



World Health Organization

Nigeria

Polio Eradication Program

Tba.



The Big Actions

A publication that covers the contributions, milestones and bottlenecks of WHO in the fight against Polio in Nigeria.

May 2026

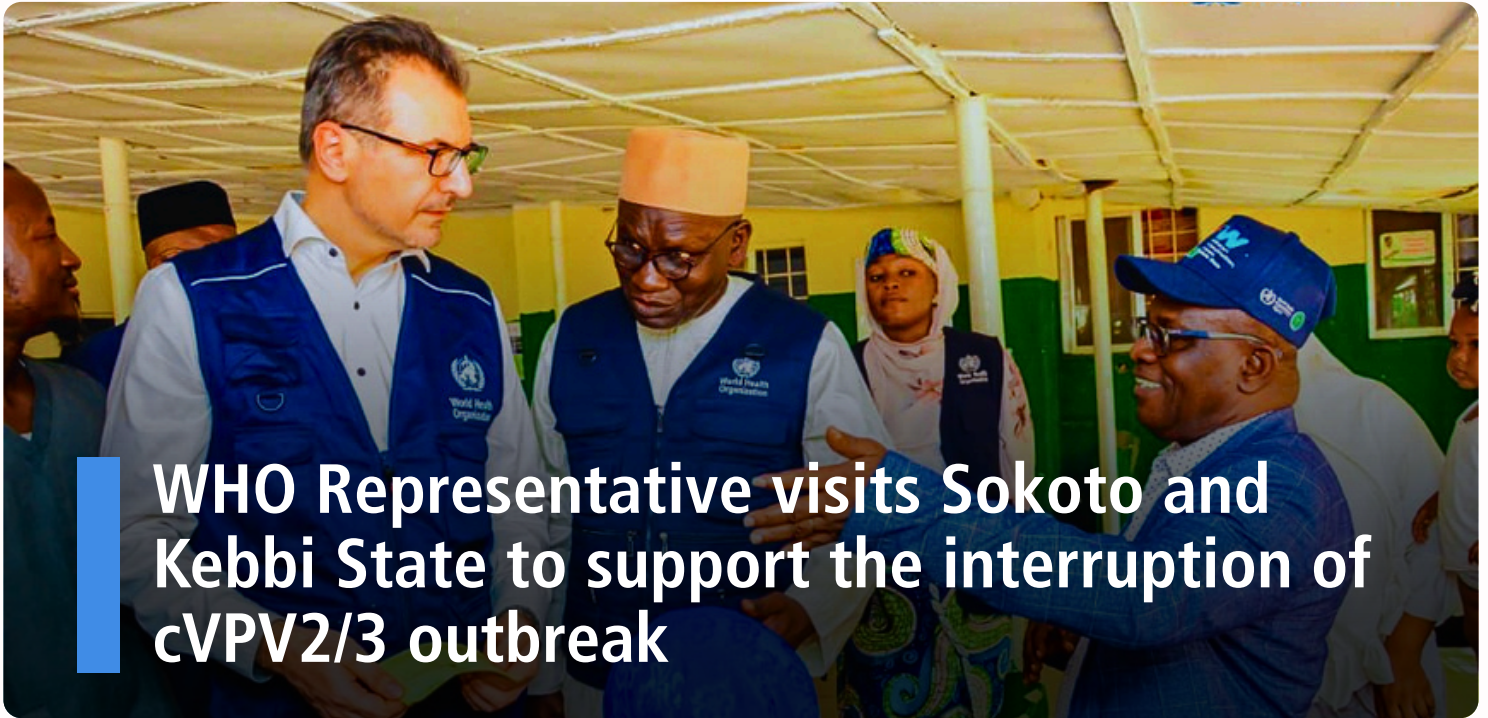
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THE BIG ACTIONS



POLIO GLOBAL ERADICATION INITIATIVE





WHO Representative to Nigeria, Dr Pavel Ursu, WHO PEP supplementary immunization activities pillar lead, Dr Samuel Yeniyi and WHO North-west zonal coordinator, Dr Adamu Haruna during an on-site visit to Public Health Care facility, Gagi, Sokoto-South LGA, Sokoto State.

Sokoto and Birni Kebbi — In line with its core priority support for Nigeria, World Health Organization (WHO) Representative to Nigeria, Dr Pavel Ursu, alongside United Nations International Children’s Emergency Fund (UNICEF) country representative, Wafaa Abdelatef, engaged political and traditional leaders across the North-West region during a high-level advocacy visit to Sokoto and Kebbi States. This is targeted at deep-seated structural and operational hurdles in Kebbi, Sokoto, and Zamfara states, where low routine immunisation coverage, vaccine hesitancy, insecurity, and population movement leave children highly vulnerable resulting in persistent outbreak of polioviruses.

To bridge these gaps, Dr Ursu met with the Sokoto State deputy governor, Dr Idris Muhammad Gobir, and Kebbi State governor, Dr Nasir Idris, during African Vaccination Week to advocate for health reforms, improved financing, and service expansion. In the course of the visit, Dr Ursu presented critical priorities to state leadership, including the timely release of counterpart funding, full implementation of the Primary Health Care Under One Roof (PHCUOR) policy, expansion of immunisation to underserved facilities, and equitable health workforce deployment.

To translate political will into measurable action, WHO and UNICEF are jointly funding urgent, state-level two-day participatory workshops, starting tentatively in Kebbi within the first week of July, followed by Sokoto.

Dr Ursu during his visit, also conducted an on-site supervisory visit to Primary Health Care (PHC) Gagi during African Vaccination Week, evaluating routine immunisation and surveillance performance with focal points, and interacting with caregivers at the Nutrition IMAM outpatient therapeutic programme.



Deputy Governor Sokoto State, Dr Idris Gobir, state commissioner for health, Dr Faruk Abubakar, WHO Representative, Dr Pavel Ursu and UNICEF Country Representative, Wafaa Abdelatef during an advocacy visit to Sokoto State



Governor Kebbi State, Dr Nasir Idris, and Dr Pavel Ursu during an advocacy visit to Kebbi State.

Recent Epid data		African Vaccination Week	
Sokoto	6	3k+ Zero dose children vaccinated	46 AFP cases reported & investigated
Kebbi	7	38k+ Received 1st dose of Penta Vaccine	34k+ Received 3rd dose of Penta Vaccine
Zamfara	11	2134 Wards visited	505 Vaccination Teams
Reported cVPV2 cases *5 cVPV2 and 2 cVPV3 in Kebbi		511 LGA	

WHO leverages Kuitum wedding celebration to save children in Bauchi

Bauchi — In the settlement of Kuitum, located in the Tirwun Ward of Bauchi local government area, public health initiatives have long encountered significant community non-compliance. For years, Kuitum has been classified as a chronically missed area where vaccine coverage remained critically low, leaving children vulnerable to vaccine-preventable diseases.

During the second day of the mop-up campaign in March 2026, the vaccination strategy shifted. The intervention was directed by Dr Moses, WHO professional who facilitated the simultaneous deployment of directly observed polio vaccination (DOPV) and house-to-house teams, ensuring a comprehensive delivery of vaccines across the settlement.

A significant milestone of the campaign occurred during a local wedding celebration (walima). Under WHO guidance, the health teams utilised the community gathering to improve accessibility and trust, successfully vaccinating 193 eligible children, many of whom had been historically missed during previous vaccination cycles.

By prioritising this chronically missed settlement, the intervention eliminated a critical gap in the regional health surveillance and immunisation network.



Dr. Moses Sunday, WHO personnel monitoring vaccination exercise at Kuitum settlement in Tirwun Ward, Bauchi LGA, Bauchi State.

WHO drives strategic action to boost immunisation in Delta State



Delta State Secretary to the state government, Dr Kingsley Emu, WHO SSZ coordinator, Dr Oluwafunmilayo Kolude, Delta State coordinator, Dr Ibrahim Salisu and APHO Ojimah Chibianotu, after a high-level advocacy meeting

Asaba — World Health Organization (WHO) has intensified its partnership with the Delta State Government to optimise primary health care performance and accelerate routine immunisation coverage.

Following field assessments in Oshimili North and Aniocha South LGAs, WHO south-south zonal coordinator, **Dr Oluwafunmilayo Kolude** held high-level advocacy talks with the Secretary to the state government and the Delta State Primary Health Care Development Agency. The engagements secured mutual commitments to expand vaccine access in riverine and hard-to-reach settlements.

To drive operational impact, WHO provided technical guidance to the state's 25 LGA immunisation and Health Management Information System (HMIS) Officers in Asaba. Dr Kolude shared targeted strategies to optimise outreach, enhance cold chain systems, eliminate vaccine stockouts, and strengthen data reporting to ensure equitable immunisation outcomes across Delta State.

WHO champions Nigerian health and hope on world health day



Group photo with WHO Zonal Coordinator, Dr. Ayodeji Isiaka, during the WHD in Oyo state

The 2026 World Health Day celebrations across Nigeria marked a pivotal shift in the battle against polio. Backed by the technical expertise of World Health Organization (WHO), the initiative moved beyond high-level policy, transforming data into an operational lifeline for families in the country's most vulnerable areas.

In Cross River State, WHO strategy of leveraging "trusted voices" was demonstrated as more than 500 nursing students joined awareness walks in Calabar and Ogoja. These health ambassadors engaged in a targeted campaign to sensitise the public on the benefits of polio vaccination.

Similarly in Katsina and Borno states, using advanced surveillance data, WHO personnel and health teams pinpointed exactly where the gaps in immunity were widest. Although banditry and kidnapping affect 59% of the 34 local government areas in Katsina, the deployment of a data-driven approach was used to control the transmission of circulating variant poliovirus type 2 (cVPV2).



Medical Outreach session, during the World Health Day, Katsina State



Road Walk for Awareness Creation during the World Health Day, Bauchi State

Despite security challenges, polio sensitisation and routine immunisation reached displaced families in settlements such as Lumbu in Taraba State, where WHO coordination ensured the vaccine cold chain remained unbroken throughout the transit routes. The campaign's impact was reflected in the testimony of mothers such as Godiya Tumba, who attended an outreach in Wuro Jabbe, Adamawa State, after health workers clearly communicated the benefits of immunisation. Supported by WHO risk communication strategies, these essential health messages were amplified across states including Rivers and Kano via radio broadcasts and community leaders. Ultimately, World Health Day 2026 demonstrated that delivering evidence-based interventions through trusted community systems successfully translates polio eradication commitments into clinical protection for every child.

WHO supports Sokoto's campaign to interrupt polio transmission

Sokoto — In a decisive move to safeguard the future of its youngest citizens, Sokoto State Ministry of Health with the support of World Health Organization (WHO) and other partners, have successfully concluded a massive house-to-house Outbreak Response (OBR) campaign. The initiative, launched following the detection of circulating poliovirus, targeted children aged 0–59 months across the state's 23 local government areas (LGAs) and 244 wards to strengthen population immunity required to interrupt transmission.

Over an intensive six-day implementation period, **4 085 vaccination teams trained by WHO**, navigated the diverse terrain of Sokoto, from urban centres to the remote underserved settlements. This approach ensured that **10 524 settlements** were reached following the technical support of WHO during the IE micro-planning exercise, which updated settlement list to include previously missed communities.

The success of the campaign relied on coordination between the State Primary Health Care Development Agency (SPHCDA) and its international partners.

WHO provided the technical expertise and surveillance infrastructure necessary to map high-risk areas and ensure strategic team deployment. The organization's field support was instrumental in monitoring the quality of the vaccination process, ensuring that over 1.2million children reached, received vaccines handled and administered in accordance with international standards.

Recognising that successful vaccination exercises require community cooperation, WHO supported the distribution of noodles to vaccinated children under 5 years of age to encourage participation and reduce non-compliance rates.

This strategy addresses immediate household needs while ensuring that life-saving health interventions remain a priority for the community. Despite these strides, the mission continues as health officials turn their attention to the 227 722 children who were missed during this round.



WHO Public Health Officer, Dr. Sanusi Bello, during the Ramadan SIA Campaign, at Almajiri School, Gagi A ward, Sokoto-South LGA, Sokoto State.

Summary

<p style="font-size: 24px; font-weight: bold; color: #007bff;">4k+</p> <p>Vaccination teams trained by WHO.</p>	<p style="font-size: 24px; font-weight: bold; color: #007bff;">10k+</p> <p>Settlements reached- IE Micro-planning exercise by WHO.</p>
<p style="font-size: 24px; font-weight: bold;">1.2M+</p> <p>Children vaccinated</p>	<p style="font-size: 24px; font-weight: bold;">1.5M+</p> <p>Targeted population</p>

Key Highlights

Highlights as at Week 19 2026

- ✓ Nigeria has reported 4,327 true AFP cases across 742 LGAs in all 36 states and the FCT, representing a **27% decline compared to the same period in 2025.**
- ✓ The country has met the two core AFP surveillance indicators, with an NP-AFP rate of 9.9 and stool adequacy of 98%. Additionally, the non-polio enterovirus (NPENT) rate stands at 18.6%.
- ✓ Environmental surveillance remains robust, with 386 wastewater samples collected from 91 sites and an enterovirus isolation rate of 73% in 2026, exceeding levels observed in the previous two years.
- ✓ There was one (1) new cVPV2 confirmed and one (1) new pending PV2 this week.
- ✓ 2026 cVPV breakdown: 28 cVPV2 from 22 LGAs in 9 states; and 3 cVPV3 from Kebbi and Borno States:
 - 24 cVPV2 from AFP/index, and 4 cVPV2 from wastewater samples
 - 3 cVPV3 from AFP
 - 13 out of the 31 cVPV detected are orphan viruses from 8 states
 - 2 VPV3 (not linked to any previous virus) from Zamfara and Kebbi States
 - The most recent cVPV2 isolate is from an AFP case with date of onset on 17 April 2026 in Kaura Namoda LGA, Zamfara State.
- ✓ Currently, there are two (2) PV2, one each from Kebbi and Zamfara States pending final sequencing

Update on Supplementary Immunization Activities:

April 2026 OBR2: April OBR 2 has successfully concluded in the 15 implementing high-risk states (Adamawa, Bauchi, Borno, Gombe, Jigawa, Kano, Katsina, Kaduna, Kebbi, Kwara, Nasarawa, Niger, Sokoto, Yobe and Zamfara)

- Overall, 88% of the planned 215,140 settlements were reached by vaccination teams with geo-evidence and a vaccination coverage of 89% with nOPV2 and 69% with fIPV in the 3 bloc A states, and 99% nOPV2 in the 12 bloc B states.
- The campaign lot quality assessment has concluded, and the analysed data is awaited
- Revaccination data from LGAs that failed the LQAS is also awaited.

Data Source: 2024-2025 Nigeria Polio Statistics_2026_Wk19

Community Touch

- **68,000** supervision visits to Health Facilities conducted by WHO Field Volunteers in 2026.
- **27,000** Active Case Search conducted by WHO Officers in 2026.
- **12,557** Community Information on Polio submitted by community informants.

Data Source: ISS, WHO Server

Surveillance

5066

AFP cases reported in 2026 by surveillance actors.

966

Insecure settlements visited by WHO Officers to search for Polio cases in 2026

Target Population

26.5M+ | **29M+**
March 2026 | April 2026

Children Vaccinated

26.7M+ | **28.1M+**
March 2026 | April 2026

vaccination in Insecure settlements and Hard to reach areas

3.2M+
March 2026

4.4M+
April 2026



Data Source: Etally

Polio surveillance restarts in Sokoto via WHO move



Strategic meeting with the Honourable Commissioner for Health, Dr Faruk Umar Abubakar, by WHO PEP Team Lead, Dr Kofi Boateng and Zonal Coordinator, Dr Adamu Haruna

Sokoto — The battle against polio in Sokoto State has received a significant boost as World Health Organization (WHO) takes a decisive step to reactivate the collection and submission of stool samples to the laboratory—a critical component of disease surveillance that had been inactive for months. This initiative underscores the organization's commitment to the people of Sokoto and its broader mission to protect humanity from preventable diseases.

Leading this mission of restoration, WHO Polio Eradication Program (PEP) Team Lead for Nigeria, Dr Kofi Boateng, arrived in the state for a high-level advocacy visit. He was accompanied by a delegation including the zonal coordinator for the north-west region, Dr Adamu Haruna, and WHO public health officer for Sokoto, Dr Sanusi Bello. This signalled a renewed urgency in ensuring that no child in the state is left vulnerable to polio.

During a meeting at the Ministry of Health, the Commissioner for Health, Dr Faruk Umar Abubakar, expressed appreciation for the partnership. **He described WHO as the "backbone of support" for the state's health sector, noting that the organization is consistently at the frontline, ready to respond to challenges with both expertise.** Abubakar praised the working relationship between the Ministry and WHO state coordinator, Dr Mohammad Yusuf Argungu, whose leadership has been instrumental in navigating complex health hurdles.

Acknowledging the critical gap in sample collection, the Commissioner reaffirmed the state's dedication to the cause. He pledged to personally engage the Executive Governor of Sokoto State, Dr Ahmad Aliyu Sokoto, to ensure the necessary resources and administrative support are fast-tracked to revive surveillance activities. This commitment serves as a testament to the synergy between international expertise and local political will, all aimed at a polio-free future for every family in Sokoto State.

Cross River health systems strengthened with vital WHO support



AFP investigation by WHO LGAFs, Edem Essie and Joy Ukachi, in Calabar South LGA, Ward 8, Cross River State.

Calabar — Through intensified collaboration with the Ministry of Health and regional stakeholders, World Health Organization (WHO) Cross River State Office is actively fortifying local public health frameworks. By merging grassroots engagement with technical oversight, the ongoing partnership is driving significant advancements in disease surveillance, outbreak preparedness, and emergency interventions. A prominent milestone of this push was the commemoration of World Health Day, featuring a "Walk the Talk" awareness campaign and a high-level colloquium, that united government officials, health workers, students, and citizens to advocate for universal health coverage, stronger infrastructure, and preventive healthcare.

Beyond public advocacy, WHO impact is deeply embedded in the state's disease-tracking mechanics. A recent rapid surveillance assessment across selected health facilities rigorously audited case detection, documentation, and reporting efficiency. By swiftly correcting operational gaps, this assessment reinforces the strict accountability required to protect Cross River State's polio-free status. This vigilance is further sustained by meticulous supportive supervision of environmental surveillance—specifically wastewater collection at three designated sites in Calabar—ensuring early poliovirus detection and quality sample handling.

Structurally, WHO is invested in capacity building and collaborative management under the surveillance implementation plan. Technical capabilities were upgraded through specialised training for traditional, complementary, and alternative medicine practitioners, cross-border coordination programmes, and strategic review sessions. Furthermore, quarterly technical review meetings for disease surveillance and notification officers, alongside the activation of the surveillance technical working group, have streamlined communication, allowing teams to analyse performance indicators and execute decisive responses to emerging threats.

Complementing these logistical systems is a commitment to regional immunisation. In backing African Vaccination Week 2026, themed "For every generation, vaccines work," WHO has been instrumental in accelerating equitable vaccine access. The campaign actively targets zero-dose children and underserved populations while simultaneously driving community searches for acute flaccid paralysis (AFP) cases. Through these interconnected initiatives, WHO continues to serve as a vital anchor for the state's medical security, ensuring a resilient system capable of protecting every citizen.

WHO sustains polio surveillance function in riverine settlements in Bayelsa

Yenagoa — Deep within the riverine terrain of Bayelsa State, where communities are often separated from modern infrastructure by hours of boat travel, and reaching a child with a vaccine requires navigating complex waterways in traditional wooden canoes, World Health Organization (WHO) remains dedicated to ensuring that environmental barriers do not dictate which child enjoys good health.



WHO Bayelsa State Coordinator, Dr. Marcus Oluwadare, performing sensory examination during AFP case validation in Ogbia LGA.

As of April 2026, Bayelsa State and every single one of its local government areas have consistently met the core global indicators for polio surveillance. This milestone signals a public health system that is not just functioning under difficult circumstances, but is deeply responsive to the lives it protects.

At the heart of this transformation is World Health Organization (WHO). Serving as a steady hand guiding this progress, WHO has facilitated a deep partnership with the Bayelsa State Ministry of Health and local partners, fundamentally reshaping how health data and resources move through the region.

One of the most significant impacts of WHO's involvement is the successful modernisation of the state's health infrastructure. Moving from analogue to digital, WHO field officers have successfully on-boarded local surveillance focal persons onto online platforms. This transition replaces cumbersome paperwork with real-time connectivity, ensuring that the critical "two drops" of life-saving oral polio vaccine are tracked with absolute precision. In a region where populations are constantly on the move across waterways, this digital transformation ensures that no child remains invisible to the healthcare system.

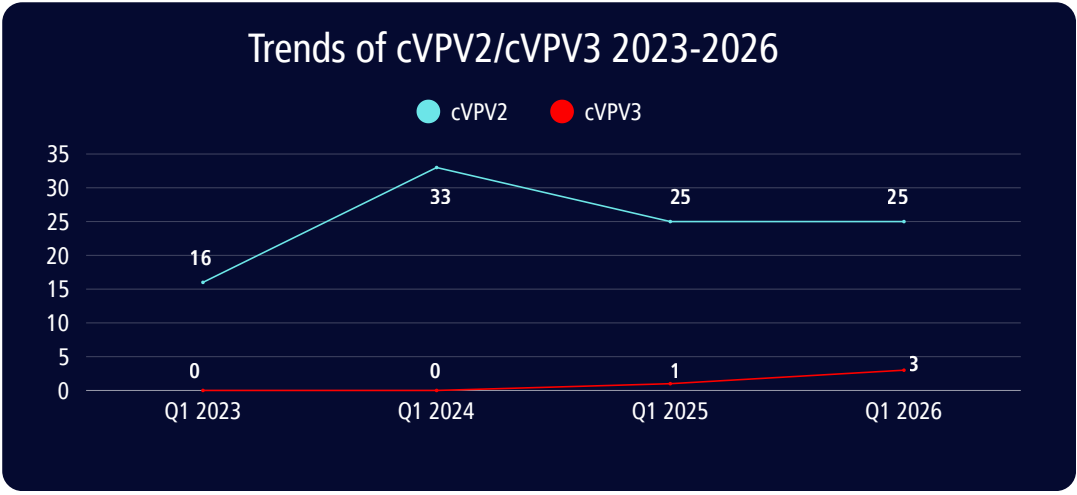
Beyond digital infrastructure, WHO strengthens field operations through continuous capacity-building and supportive supervision, training local residents as community informants. From verifying health cases in village squares to immunising infants in canoes, WHO bridges global health standards and local realities.



Immunization activity by Omonibeke Anthony (WHO APHO) & Nivie Ngwele (LGAF), in Agiama-Enewari Creek, Bayelsa state



Polio Updates



cVPVs	2023	2024	2025
Cases Reported	166	122 ↓	87 ↓
# of states with reported cases	15	15 —	16 ↑
# of LGAs with reported cases	67	70 ↑	57 ↓
# of Wards with reported cases	105	97 ↓	70 ↓

Data Source: CVPV2 Linelist

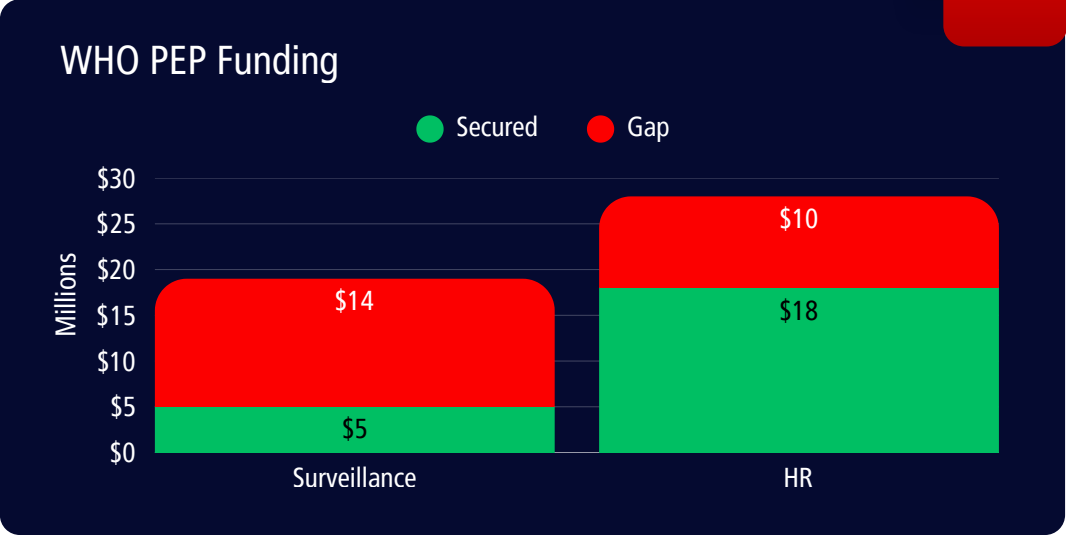
This data highlights a journey of resilience and protection for children across various communities. The human impact is most visible in the significant reduction of reported cases, which dropped from **166 in 2023 to 87 in 2025**, signifying fewer families facing the devastating reality of paralysis. This progress is a testament to the dedicated health workers reaching into 35 fewer Wards and 10 fewer Local Government Areas over that two-year span, ensuring that life-saving vaccines reach the most vulnerable. While the stable trend of 25 cases of cVPV2 into early 2026 and the slight emergence of cVPV3 cases remind us that the mission is not yet complete, the overall contraction of the virus’s footprint offers a narrative of hope and a strengthening shield for the next generation.

NOTE

Dr. Bello Inuwa Mohammed
Jigawa State Coordinator

“If you fund one thing, fund surveillance.”

- #### Areas affected
- Frequency of visit to priority surveillance sites.
 - Frequency of engagements with communities.
 - Frequency of data review and capacity building.
 - Surge personnel in priority areas



WHO strategic planning protects 4.1 Million Children

Birni-Kebbi, Sokoto and Gusau — The conclusion of the March 2026 vaccination campaign across Kebbi, Sokoto, and Zamfara stands as a testament to the power of preparation. Reaching over 4.1 million children during the sacred month of Ramadan was not a matter of chance. At the heart of this mission was a rigorous foundation of knowledge laid by World Health Organization (WHO). Recognising that a vaccine is only as effective as the hands that deliver it, WHO spearheaded intensive training sessions for vaccinators and supervisors across the three states. These were not just technical briefings; they were masterclasses in community engagement, cold-chain management, and the delicate art of house-to-house advocacy during the holy month of Ramadan.

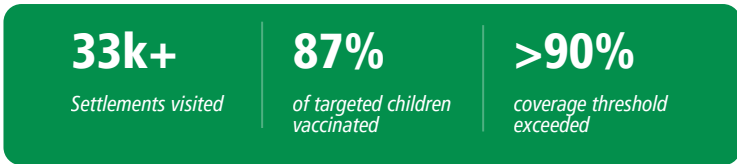


Supportive supervision by WHO NW Zonal Coord, Dr. Adamu Haruna, Sokoto State

Also, through Integrated Micro-planning (IE), WHO meticulously mapped every settlement and household, ensuring that no alleyway was too narrow and no nomadic community too remote for health teams to find.

This micro-planning served as the campaign’s central nervous system. By identifying exactly where children were and the specific resources needed to reach them, the WHO eliminated the guesswork that often leaves vulnerable populations behind.

The impact is clear: **33 453 settlements were visited**, and **87% of the targeted children now carry a vital shield against polio**. In the 43 local government areas that exceeded the **90% coverage threshold**, the community has achieved a collective safety that protects every neighbour.



WHO maps polio-free future using healthy stool samples in Kebbi

Birni-Kebbi — World Health Organization (WHO) Kebbi State office, during the 2026 Ramadan supplementary immunisation activity (SIA) campaign, shifted from merely administering vaccinations to strengthening proactive surveillance as part of its core mandate, creating a first line of defence that helps detect Acute Flaccid Paralysis (AFP) cases early and stop the possibilities of a permanent paralysis by healthy stool sample collection.

This systematic collection of stool samples from healthy individuals in Aliero and Jega local government areas of Kebbi State, serve as a critical early warning system that helps detect the virus in the 99% of cases where no symptoms are present. This is crucial to the quality of surveillance and the complete eradication of the virus, as relying solely on paralyzed cases or visible symptoms would leave a massive blindspot.



Healthy stool sampling collection sensitization exercise in Aliero LGA, Kebbi state, with WHO PHO, Dr Tambari Babangida, LGA DSNO, Umar Adamu and LF, Omoniji Temitope

“Every sample handled by a dedicated WHO field team represents a contribution to a safer future for every family with a child under 5 years of age.”



© Polio Eradication Program, WHO Nigeria

"Our children are the heartbeat of Nigeria. With **just two drops**, we protect their steps today and their dreams for tomorrow. Let's keep every child walking strong."

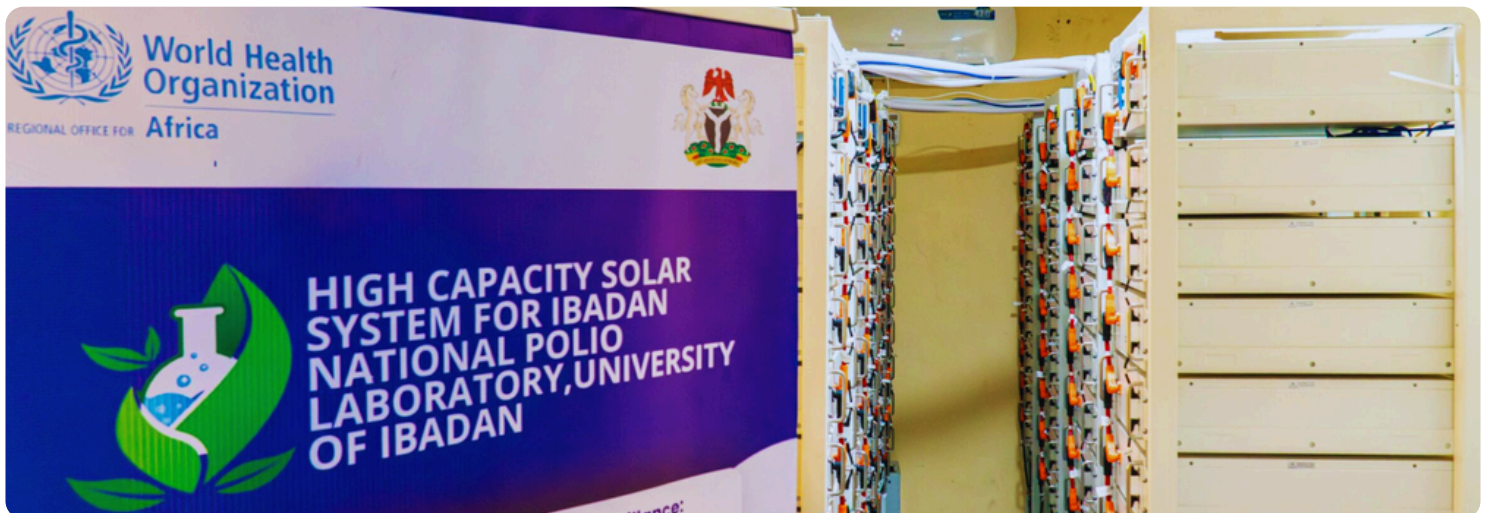


Ibadan laboratory Solar Power commissioning by Prof Muhammad Pate, Nigeria's Coordinating Minister of Health and Social Welfare

WHO solar system donation powers Nigeria's polio labs

Maiduguri and Ibadan — The journey toward a polio-free future in Nigeria has reached a transformative turning point through the strategic revitalisation of two critical diagnostic hubs: the National Polio Laboratories in Ibadan and Maiduguri. Driven by the leadership of World Health Organization (WHO) and supported by the Bill & Melinda Gates Foundation, these initiatives have replaced operational vulnerability with climate-smart resilience, ensuring that Nigeria's public health infrastructure can withstand both environmental disasters and chronic utility failures.

For years, the Ibadan National Polio Laboratory, situated within University College Hospital, functioned under the constant shadow of an unreliable power grid. Senior laboratory technologist Olamide Ogunmola recalls the immense pressure of grid failures, where staff had to manually transition to generators and monitor sensitive cold chains around the clock to prevent the loss of critical reagents and samples. These disruptions often led to delayed testing and the costly repetition of procedures, creating a high-stakes environment where any power outage risked overlooking early signs of poliovirus. This unstable situation became even more acute in 2023 when the facility was upgraded to a genomic sequencing center, a move that allowed samples to be analyzed domestically but significantly increased the laboratory's demand for stable electricity.



High capacity solar system installed by the World Health Organization, at the Ibadan National Polio Laboratory

This cycle of instability was broken on 30 April 2026 with the commissioning of a 100 KVA solar power system in Ibadan. Orchestrated by WHO in partnership with eHealth Africa, this project has redefined the laboratory's operational capacity. According to Laboratory Coordinator Dr Bernard Onoja, the installation has replaced constant anxiety with a renewed sense of confidence. The facility now operates without interruption, maintaining the integrity of data systems and cold rooms while allowing the team to focus exclusively on diagnostic accuracy and quality.



Commissioning of the Solar Power Installation system at the Ibadan National Polio Laboratory, by Dr Idowu Audu, Prof Georgina Odaibo, WHO Personnel and VP (Africa), World Society for Virology (WSV), WHO Surveillance Pillar Lead, Dr Sachin Rewaria and other dignitaries.

While Ibadan overcame the challenge of energy poverty, the laboratory in Maiduguri faced a literal tide of destruction. In 2024, catastrophic flooding devastated the Maiduguri National Polio Laboratory, destroying essential equipment and halting operations entirely. The loss of this facility caused immense anxiety for families in Northeast Nigeria who relied on its diagnostic services. In response, WHO spearheaded a comprehensive overhaul to not only restore but also significantly enhance the laboratory. By 27 April 2026, the revitalised facility was officially commissioned, featuring expanded infrastructure, state-of-the-art diagnostic technology, and its own 125 KVA solar energy system to ensure permanent independence from regional power outages.

The impact of these two laboratories is profound. The Maiduguri facility now stands as the only genomic sequencing laboratory in Northeast Nigeria, processing over 22 000 samples annually from high-risk regions. Meanwhile, combined with the Ibadan centre, these laboratories process approximately half of all polio samples for the entire African region. WHO is currently guiding the Maiduguri lab toward full genomic sequencing accreditation, ensuring it meets the highest global biosafety standards.

By investing in these resilient, solar-powered facilities, WHO and its partners have created a protective shield for children and communities across the continent. Faster, more reliable results lead to earlier outbreak detection and swifter vaccination responses. Beyond the immediate fight against polio, these advanced laboratories now serve as vital hubs for monitoring a wide range of infectious diseases, marking a monumental advancement for Nigeria's broader health security and its commitment to a safer, more stable future.



Group photo at the Ibadan National Polio Laboratory after the commission ceremony of the Solar Power Installation

GPEI Strategic committee conduct field visit in Niger State to monitor micro-planning and other activities

Minna — The Niger State Ministry of Health proposes a comprehensive shift in the health sector using the results of the IE walkthrough to optimise public planning, budgeting, and forecasting.

The initiative was communicated by the Niger state commissioner for health, Dr Murtala Muhammad Bagana, during the high-level strategy committee mission. The event was attended by key stakeholders, including representatives from Rotary International and the Bill & Melinda Gates Foundation, where Bagana highlighted plans to formally present a proposal to the state executive council to suggest the cross-governmental adoption of this methodology.



Visit to Senator Dr Idris Ibrahim Kuta Memorial PHC, Minna, Niger state, with the commissioner for health, Dr Murtala Muhammad Bagana, strategy committee, WHO Niger SC, Olayiwola Sultiat, WHO personnel, Dr Kennedy Adejoh, and other agencies

This policy shift follows a declared state of emergency regarding health data in the state. Critical operational bottlenecks—including rampant insecurity, human resource shortages, underfunded distribution networks—had left 16 settlements completely inaccessible and over 100 cut off from essential care. Consequently, 3000 settlements were consistently missed across three consecutive rounds of health interventions.

To resolve these gaps, World Health Organization (WHO) provided crucial technical support through its IE walkthrough micro-planning methodology. By executing this rigorous framework, the 3000 previously missed settlements were successfully identified and integrated back into the health grid, effectively dismantling long-standing barriers to healthcare access.

Bagana emphasized that the operational lessons from these polio cluster interventions will serve as a new blueprint across various sectors, utilizing precise microplanning to safeguard vulnerable populations and ensure no settlement or child is left behind.



Group photo of WHO Representative Nigeria, Dr Pavel Ursu, PEP Team Lead, Dr Kofi Boateng, with Rotary International Representatives and other WHO personnel

WHO Rotary financial review meeting 2026

Abuja — The meeting highlighted the meticulous implementation of funds allocated to World Health Organization (WHO) for the Polio Eradication Programme (PEP).

Special emphasis and appreciation were placed on the transparency policy under which the PEP cluster operates, as well as its commitment to the Value for Money Initiative, despite the funding cut.

WHO remains dedicated to ensuring that every penny serves a cause towards the eradication of polio in Nigeria.



"The government remains steadfast in its commitment to reaching every child with life-saving vaccines. The technical expertise provided by WHO continues to be an essential pillar in achieving our shared goal of a polio-free Nigeria." - *Dr Muyi Aina, Executive Director of the NPHCDA (December 2025)*



Field Viewpoint



Dr Tambari Babangida
PHO, Kebbi State



During the six-day outbreak response (OBR) campaign in Kebbi State, World Health Organization (WHO), in coordination with the State Primary Health Care Development Agency (SPHCDA) and UNICEF, provided technical and operational support to boost population immunity against circulating poliovirus. Deploying **3 418 vaccination teams** and using a house-to-house strategy alongside fixed and special sites, the campaign successfully reached all 21 local government areas (LGAs), 225 wards, and 12 689 settlements, including underserved communities. Out of a target population of over 1.3 million children aged 0–59 months, the collaborative intervention vaccinated more than the target population, achieving 100 per cent administrative coverage while identifying and tracking 19 136 missed children to ensure high-quality surveillance and complete interruption of transmission.



Dr Sanusi Bello
PHO, Sokoto State



During the March 2026 supplementary immunisation activity (SIA) campaign in Sokoto State, World Health Organization (WHO) provided technical support, field supervision, and coordination across all 244 wards to interrupt the transmission of circulating variant poliovirus types 2 and 3. Utilising a field force of **2 830 house-to-house teams**, 488 special teams, and 321 fixed-post teams, the campaign successfully vaccinated 1.2 million targeted children across the state's 23 local government areas using both the novel oral polio vaccine type 2 (nOPV2) and bivalent oral polio vaccine (bOPV). WHO polio eradication programme team leads conducted field visits to monitor quality implementation and enhance community compliance, ensuring robust coverage.



World Health Organization (WHO), reiterates the organization's dedication to supporting the Nigerian government in its fight against polio, acknowledging the long-standing partnership with the Rotary International, a global advocacy and fundraising partner of the Global Polio Eradication Initiative (GPEI).

