointments and there alization that polio virus was still circulating undetected in some parts of the country while we counted the milestones was sobering. Although still listed as a polio endemic country, Nigeria is confident that there won’t be any surprising re-emergence of the polio virus again. All being equal, October 2017 marked an important period in the history of the Polio Eradication Initiative in Nigeria and perfect for marking the World Polio Day. Rotary International established the World Polio day to honor the birthday of Jonas Salk, who lead the first team of scientists that developed the oral polio vaccine. Rotary typically leads extensive commemorative events during the entire week. Rotary is the first donor that came forward to fund the global polio eradication programme following the World Health Assembly in 1988. Since then, Rotary has been a trusted partner of Nigeria in the fight against polio eradication and is among the top global funders along with Bill and Melinda Gate Foundation (BMGF).

The theme for the 2017 World Polio Day was “KEEP POLIO AT ZERO” and from 21st - 25th October 2017, Rotary International through the Nigeria National PolioPlus Committee (NNPPC) helped put polio eradication on the center stage in Nigeria with a range of activities that rallied support for polio eradication; created awareness in urban and rural communities, advocated for deeper commitment of political leaders and involvement of traditional and religious institutions to finish the job. The activities that marked this year’s World Polio Day abetted in building community trust in vaccination services as well as beamed light on the remaining challenges that poses risks to keeping in Nigeria at zero-polio.

In marking the 2017 World Polio Day, major events were carried out in key towns and cities of the country. It’s now the norm for the NNPPC to organize a central event in one of the big cities of Nigeria to mark the World Polio Day; we do recount that in 2016, the central event took place in Port-Harcourt, Rivers state, south of Nigeria while this year, the central event held in Akwa, the state capital of Anambra state - East of Nigeria. Similar events were carried out in Zanfara, Kwara, Katsina, Kano, Sokoto, Borno, Plateau, Benue, Kaduna, Kogi and other states. In the Federal Capital Territory Abuja, 33 Rotary clubs and hundreds of Rotarians were involved in planning and implementing special programmes. The highlight of the events was the End Polio Now Walk with representatives of polio eradication champions from across Nigeria: The Female Bikers’ Association of Nigeria, Nigerian Medical Association, International Federation of Business and Professional Women, Polio Survivors Group, National Association of Proprietors of Private Schools. The Walk was the culmination of a week-long events held in different parts of the country to mark the day. On the 21st of October, Rotarians in Abuja carried out advocacy and community engagement activities in the six Area Councils of the FCT to sensitize community leaders and educate local residents. The key message was to remind the populace that polio is not over yet and there is the need to sustain program gains till eradication is achieved. The End Polio Now Walk took place on the 24 October 2017, it started from the Unity Fountain in Maitama to the Eagle Square and back to the start point. On the same day, there were unveilings of End Polio Billboards at Nyanya, Kuje and Giri by Rotarians to highlight the message of sustaining the gains till eradication. Other such billboards were commissioned by Dr. Tunji Funsho in Lagos and in Awka.

Meanwhile, in the mist of all of these, we can’t help but note the triumphs. Just over a year after Nigeria experienced a setback in its efforts to eradicate polio, the country is on the march again towards eliminating the crippling disease. Besides the cases in Borno last year, all other states of Nigeria have been free of polio for three years and over respectively. But to be certified as polio free, the entire country needs to go without a case of polio for three consecutive years. A polio-free Nigeria is within reach but success should not be taken for granted. Rotary and other partners continue to caution that the country must maintain high levels of immunity to keep children well protected from polio and other vaccine-preventable diseases.

Signifying the importance that the country places on immunization, the Presidential Task Force meeting on Polio was convened on 19th October 2017 at the Presidential Villa and chaired by the Vice President. The Vice President charged all Governors to focus on protecting the gains made so far by consistently tackling all bottlenecks to quality routine immunization services and create better access polio vaccines.

Rotary believes that through leveraging on the renewed conviction that the fight for a polio free Africa is a fight for all, the creed now is ‘from Zero to Hero’. Nigeria can achieve eradication in three years from now, if it remains focused and maintains high program quality. More so that the resources, political will, technical knowhow, and the infrastructure needed for eradication are largely in place. The government must seize this opportunity and lead the program to the finish-line – for Nigeria, Africa and for children everywhere. As we all know, as long as polio exists anywhere, it is a threat everywhere.
In Nigeria’s north-eastern Borno state, children displaced by ongoing conflict are being reached with essential immunization and health care services, thanks to a strong network of Volunteer Community Mobilisers established by the polio eradication programme.

Two-year-old Hafsat Khalifa waits patiently in line with her mother, Hadiza. Hadiza is one of many women who’ve brought their young children to receive vital immunization at the local health camp in Maiduguri. Hafsat knows she needs to open her mouth wide when it’s her turn to receive the oral cholera vaccine just like she did when vaccinated with the Oral Polio Vaccine. She displays the confidence of a seasoned pro, although in reality this is the first year she has received any health services, having been born into an area of conflict. Along with these two vaccines, Hafsat will receive other much-needed health care during today’s visit.

Hafsat is one of many thousands of children affected by the humanitarian crisis in north-eastern Nigeria. The conflict has resulted in a surge in internally displaced persons, with limited access to medical care, leaving millions at risk of life-threatening diseases. Since four cases of wild poliovirus type 1 were detected in Borno in August 2016, an outbreak response for polio has been a top priority. But it has been carried out hand in hand with broader humanitarian efforts to meet the health needs of vulnerable populations.

UNICEF’s vast network of volunteer community mobilisers have not only played a vital role in ensuring that children like Hafsat receive OPV and other health services every time they are offered, but are leveraging the skill-set they’ve gained from their expanded training to impact child and maternal health far beyond polio.

In addition to receiving the oral cholera vaccine today, Hafsat’s nutrition status will be assessed at the health camp, and children identified as malnourished will be referred for receiving therapeutic food. This important network of polio vaccinators, with years of experience in reaching children with polio vaccines, has made a huge difference in halting the spread of cholera and meningitis outbreaks in Nigeria in 2017. They are also helping create awareness and generate demand for the upcoming campaign against measles.

The reach of this network even extends to protecting children before they are born. Volunteer community mobilisers provide critical antenatal care for pregnant women that can save the lives of mothers and babies alike. And this year, for the first time ever in an emergency humanitarian setting, antimalarial medicines have been delivered on a mass scale alongside the polio vaccine, reaching 1.2 million children in a campaign in August.

For families in Nigeria’s north-east, many who have fled their homes in the face of ongoing violence, this life-line to access essential services is critical to ensuring their children can grow up protected from vaccine-preventable diseases.

Source: polioeradication.org
The polio Outbreak Response Assessment (OBRA) team with representation from the Global Polio Eradication Initiative (GPEI) partnership has started the second evaluation of the response to polio outbreak in Nigeria.

The independent assessment will “assess and strengthen efforts to increase population immunity; assess progress towards interrupting polio transmission and strengthen surveillance sensitivity”, says the Team Lead, Professor Daniel Tarantola.

To provide background information to the assessors, the National Primary Health Care Development Agency (NPHCDA) held a briefing meeting in Abuja on 30 October 2107 with Polio experts and partners from Nigeria to share activities conducted over the past months, outcomes and perspectives.

In one of the presentations, Dr. Charles Korir of World Health Organization (WHO) Nigeria says, “As security improved, the proportion of inaccessible settlements to health workers also reduced from 50% in July 2016 to 33% in July 2017. An estimated 9,972,000 children have been vaccinated per supplemental immunization campaign round conducted between January and July 2017.

However, he cautions, “Despite efforts made to reach children with vaccines, it is estimated that over 160,000 children below 5 years remain unreachable in Borno state”.

Several strategies have also been implemented to reduce the number of unreached children over the past months. These include Reaching Every Settlement (RES), Reaching Inaccessible Children (RIC) and expanding transit vaccination sites, health camps and scope of activities by hard to reach teams. Other initiatives that continue to be strengthened include routine immunization, innovative disease surveillance activities and health communications.

For the second round of the OBRA, aside discussions at the national level, states with polio outbreak like Borno and Sokoto will be visited as well as Adamawa, a security challenged state bordering Borno which was the epicenter of the 2016 outbreak. The OBRA team is expected to present a report of its findings to government and partners in November 2017 in Abuja.

Source: WHO
The Gates Foundation picks a partner to share lessons learned from polio eradication

The Johns Hopkins Bloomberg School of Public Health has received a new grant to translate the lessons learned from polio eradication to other global health initiatives from the Bill & Melinda Gates Foundation.

Polio is one of the top priorities of the largest foundation in the world, and in their 2017 annual letter, Bill and Melinda Gates said they think it is possible that polio could be eliminated this year. At the Reaching the Last Mile summit in Abu Dhabi this week, panelists talked about the near eradication of both polio and Guinea worm disease, and what lessons smallpox — the only infectious disease to be wiped off the face of the planet — might offer. But as the Gates Foundation funds this effort to get to zero case of polio, its program staff wants to make sure to improve upon one of the failures of the smallpox eradication effort by documenting the lessons learned.

Dr. Olakunle Alonge, assistant professor at JHSPH, will lead this new grant, $3.7 million over five years, resulting from a request for proposals called “Applying the Lessons Learned from Polio Eradication to Global Health.” Working with the Global Polio Eradication Initiative, Alonge and a team of partners from seven countries — Nigeria, India, Afghanistan, Ethiopia, the Democratic Republic of Congo, Bangladesh, and Indonesia — will develop courses and clinics that capture the best practices of the polio eradication effort. The goal, said Alonge, is to capture the lessons learned and prevent this knowledge from being lost so that systems and strategies can be repurposed, not recreated.

“We believe in the merits of what Gates is trying to do.” “There should be more funding for this kind of work. It is unique because it is looking back. Most grants look forward, right? But this is looking back and making sure we don’t forget the lessons we have learned that are important for health services delivery.”

The Gates Foundation had 18 applications for this RFP, but Johns Hopkins stood out for a number of reasons, said Lea Hegg, program officer for polio eradication at the Gates Foundation. “The scope of the project is ambitious but realistic,” she said. In their application, Alonge and his team emphasized partnerships with institutions in developing countries and covered a number of different ways of disseminating knowledge about the polio program, not only through curriculum including massive online open courses, or MOOCs, but also through implementation courses for practitioners with follow-on mentoring in the field.

Whereas other applications tended to focus on a more narrow channel or two-way partnership, the Johns Hopkins proposal was broad in terms of the number of institutions that would have the opportunity for capacity-building through this partnership, and that was one reason it stood out.

Prior to joining Johns Hopkins and its Health Systems Program, Alonge attended medical school at the University of Ibadan in Nigeria, one of three countries in the world with polio, and the faculty of public health from his alma mater is a partner in this grant. In every country, the partner institution is a university, aside from Afghanistan, where the partner is Global Innovations Consultancy Services, a group that partners with the government, donors, U.N. agencies, nongovernmental organizations, and others.

Alonge spent four years with the Ministry of Health in Nigeria, and also worked in Liberia and Afghanistan, and now focuses his research on developing a body of work in implementation science, with a particular focus on strategies for health systems strengthening for complex interventions.

“A critical element of that conception of implementation science is being able to distill strategies that you have evidence for the effectiveness of the intervention. That was one of the things we felt this request for proposals was trying to do. This is really core implementation science,” he said. “If something works, the question is so how did it work, why did it work, and where did it work, and if something does not work, the question is so how did it not work, why did it not work, and where did it not work?”

The lessons the global health community has learned from polio eradication has relevance to the strengthening of immunization systems, primary health care services delivery, public health emergency response, and of course the eradication of other diseases such as malaria. Understanding what did and did not work in the polio eradication effort can unlock implementation bottlenecks for other health service delivery efforts, he said. The goal, he added, is not only to include frontline workers involved in polio eradication efforts through in-person surveys and other strategies to document those lessons learned, but also to create a way for these workers to transition their skills to address other global health challenges.

The Gates Foundation is not the first to try and document the lessons learned from polio. Earlier this year, the Journal of Infectious Diseases launched the supplement “Polio Endgame and Legacy: Implementation, Best Practices, and Lessons Learned.” But the hope is that these lessons will be more accessible to the people who might not have access to these peer-reviewed journals.

Source: devex.com
The world — or the part that pays attention to polio eradication, anyway — has fixed its sights on zero, the nearly 30-year-old goal of stopping transmission of the paralyzing virus that causes polio. But as the finish line comes into view, officials are largely overlooking a big potential problem, a new report warned Monday.

The wind-down of the Global Polio Eradication Initiative and the roughly $1 billion a year it funnels into the World Health Organization as well as immunization efforts in a number of low-income countries is already underway.

Funding for the initiative is scheduled to be halved by 2019, and to cease after that, except in countries that are still battling polio then or at high risk of seeing the virus return. That will severely deplete the resources of a number of already cash-strapped countries, straining their capacity to continue to vaccinate against polio and other childhood diseases like measles and rotavirus, which causes severe and sometimes life-threatening diarrhea.

It could also punch big holes in the surveillance network needed to ensure that polio and polio-vaccine viruses (which can also paralyze) are truly gone, the report suggested, noting that 70 percent of global funding for surveillance comes from the initiative.

“People need to start talking about this issue. Because it’s much wider than just polio and a polio-free world,” said Laura Kerr, who wrote the report. “It’s to do with immunization systems that could collapse.”

Kerr works for Results UK, an advocacy organization that works to influence political decisions on health, education, and economic opportunity.

Her report sounds an alarm about the state of planning for the end of the polio eradication effort, the largest health program ever to be wound down. The polio program — a partnership of the WHO; UNICEF, the U.N. children’s agency; Rotary International; the Centers for Disease Control and Prevention; and the Bill and Melinda Gates Foundation — has been battling polio since 1988, spending an estimated $15.5 billion so far on the effort. Bill Gates recently said he hoped transmission would stop in 2017, though with a month and a half left in the year, that seems unlikely. There have been 15 cases so far this year, the lowest annual tally ever. All the cases have been in Pakistan (five) and Afghanistan (ten), where the most recent case was diagnosed in mid-October.

After transmission appears to have stopped, there will be a three-year period before eradication could be declared. That time lag is designed to ensure that the virus is actually gone.

The end of the polio program will place substantial economic pressure on the WHO, which gets about a quarter of its funding from the polio campaign. The WHO’s member states are aware of this looming cash crunch. At the World Health Assembly in May, countries noted “with great concern” the agency’s reliance on funding from the polio initiative, and the ensuing risk that poses to its “capacity to ensure effective delivery in key programmatic areas and to maintain essential continuing functions.” They urged the new director-general, Tedros Adhanom Ghebreyesus, to find long-term funding to shield key programs and functions from the impact of the wind-down.

But Kerr said few people are talking about the danger the end of the initiative poses to the delivery of routine childhood immunizations, programs that in some low-income countries have piggy-backed off the polio program. For instance, polio money pays for staff who do other types of functions as well as their polio work; an assessment in 10 countries cited in the report revealed that nearly half of the work done by people whose positions were funded by the polio program related to other immunization goals.

Until recently, the polio program has focused efforts on mass campaigns that send armies of workers and volunteers out to find children and squeeze a few drops of oral polio vaccine into the mouths of each. But that oral vaccine will need to be withdrawn from use after polio stops spreading; it contains live but weakened viruses that can regain the ability to paralyze if they spread in the environment.

Injectable polio vaccine — the type used in the U.S. — will take the oral vaccine’s place. The WHO is currently recommending it be used for at least a decade after eradication. But the injectable vaccine must be given by health care personnel, which requires a different delivery model — one that is more conducive to simultaneous delivery of other childhood vaccines.

The winding down of the polio eradication effort could provide an opportunity to refocus efforts on ensuring countries have the systems and capacity to vaccinate all children with the 11 vaccines the WHO recommends, Kerr said.

Dr. Seth Berkley agrees. Berkley is CEO of Gavi, the Vaccine Alliance, an international organization that helps low-income countries buy important childhood vaccines. “What we need to do is make sure that countries go back to focusing on strengthening routine [immunization] systems, which is exactly … what Gavi is trying to do,” he told STAT.

But if the necessary planning isn’t undertaken, the opportunity could be lost — or worse, the report warned.

It’s not clear if countries are in a position to make that delivery shift, especially at a time when resources will be decreasing. “A shift in focus from campaigns to routine immunization is not a simple one, and requires a fundamental change in service delivery,” the report said.

Replacing the polio money with other sources of external funding won’t be easy.

“For donors, funding a disease eradication effort is much easier than funding all the different building blocks of routine immunization,” Kerr said. A discussion over what new funding will be needed can’t take place until people recognize the scale of the problem, she added.

Berkley said Gavi had hoped that by now there would have been a country-by-country assessment of polio program assets, so that the polio program and funding partners could figure out what needs to be retained and how to cover the costs of doing so.

“Unfortunately there has not been a full mapping and planning of this in all countries. And so that is a critical priority that has to happen and the report makes that point importantly,” he noted.

One of the concerns raised by Kerr’s report is that some of the countries that are about to lose polio program funding are also in the process of transitioning out of Gavi funding — a process that requires a country to eventually pick up the full cost of purchasing its vaccines. The report calls for the polio initiative and Gavi to coordinate their transitions. It suggests Gavi should factor the withdrawal of polio funding into transition assessments.

The report pointed to Sudan as an example of what could go wrong. The country currently has a high immunization rate — 93 percent — but its government only covers 9 percent of the cost of the program. Under its deal with Gavi, the government of Sudan must increase its share of vaccine costs from $3.3 million this year to $17.5 million in 2022 — at a time when it will also lose 70 percent of its polio initiative funding.

The combination could put the country’s high vaccination rate in jeopardy, the report warned. Kerr said people involved in the delivery of programs that use polio money have a sense of the looming problem, but most don’t have a full picture of the trouble that could be brewing. “All of that information needs to be pulled together urgently, so we can see the bigger picture and the full scale of the impact,” she said.

Source: Helen Branswell for statnews.com
The people working to end polio are helping broader humanitarian response efforts in north-eastern Nigeria. With malaria currently claiming more lives than all other diseases put together, a campaign was launched in October to reduce the malaria burden among young children in Borno state by delivering antimalarial medicines. At the same time, community health workers protected children against polio.

“The current campaign marks the first time that antimalarial medicines have been delivered on a mass scale alongside the polio vaccine in an emergency humanitarian setting,” said Dr Pedro Alonso, Director of the Global Malaria Programme, in an interview with WHO on the campaign and the broader humanitarian situation in Borno. “This integrated campaign with WHO's polio and health emergency teams is an example of unprecedented collaboration to tackle the leading cause of death in a displaced population.”

The humanitarian crisis in north-eastern Nigeria has resulted in a surge in internally displaced persons, with limited access to medical care, leaving millions at risk of life-threatening diseases. In August 2016, four cases of wild poliovirus type 1 were detected in Borno; the outbreak response has been carried out hand in hand with broader humanitarian efforts to meet the health needs of vulnerable populations.

WHO's well developed network of polio vaccinators, with their years of experience in reaching children with polio vaccines, is making a real difference to the drive against malaria. The polio programme in Nigeria has a vast infrastructure and hundreds of staff on the ground and they are coordinating efforts to make sure that families affected by the crisis have access to other healthcare services.

As a result, the campaigns have reached 1.2 million children with polio vaccines and antimalarial medicines, as shown through a WHO photo story. “I think we will imminently be able to show significant impact,” said Dr Matshidiso Moeti, Regional Director for Africa, reflecting on the encouraging results of the joint campaign.
On the second story of a rough concrete house in the narrow alleyway of one of Karachi’s innumerable informal settlements, Fatima slammed her front door. Through its iron bars, two Sindh government health officials pleaded with the young mother to allow her two-year-old son to receive oral polio vaccination drops. She had been told the drops would sterilize her son, she said. Also, her husband was not at home, and she first needed his permission, Fatima added. The toddler stood silently at his mother’s side.

Fatima is one of a rapidly dwindling number of parents in Karachi, and Pakistan more broadly, who refuse to vaccinate their children against polio. Two years ago, Pakistan’s inability to eradicate the disease — along with just Afghanistan and Nigeria — left it on the verge of international pariah status. Countries threatened travel bans for Pakistani citizens after poliovirus derived from Karachi was linked to an outbreak in Syria and the virus’s presence in Israel.

Now, the country is on the verge of eradication and officials who are orchestrating what they hope is the final stretch, are determined to not let anything get in the way. The hard-won successes are the culmination of a complete revamp in strategy, predicated by improvements in security. Since 2014, operations against extremist and criminal groups drastically reduced violence in key locations such as Karachi. Meanwhile, the federal government created a new bureaucratic management structure for polio that is empowered to hold district-level officials accountable, with increased transparency and oversight. Scientifically sound data collection and sharing systems were put in place with the help of international partners. For the first time, the federal government was able to enlist senior clerics from every main Islamic sect and institution in Pakistan to fully back the vaccination campaign. Female vaccination teams were better trained and better paid, and were, importantly, recruited from the neighborhoods where they would work.

In 2017, only five cases have been detected nationally, with one in Karachi — down from 306 nationwide in 2014. The current nationwide monthly vaccination campaign began in September and will run through May, when temperatures are relatively lower and the vaccine is more effective. The goal is to inoculate 38 million children — a Herculean effort that will involve a quarter million vaccination and security personnel.

Back at Fatima’s doorstep, the officials didn’t back down. Perhaps in normal circumstances, the government and its international partners may have moved on; 100 percent coverage is impossible, and not necessary to eradicate the virus. But this small neighborhood abuts a canal that serves as an open sewage system drain and a garbage dump. This is one of two areas of Karachi where the virus has been found in recent environmental tests. And the water regularly overflows into the cinderblock dwellings that line it. Even one unvaccinated child in this area was unacceptable for the Sindh Emergency Operations Center that runs the vaccination campaign in Karachi.

The vaccinators, themselves local residents, knew that Fatima’s husband Sultan was home. They called the district-level police official overseeing security for the polio campaign. Within minutes, four police officers had arrived and with their help, Sultan agreed and his child was vaccinated.
Kaltungo Palace Entertainers Welcoming the Rotary Team

Emir of Kaltungo, HRH Alh. Sale Muhammadu Umar addressing the Rotary team

Cross section of vaccination team and Rotarians at the November SIPDs in Kaltungo LGA, Gombe State

Kaltungo Palace Entertainers Welcoming the Rotary Team

Emir of Kaltungo, HRH Alh. Sale Muhammadu Umar addressing the Rotary team

Cross section of vaccination team and Rotarians at the November SIPDs in Kaltungo LGA, Gombe State

Kaltungo Palace Entertainers Welcoming the Rotary Team

Emir of Kaltungo, HRH Alh. Sale Muhammadu Umar addressing the Rotary team

Cross section of vaccination team and Rotarians at the November SIPDs in Kaltungo LGA, Gombe State

Kaltungo Palace Entertainers Welcoming the Rotary Team

Emir of Kaltungo, HRH Alh. Sale Muhammadu Umar addressing the Rotary team

Cross section of vaccination team and Rotarians at the November SIPDs in Kaltungo LGA, Gombe State

Kaltungo Palace Entertainers Welcoming the Rotary Team

Emir of Kaltungo, HRH Alh. Sale Muhammadu Umar addressing the Rotary team

Cross section of vaccination team and Rotarians at the November SIPDs in Kaltungo LGA, Gombe State
JOIN THE FIGHT AGAINST POLIO

#RideOutPolioNaija | #DropToZero

WWW.POLIPLUSNG.ORG  

PolioStop is published by the NNPPC 8, Ladoke Akintola Street, Ikeja GRA, Lagos.
E-mail: endpolio@polioplusng.org, www.polioplusng.org
All correspondence to the NNPPC Chairman, PDG Tunji Funsho, Tel: 0817 200 0246, Email: rotarypolioplusnigeria@gmail.com