Nigeria's polio endgame impeded by Boko Haram

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igerian polio campaigners seemed tantalizingly close to eradicating the disease when there were no new cases in 2015. But in August 2016, four children from northern Nigeria's war-torn Borno state were found to be infected.

At the National Polio Emergency Centre in Abuja, Nigeria's capital, Eunice Damisa, the deputy incident manager, blames polio's persistence on Boko Haram, a militant Islamist group that forbids Muslims to take part in any Western political or social activity. The Nigerian government recently warned that Boko Haram's violence "poses a huge risk" for polio transmission.

"Boko Haram does not accept the basic premises of medical science," Damisa says. "We're collaborating with the military to try to vaccinate children in the areas controlled by Boko Haram."

Despite this setback, eradication efforts have been hugely successful globally. After an investment of 30 years and US\$14 billion by the Global Polio Eradication Initiative (GPEI), cases worldwide declined from 350 000 in 1988 to only 40 in 2016, all concentrated in three countries: Afghanistan, Pakistan and Nigeria.

In Nigeria, polio eradication efforts have netted benefits over and above immunization; they've bolstered the health infrastructure and created an estimated 390 000 low-wage health care jobs.

Larai Sani, a 45-year-old mother of six and former housewife, distributes vials of polio vaccine on the outskirts of Katsina, a city of almost four million. "Now I supervise a team of ten village health care volunteers," says Sani. "Beyond polio, we are fighting measles, whooping cough, yellow fever, meningitis and many other diseases."



Women training for polio eradication efforts in Katsina, Nigeria.

As a "volunteer" community supervisor, she earns about half a labourer's salary. "When polio is eliminated," Sani says, "I'd like to continue doing routine immunizations and working on other health care problems like access to clean drinking water, malaria control, family planning, breastfeeding and nutrition."

The investment in polio eradication has also boosted vaccination in general and overall disease surveillance, says Dr. Abidoye Sunday, WHO coordinator for the State of Lagos. "Nigeria's response to the Ebola crisis was largely based on the polio infrastructure."

In Katsina, where some of the two million people displaced by Boko Haram have been resettled, Dr.ShamsuddeenYahaya, primary health care director for the Katsina state government, says the polio infrastructure is crucial in supporting ongoing efforts to control an outbreak of meningitis that has so far killed more than 1069 people in 2017.

"When the polio campaign ends, we hope the government will build on the health system capacity it has created," Yahaya says.

Together, the Nigerian government and the GPEI will spend almost US\$300

million in 2017 to intensify efforts to defeat polio. But Dr. Anisur Rahman Siddique, UNICEF's team leader on polio eradication in Nigeria, says the Nigerian government anticipates that the polio funding will be terminated, possibly as soon as 2019. The government is planning for primary health care renewal that may incorporate its massive army of polio campaigners. But if the Nigerian

government has made a commitment to funding such plans, Siddique says, "I'm not aware of it."

Kabiru Getso, the health minister for Kano state, is adamant that the public health momentum created by the polio campaign will not be allowed to wither. "After polio is eradicated, I believe the state will be able to sustain what has been done," he says after detailing plans

to refurbish 85 health clinics in his state. "Even if international donors withdraw, we will be able to sustain our health system."

WHO officials warned recently about "the risks from the downscaling of the polio infrastructure" in poor countries like Nigeria.

Paul Webster, Katsina, Nigeria