



NIGERIA

6th DISTINGUISHED LECTURE
15th August 2019

Guest speaker

Prof.
Oyewale Tomori

TOPIC:

**NIGERIA:
PLAYING
POKER WITH
PUBLIC HEALTH**



CONFERENCE CENTRE



GANI FAWEHINMI
Health Diagnostic Centre



UNIVERSITY OF MEDICAL SCIENCES,
LAJE ROAD, ONDO CITY, ONDO STATE, NIGERIA.

6th DISTINGUISHED LECTURE
15th August 2019

NIGERIA: PLAYING POKER WITH PUBLIC HEALTH



Objectives of UNIMED Distinguished Lectures

***STRONGLY** position the UNIMED in*

- ✓ ***ADDRESSING** the major health challenges confronting the country,*
- ✓ ***HELPING** to focus priority attention on the gaps and unmet needs for the effective delivery of health and health care required for development and social transformation*

**UNIMED DISTINGUISHED
GUEST LECTURE SERIES**

DATE	SPEAKER	TITLE OF LECTURE	REMARKS
June 15, 2016	Prof. Kelsey A. Harrison	We Reap What We Sow	Sow the wind, reap the storm
May 15, 2017	Prof. Joseph A. Balogun	The Case for a Paradigm Shift in Education of Healthcare Professionals in Nigeria	In the healthcare professional family, the doctor leads, but is not SUPREME. We need each other
October 19, 2017	Prof. Mohammed A. Pate	The future of health and the promise of primary healthcare	Primary is the root/foundation of health care, <i><u>but hear what Prof Lucas said 19 years ago, still true today</u></i>
April 30, 2018	Mallam Nasir El-Rufai	Transforming Nigeria's Educational System: Looking back and looking forward	Status of limitation for educational backwardness
May 9, 2019	Erelu Bisi Fayemi	Female Education and Representation and the Quest for National Development	Neglecting female, education recipe for underdevelopment
August	Prof. Oyewale Tomori	Nigeria: Playing Poker with	Gambling with the health of



Professor Lucas said “...the Nigerian health system is:

- ***sick, very sick, and is in urgent need of intensive care;***
- ***blind, lacking vision of its goals and strategies;***
- ***deaf, failing to respond to the cries of the sick and dying;***
- ***impotent, seemingly incapable of doing things that neighboring countries have mastered.***

Conclusion: *‘every organ (of Nigeria’s health system) is affected and ailing.*

**UNIMED DISTINGUISHED
GUEST LECTURE SERIES**



DATE	SPEAKER	TITLE OF LECTURE	REMARKS
June 15, 2016	Prof. Kelsey A. Harrison	We Reap What We Sow	Sow the wind, reap the storm
May 15, 2017	Prof. Joseph A. Balogun	The Case for a Paradigm Shift in Education of Healthcare Professionals in Nigeria	The doctor leads, but is not SUPREME
October 19, 2017	Prof. Mohammed A. Pate	The future of health and the promise of primary healthcare	Primary is the root/foundation of health care, but hear what Prof Lucas said in 2000...
April 30, 2018	Mallam Nasir El-Rufai	Transforming Nigeria's Educational System: Looking back and looking forward	There must be a status of limitation for educational backwardness
May 9, 2019	Erelu Bisi Fayemi <i>Females in 8th National Assembly- 7 (6.4%) of 109 Senators ; 22 (6.1%) of 360 Representatives</i>	Female Education and Representation and the Quest for National Development	Neglecting female, education is recipe for underdevelopment.
. August 15, 2019	Prof. Oyewale Tomori	Nigeria: Playing Poker with Public Health	Gambling with the health of the nation is a CRIME

CELEBRATION and CEREBRATION

- ✓ CELEBRATE the founders of UNIMED for the initiation and sustenance of the vision: *I-ro-ko-Mi-mi-ko/ODSG*
- ✓ ACKNOWLEDGE the academic/administrative leadership of UNIMED for abiding and sticking with the vision
- ✓ APPRECIATE the continuing support of *Ara-kun-rin/ ODSG*
 - ✓ EKSU took 10 years to graduate first set of medical students

CELEBRATION and CEREBRATION

- ✓ **NO SURPRISE** – Two years of the BMGF funded the Nigerian Governors' "Polio" Leadership Award run by the Governors' Forum, was won by the Ondo State Governor/Government.
- ✓ **ASSURANCE** that with Ondo State Government support, UNIMED will **THRIVE** rather than **STRIVE** to become a locally and globally acclaimed university for :
 - ✓ excellence and innovation in health education and research,
 - &**
 - ✓ ability to translate research findings for health improvement

2019 Distinguished Guest Lecture-University of Medical Sciences, Ondo City

Oyewale Tomori oyewaletomori@gmail.com

to Friday Okonofua feokonofua@yahoo.co.uk Mar 26. 2019. 1.59 AM

Dear Friday

Thanks again for the invitation to deliver the Distinguished Lecture of the Distinguished UMC on August 15, 2019

In an attempt to bring up contemporary national issues spanning - health, socio-economic issues, our culture, the uniqueness of our country and especially the hopes we have for a better Nigeria.

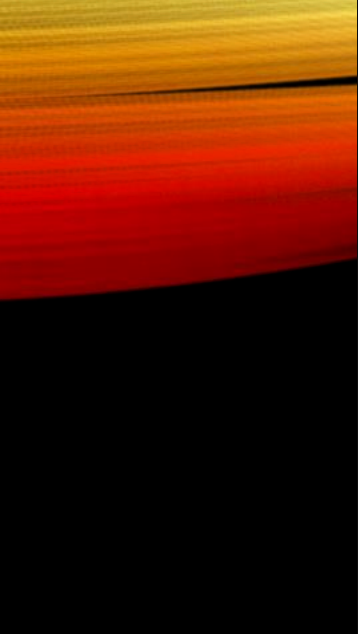
I am proposing this **"crazy"** title:

THIS "NIGERIA" MUST DIE, TO LIVE.

To live, the Nigeria we have now has to die, and a new Nigeria resurrect. Sounds provocative? !

Regards

Oyewale



In choosing where to talk about Nigeria DYING and LIVING, I ask myself what better place than in a medical school that deals with LIFE and DEATH on a daily basis, especially UNIMED whose core values are transparency and accountability ?

Transparency and Accountability, (T&A) are the fresh breath of air that we need in Nigeria where T&A are not only regarded as HAZARDOUS but also SUICIDAL

WISE COUNSEL PREVAILED

For the possibility that in these volatile times, such a title as NIGERIA MUST DIE TO LIVE , would be

- Misaligned,
- Misbalanced,
- Miscalculated,
- Misconstrued,
- Misjudged,
- Misread,
- Misunderstood,
- Mistaken,
- Mistook ,
- Mistranslated & Mis-everything

I opted for a less provocative title and came up with

**NIGERIA:
PLAYING POKER WITH
PUBLIC HEALTH.**

Friday Okonofua <feokonofua@yahoo.co.uk>

Thur, Mar 28, 2019, 2:35 AM

to me

Sir, I think

"Nigeria - playing poker with public health"
will be great.

**I believe it will achieve your objective for the lecture and also
stimulate deeper thoughts on the subject matter.**

Thank you,

Friday

SOME DEFINITIONS- SAME WORD, DIFFERENT MEANINGS

TEACHER: Spell "PLANTAIN"

STUDENT: Sir, what type of plantain do you want me to spell?

TEACHER: Silly boy, PLANTAIN is PLANTAIN. Spell PLANTAIN, b4 I...I.... I

STUDENT: Oga, PLANTAIN is not PLANTAIN o

If the **PLANTAIN** is ripe and you fry it is: "**DODO**"

If the **PLANTAIN** is not ripe and you fry it, it is "**PEKERE**"

If the **PLANTAIN** is ripe or it is not ripe, and you roast it, it is "**BOOLI**"

So, Oga, which PLANTAIN do you want me to spell?

Therefore, I will define three words

❖ NIGERIA,

❖ POKER GAME

and

❖ PUBLIC HEALTH

❖ **Nigeria – different folks, different strokes**

❖ **Nigeria of the HERDSMAN is not that of the FARMER**

❖ **Nigeria of the POLITICIAN “o yato si ti “ ELECTORATE**

❖ **Nigeria of the POLICEMAN & BUS RIVER not the same**

❖ **Old national anthem best describes Nigeria, of choice**

✓ **Our dear united land of different tribes and tongues**

✓ **A country of EQUITY, no man oppressed**

✓ **A land blessed with peace, and plenty**

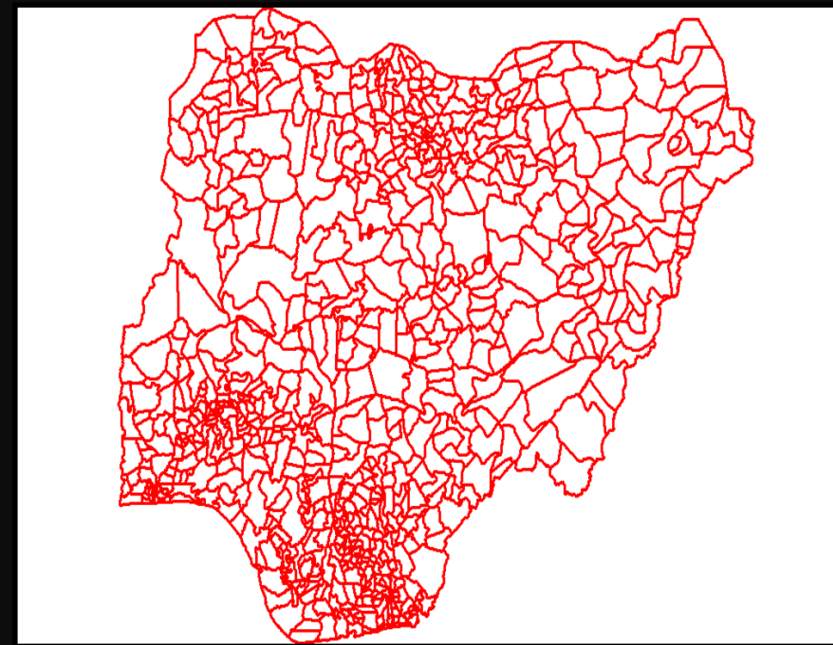
✓ **A nation to serve faithfully, loyally & with honesty.**

✓ **The Nigeria whose honour and glory we pledge to uphold and defend.**



The Nigeria of TODAY

- **torn apart by tribe, tongue & politics**
- **shredded in disarray and confusion,**
- **peace is alien, poverty is the neighbor, bedmate, & pillow to rest our head**



This is the NIGERIA that must die , that we must unite to kill




The one playing poker with her public &and their health.

POKER GAME

- My confession – 1965, lost money, Christmas shoes and wrist watch to con artist card player gang
- Three characteristics of a poker game:
 - **GAMBLING, LUCK & STRATEGY**
- Poker- a card game of bets, bluff and skill
- Poor Poker Player (PPP) focusses on one or two of the poker characteristics- gambling (betting) , and luck (bluffing); often forgetting strategy.



TURNING PUBLIC HEALTH INTO A POKER GAME

- Health care in Nigeria: betting with bluffing propaganda
- Multiplicity of poorly or unimplemented national health plans
- Public health in Nigeria, is a poker game by gamblers, bluffers, tricksters, con artists, and skillful deceivers found everywhere
- Actors in and from all walks of our national life:
 - the village council  the LGA, State/National Assemblies, detouring  by way of the Judiciary  to the Executive chambers

Public health brings all health and social faculties together to protect the safety and improve the health of communities through disease and injury prevention

Public health specialists function in and with the communities addressing health problems as a whole and influencing policies that affect the health of societies.



Achieved through the application of education, research, policy making and implementation.

Public health involves the collaboration of different disciplines: medicine, biology, anthropology, mathematics, engineering, education, psychology, computer science, sociology, business and public policy

Public health professionals work in

- Government departments- Federal/State/LGA**
- Government agencies: NCDC/NACA/NAFDAC/NPHCDA**
- International organizations: WHO/UNICEF/Gavi,**
- Private sector companies: Health insurers & pharmaceutical companies**
- Educational institutions – Universities, Colleges & Schools of medicine and public health**



PUBLIC HEALTH SPECIALISTS

- Monitor community health status & find solutions to identified problems**
- Diagnose , investigate health problems and hazards in the in the community**
- Inform, educate & empower the undeserved and at-risk people about health issues**
- Mobilize community partnerships to identify and solve health problems**
- Develop policies and plans that support individual and community health efforts**

PUBLIC HEALTH SPECIALISTS

- **Enforce laws & regulations that protect health and ensure safety**
- **Link people to needed health services & ensure the provision of health care when otherwise unavailable**
- **Ensure a competent public health and personal health care workforce**
- **Evaluate effectiveness, accessibility, and quality of personal and population-based health services**
- **Conduct research into new insights and innovative solutions to health problems**

Occupational Health and Safety, Statistics, Healthcare, Alcohol, Birth Defects, Environmental, Family, Behavior, Irrigation, Indicators, Notify, Lead, Risk, Breast and Cervical Cancer, Policy, Big Data, GIS, Pathogens, Training, Obesity, Chronic Disease, Prevention, Economics, Social Policy, Air, Injuries, Oral Health, Cardiovascular Disease, Epidemiology, Toxins, Vaccines, Infectious Disease, Sanitation, Ageing, Soil, Smoking, Leadership, Protections, HIPPA, Education, Monitor, Illnesses, Vital Statistics, Drinking Water, Restaurants, Demography, Environmental Hazards, Food Safety, Reproduction, Meaningful Use, Bioterrorism, Mental Health, Violence Management, Emergency Preparedness, Non-communicable disease, Equality

PUBLIC

HEALTH



-  **Monitor health**
-  **Enforce laws**
-  **Diagnose and investigate**
-  **Link to and provide care**
-  **Inform, educate and empower**
-  **Assure a competent workforce**
-  **Mobilize community partnerships**
-  **Evaluate**
-  **Develop policies**
-  **Research**

NIGERIA'S GAMBLING BLUFFING AND FLUFFING WITH PUBLIC HEALTH

EXAMPLES OF THREE DISEASES
YELLOW FEVER
LASSA FEVER
POLIO

YELLOW FEVER

From 1910-2019

COLONIAL REPORTS—ANNUAL.

No. 878.


NIGERIA.

REPORT FOR 1914.

For Report for 1913 see No. 851 (Northern Nigeria) and No. 852 (Southern Nigeria).

Presented to both Houses of Parliament by Command of His Majesty.

April, 1916.



LONDON:
PRINTED UNDER THE AUTHORITY OF HIS MAJESTY'S STATIONERY OFFICE.
By BARCLAY AND PLY, LTD., THE GROVE, SOUTHWARE STREET, S.E.

To be purchased, either directly or through any Bookseller, from WYMAN AND BONS, LIMITED, 25, BARRAB'S BUILDINGS, PATTER LANE, E.C.4, and 28, ABINGDON STREET, S.W., and 54, St. MARK STREET, CARDIFF; or H.M. STATIONERY OFFICE (SCOTTISH BRANCH), 22, FORT STREET, EDINBURGH; or E. PONSOMBY, LIMITED, 116, GRAPTON STREET, DUBLIN; or from the Agencies in the British Colonies and Dependencies, the United States of America and other Foreign Countries of T. FISHER UNWIN, LIMITED, LONDON, W.C.

1916. Price 4d.

Digitized by UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
Original from UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

COLONIAL REPORTS NIGERIA 1898-1960

COLONIAL REPORTS—ANNUAL.

No. 1155.

NIGERIA.

ANNUAL GENERAL REPORT FOR 1922.

1. GEOGRAPHICAL AND HISTORICAL NOTE.

The Colony and Protectorate of Nigeria is situated on the northern shores of the Gulf of Guinea. It is bounded on the west and north by French territory and on the east by the former German Colony of the Cameroons. Great Britain has recently received a mandate over a small portion of the Cameroons (31,150 square miles) which, for purposes of administration, has been placed under the Nigerian Government. The remainder of the Cameroons is administered by the French under a mandate, so, for all practical purposes, all the land frontiers of Nigeria march with French territory.

2. The area of Nigeria is approximately 335,700 square miles, and it is thus larger than any British Dependency other than Tanganyika, India and the self-governing Dominions. It is nearly three times the size of the United Kingdom. Along the entire coast-line runs a belt, from 10 to 60 miles in width, of dense mangrove forest and swamp intersected by the branches of the Niger Delta and other rivers, which are connected one with another by innumerable creeks, the whole constituting a continuous inland waterway from beyond the western boundary of Nigeria almost to the Cameroons. Behind this belt lie dense tropical forests, rich in oil-palm trees and valuable mahoganies. Further inland the forests become thinner and are succeeded by open ground covered with long grass and occasional clumps of trees. In the extreme north, where there is a very small rainfall and little vegetation, the desert is slowly but steadily encroaching. There are few mountains in the southern portion of Nigeria except along the eastern boundary, but north and east of the junction of the rivers Niger and Benue there is a large plateau from 2,000 to 6,000 feet in height. The country is well watered by rivers, especially in the south. Besides the Niger and Benue, which during the rainy season are navigable by steamers as far as Jebba and Yola respectively, there are a number of important rivers, of which the Cross River is the largest. Except for Lake Chad, on the extreme north-east frontier, there are no large lakes.

3. The population of Nigeria is approximately 18½ millions, larger than that of any British Dependency except India. There

RECEIVED
MAY 2 1923


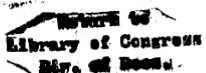
COLONIAL REPORTS—ANNUAL.

No. 1197.

NIGERIA.

REPORT FOR 1923.

(For Report for 1922 see No. 1155.)

Digitized by UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
Original from UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN


COLONIAL REPORTS—ANNUAL.

No. 1315.

NIGERIA.

REPORT FOR 1925.

For Reports for 1923 and 1924, see Nos. 1297 and 1246 respectively (Price 1s. 0d. each).



LONDON:
PRINTED AND PUBLISHED BY HIS MAJESTY'S STATIONERY OFFICE
To be purchased directly from H.M. STATIONERY OFFICE at the following addresses:
Admiral House, Kingsway, London, W.C.2; 120, George Street, Edinburgh 3;
1, St. Andrew's Crescent, Cardiff; or 10, George Street, Birmingham;
or through any Bookseller.


1925. Price 1s. 0d. Net.

Digitized by UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
Original from UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

ANNUAL REPORT ON THE SOCIAL AND ECONOMIC PROGRESS OF THE PEOPLE OF NIGERIA, 1934

(For Report for 1932 see No. 1625 (Price 3s. 0d.) and for Report for 1933 see No. 1668 (Price 3s. 6d.))

Crown Copyright Reserved



PRINTED IN NIGERIA
LONDON.
PUBLISHED BY HIS MAJESTY'S STATIONERY OFFICE
To be purchased directly from H.M. STATIONERY OFFICE at the following addresses:
Admiral House, Kingsway, London, W.C.2; 120, George Street, Edinburgh 3;
York Street, Manchester 1; 1, St. Andrew's Crescent, Cardiff;
80, Chichester Street, Belfast;
or through any Bookseller.

1935
Price 3s. 6d. Net

58-1710


COLONIAL REPORTS—ANNUAL.

No. 1886.

Annual Report on the Social and Economic Progress of the People of NIGERIA, 1937

(For Report for 1935 see No. 1763 (Price 3s. 6d.) and for Report for 1936 see No. 1842 (Price 2s. 0d.))

Crown Copyright Reserved



LONDON.
PUBLISHED BY HIS MAJESTY'S STATIONERY OFFICE
(Incorporated in England)
To be purchased directly from H.M. STATIONERY OFFICE at the following addresses:
York House, Kingsway, London, W.C.2; 120, George Street, Edinburgh 3;
80, York Street, Manchester 1; 1, St. Andrew's Crescent, Cardiff;
80, Chichester Street, Belfast;
or through any Bookseller.

1939
Price 2s. 0d. net

REPORTS OF YELLOW FEVER IN NIGERIA 1910-1913

YELLOW FEVER

nursing in the earlier stages of the case, is remarkable.

THE HISTORY OF YELLOW FEVER IN WEST AFRICA.

BY

SIR RUBERT BOYCE, F.R.S.,

PROFESSOR OF PATHOLOGY, LIVERPOOL UNIVERSITY.

(Continued from page 185.)

ON QUESTIONS CONNECTED WITH THE
INVESTIGATION OF NON-MALARIAL FEVERS IN WEST AFRICA



FOUR REPORTS ON YELLOW FEVER IN NIGERIA DURING 1913

BY

E. J. WYLER, M.D., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P.
(Lond.), *Medical Officer, West African Medical Staff,
Southern Nigeria*

REPORT NO. I

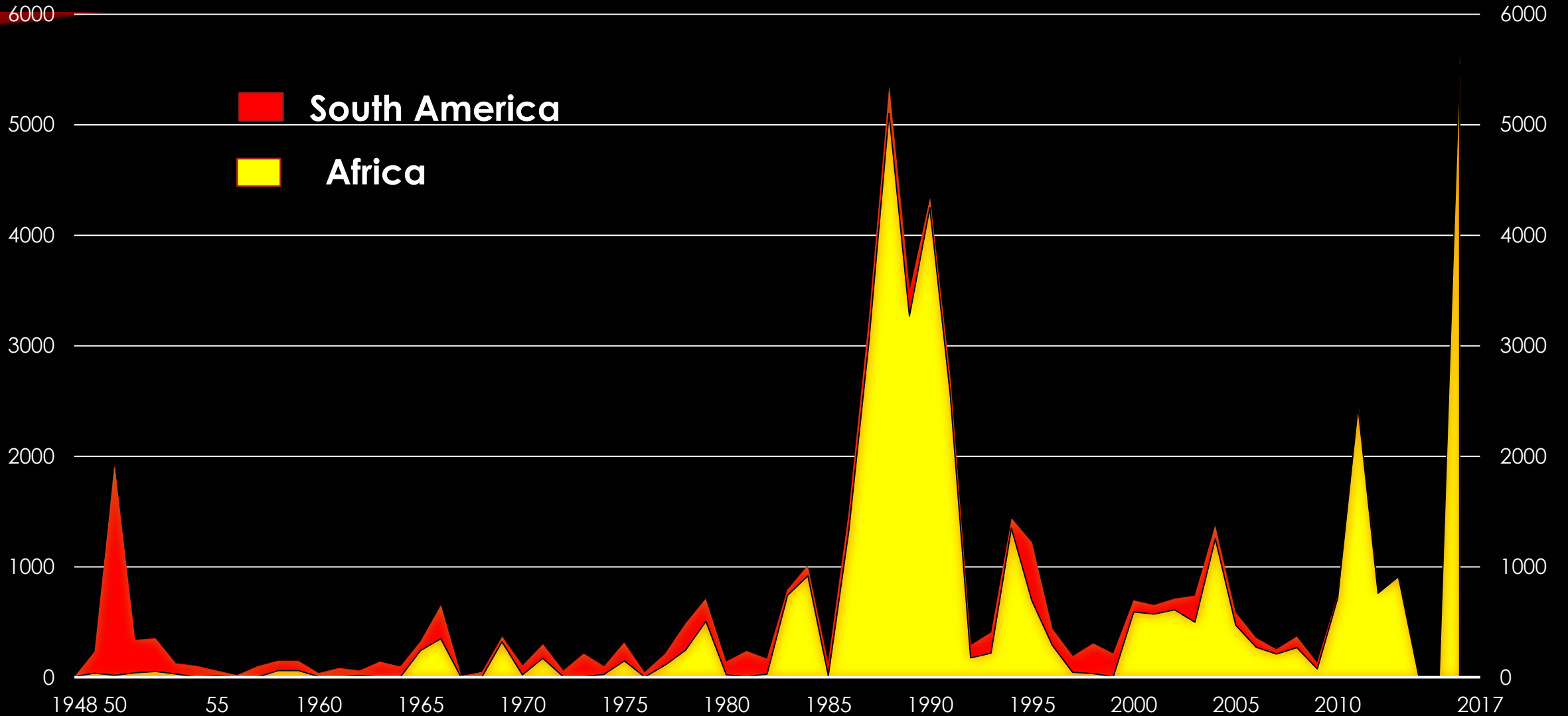
An investigation carried out in connection with the case of a European, who died in Lagos Hospital on May 14th, having come from Abeokuta on May 10th, 1913.

The late Sir Hubert Boyce, in 1910, pronounced yellow fever to be endemic in these parts (Lagos town)... During the whole time (1910-1912), there were 35 cases dealt with, 25 of which were found to have been infected locally. Of the 35 persons attacked, 12 were Europeans, 3 were people of Asia Minor, and 20 were natives of West Africa. There were 5 deaths among the Europeans, 2 among the Asians, and none among the natives".

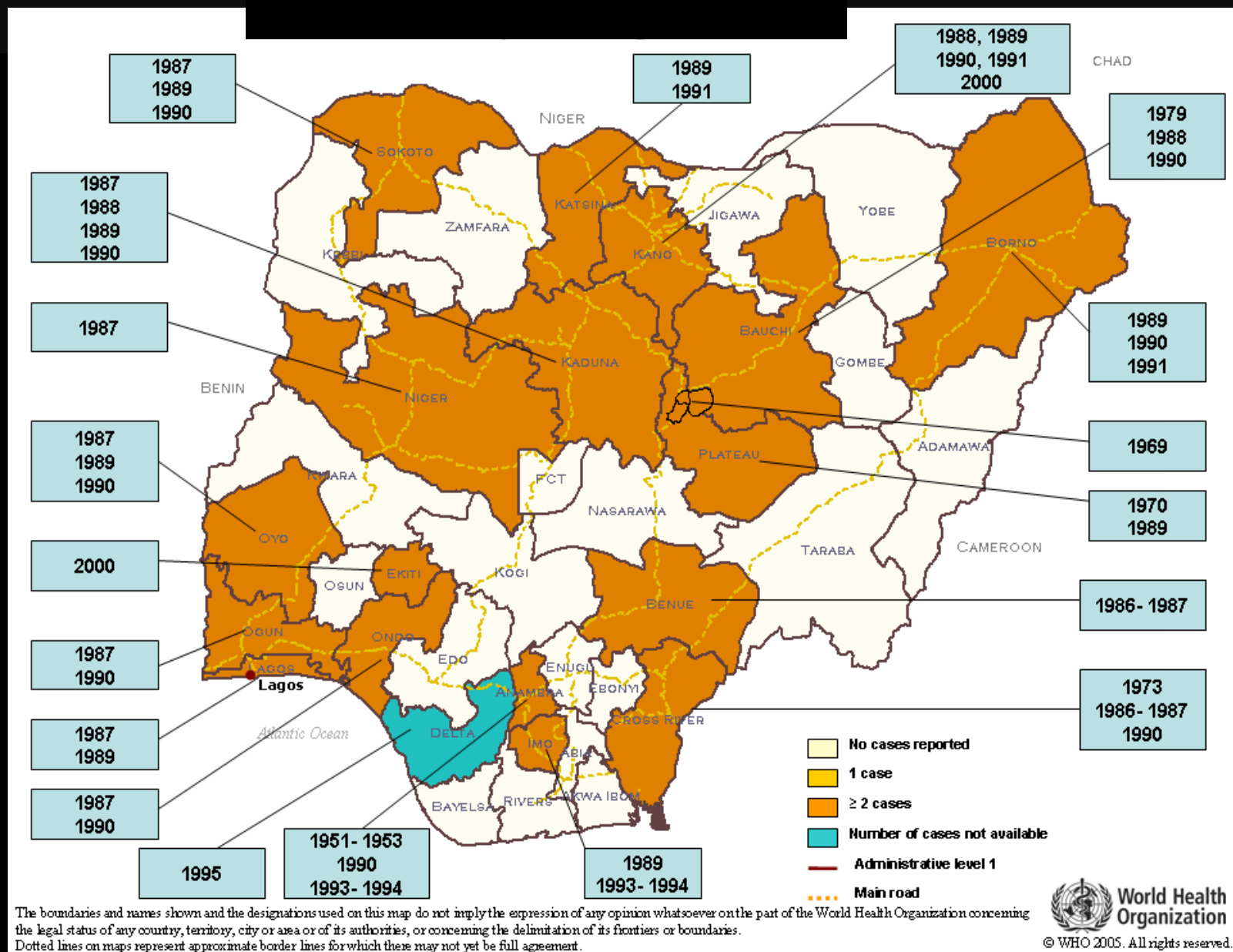
Highlights of 1914 Colonial Report for Nigeria

- 27 Europeans died, 13 in 1913
- Malaria- most prevalent cause of European deaths
- Pneumonia severe in Natives, 15% of deaths
- Yellow Fever in Warri, Onitsha, Degema, Oguta, Lagos, Forcados, Burutu & Bonny – all cases in Europeans
- No YF case in “Natives”
- Severe outbreak of beriberi in Cross River 227 cases, 5 deaths
- Smallpox in Ekiti country

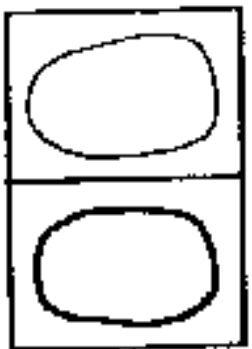
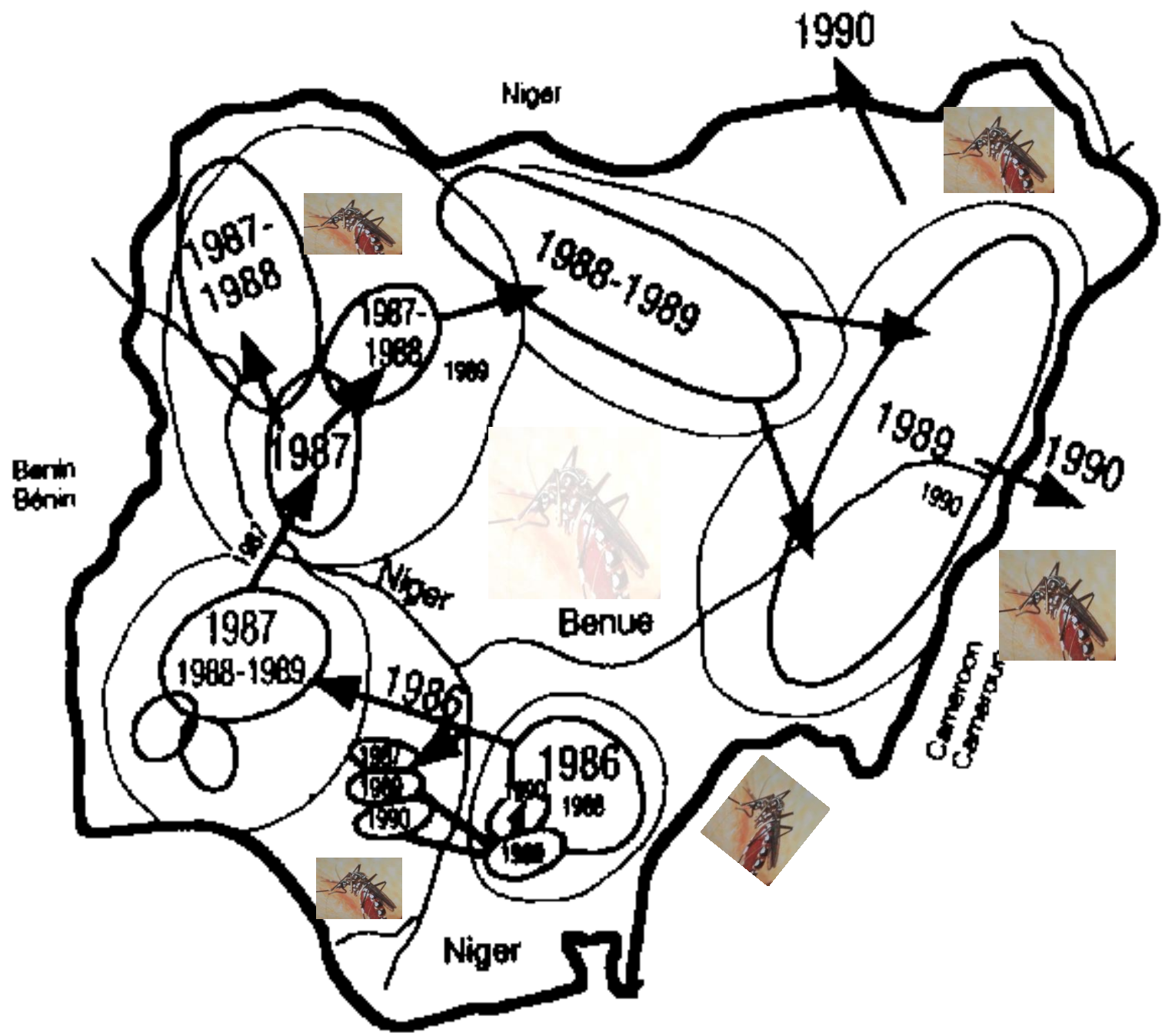
~ 70 YEARS OF REPORTING YELLOW FEVER TO WHO



BACKGROUND: YELLOW FEVER IN NIGERIA, 1950-2004



YF RUNNING CIRCLES ROUND
NIGERIA, 1986-1990



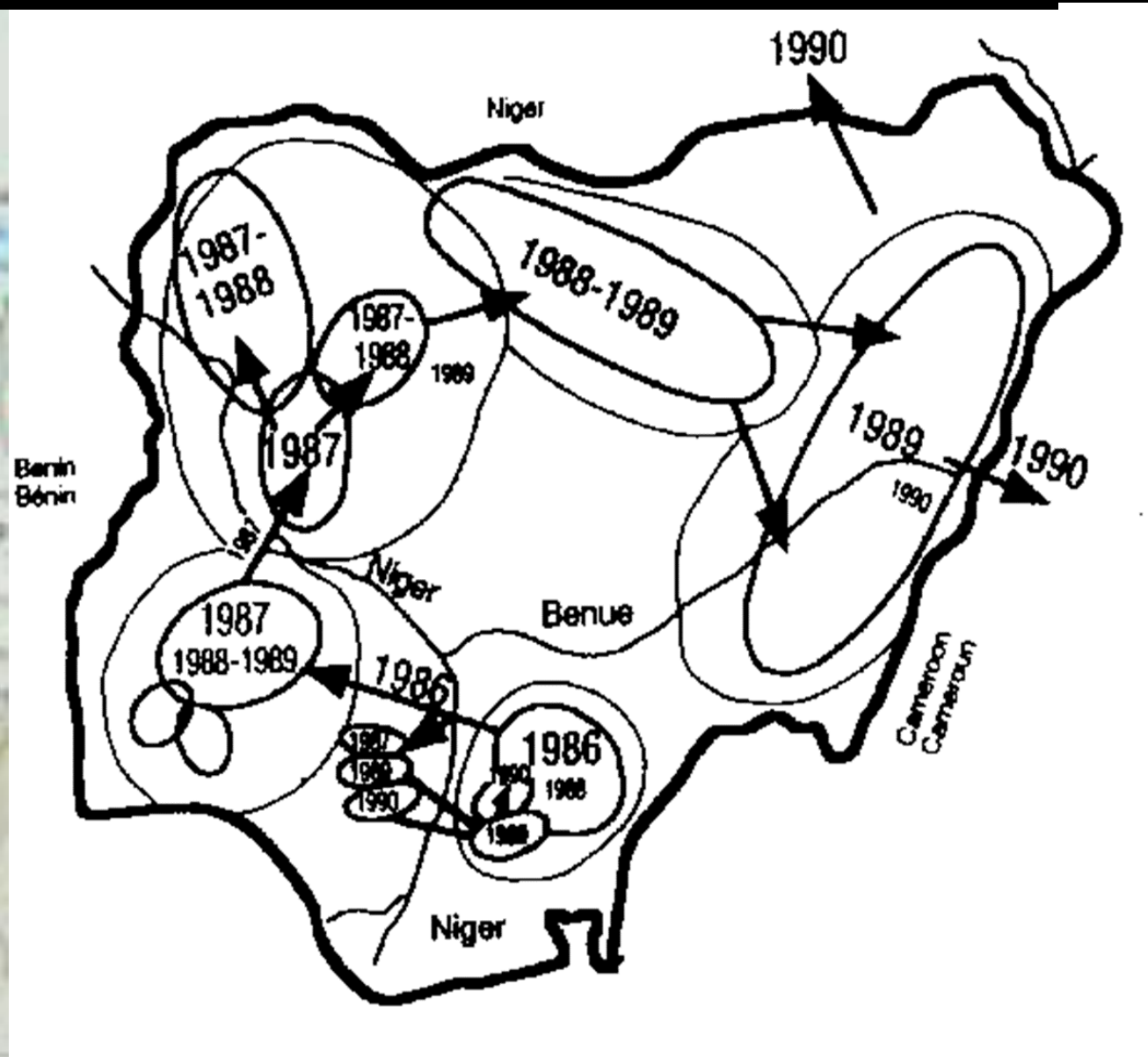
Probable extent
Etendue probable

Extent
Etendue

CATLEMEN AND DISEASE SPREAD



TRANSHUMANCE PATTERNS IN NIGERIA



YELLOW FEVER OUTBREAKS NIGERIA 1986-1990

AFRICAN

concord

“There were shouts here and there... Death looked so cheap”

NIGERIA'S YELLOW FEVER EPIDEMIC

BY [unreadable]
PHOTOGRAPH BY [unreadable]
ILLUSTRATION BY [unreadable]

Mystery-disease kills 100 in Delta

By FRANCIS NIGBULAM
TABLES - MORTUARY

FROM THE TIME AT 8 AM, THE
DISEASE HAD EVERY DAY
BEEN THE MORTUARY

LAGOS — The nominees for the National Republican Convention (NRC) candidates into the State House of Assembly have been fixed for this Friday, November 1, 1991.

The party committee, by the chairman and deputy chairpersons in respect of local government council nominees (preliminary) which had earlier been fixed for next Wednesday, November 6, 1991, will now take place this Friday at 10 AM.

NRC fixes date for state assembly nomination

YELLOW FEVER CLAIMS 100 LIVES IN IMO

From LIMUS ANYANWU, Owerri
YELLOW fever outbreak claimed more than 100 lives in Imo State.
The epidemic has been confirmed in the four local government areas of the state namely:

Dr. Chigozie N. Ogbu, said that more than 45 deaths were recorded in the seven villages of Amimo community of Ikeduru Local Government Area between July

to condoning off the affected areas", he said.
The commissioner confirmed that top officials of the Federal Ministry of Health had visited Imo State and that blood samples

NO. 6601

FRIDAY, APRIL 24, 1987

PRICE 50K

YELLOW FEVER AGAIN

80 die in new outbreak

₦1.33m received for rice, cement

Immediately the money was paid into his account, Chief Anywolo said, he proceeded to Europe to negotiate with a foreign partner for arrangements on how the goods would be imported into the country.

Unfortunately, he added, his bank account had been frozen by the Special Investigation Panel (SIP) before he returned from the trip to Europe.

the
ere
rep-
back
un-
int
com-
port
eral
with



Yellow fever spreads to 16 states in Nigeria, kills 45

March 12, 2018 By [Appolonia Adeyemi](#)

YELLOW FEVER SITUATION IN NIGERIA : 2017-2019

PERIOD	NUMBER OF CASES			STATES WITH CONFIRMED CASES (NUMBER)
	SUSPECTED	CONFIRMED	DEAD	
SEP-DEC. 2017	358	33	45	Kogi (2), Kano (1), Kwara (2), Zamfara (4)
JAN-DEC. 2018	3774	163	90	Edo (90), Zamfara (19), Kogi (12), Kwara (8), ONDO (2)
JAN-APR 2019	930	12	1	Edo- (7), ONDO (2), Imo & Osun (1 each)

WHAT HAVE WE DONE SO FAR?

- Yellow Fever preventive mass vaccination campaigns (PMVC) have been completed in 12 states,
 - o 2013 PMVC phase 1 Nasarawa, Cross River, Akwa Ibom.
 - o 2018 Phase 2a: Kogi, Kwara and Zamfara and in 58 political wards in 25 LGAs in Borno State.
 - o 2018 phase 2b PMVC: Sokoto, Kebbi, Niger, FCT, Plateau and Borno (3 LGAs (Askira/Uba, Chibok, Konduga) States.

WHAT HAVE WE DONE SO FAR?

- o Yellow fever Reactive vaccination campaigns were implemented in Katsina (Danja LGA), Edo (13 LGAs and Benue (Vandekeiya)
- o 2019 phase 3 PMVC will be implemented in all LGAs where no YF campaigns have been implemented in Edo, Ekiti, Katsina and Rivers States

Vaccine production in Nigeria - Human

Foundation of the Federal Vaccine Production Laboratory (FVPL) was the

- **1925** - Rockefeller Yellow Fever Laboratory, Yaba
- **1930** – Production of smallpox vaccine in sheep.
 - Contributed to eradication of smallpox in West Africa.
- **1948** – Anti-Rabies Vaccine production in sheep brain
- **1952** – Yellow Fever vaccine production

Vaccine production in Nigeria - Human

- **1956** - Vaccine approved by WHO, exported to CAE, CAR & other West African countries
- **1985** – Vaccines used in initial YF outbreak
- **1991** – Production stopped to upgrade facilities with Canadian Government support
 - **Equipment - CAN\$ 585,600.00**
 - **Supplies - CAN\$ 73,000.00.**
 - **Training - CAN\$ 130,500.00.**
 - **Total CAN\$ 789.100.00.**

Vaccine production in Nigeria - Human

- **2005** – First coming of Biovaccines Nigeria Ltd (BVNL) Joint PPP between FGN and May and Baker
- **2007** – BVNL project collapsed with change of government
- **2017** - Second coming of BVNL



LASSA FEVER

NIGERIA CENTRE FOR DISEASE CONTROL 1

LASSA FEVER INTERNATIONAL CONFERENCE 2019 | CONCEPT NOTE

LASSA FEVER INTERNATIONAL CONFERENCE:
JANUARY 16-17, 2019 ABUJA, NIGERIA
CONFERENCE THEME:

50 YEARS OF LASSA FEVER: RISING TO THE CHALLENGE



**QUINQUAGENARY
CONUNDRUM**

BIGGER

LONGER

HOTTER



Federal Ministry of Health and Nigeria Centre for Disease Control

@NCDGov

PRESENT

LASSA FEVER INTERNATIONAL CONFERENCE

LASSA FEVER 50
lic.ncdc.gov.ng
REGISTRATION | ABSTRACT SUBMISSION | UPDATES

THEME:

50 YEARS OF LASSA FEVER: Rising to the Challenge

DATE

16 - 17 January, 2019

VENUE

Transcorp Hilton, Abuja

HOSTS:



Prof. Isaac F. Adewole
Honorable Minister,
Federal Ministry of Health



Dr. Chikwe Ihekweazu
Director General,
Nigeria Centre for Disease Control

Conference Registration Fee:

Local: N10,000.00

International: \$100.00

Registration is only via conference website
visit lic.ncdc.gov.ng and click on Register

SPEAKERS



Gov. Umar Tanko Al-makura
Executive Governor,
Nassarawa State



Prof. Oyewale Tomori
CMD, Iruwa Specialist
Teaching Hospital, Iruwa,
Nigeria



Prof. Sylvanus Okogbenin
CMD, Iruwa Specialist
Teaching Hospital, Iruwa,
Nigeria



Mrs. Elsie Ilori
Team Lead, National
Lassa Fever Working Group



Dr. Pierre Formenty
Team lead - VHF, WHO



Dr. Pierre Rollin
Deputy Branch Chief, VSPB,
US CDC, Atlanta, USA



Prof. Stephan Gunther
HOD Virology, Bernard Nocht
Institute for Tropical Medicine,
Germany



Prof. William Kwabena
HOD Virology, Noguchi
Memorial Institute for Medical
Research, University of Ghana,
Accra, Ghana



Prof. Daniel Bausch
Director, UK Public Health
Rapid Support Team,
United Kingdom



Dr. Ana Maria Restrepo
Team Leader for
Implementation Research
(VRF), WHO



Prof. Christian Happi
Director, Africa Centre of
Excellence for Genomics of
Infectious Diseases,
Redeemers University, Nigeria



Richard Hatchet, MD,
Chief Executive Officer
Coalition for Epidemic
Preparedness Innovations
(CEPI)

WITH THE SUPPORT AND COLLABORATION OF:



NIGERIA CENTRE FOR DISEASE CONTROL

LASSA FEVER INTERNATIONAL CONFERENCE:
JANUARY 16-17, 2019 ABUJA, NIGERIA

CONFERENCE THEME:

***50 YEARS OF LASSA FEVER:
RISING TO THE CHALLENGE***

QUINQUAGENARY OF A NIGERIAN CONUNDRUM:

LASSA (the) FEVER- BIGGER, HOTTER AND LONGER

Oyewale TOMORI

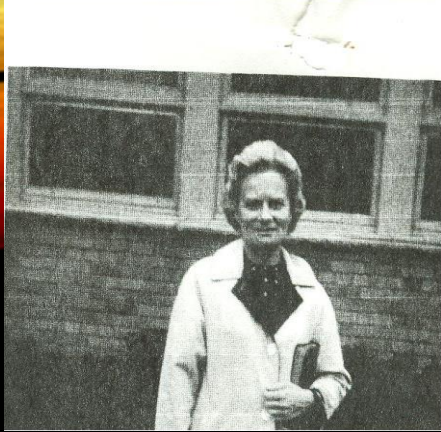
@run.edu.ng,

@nas.org.ng

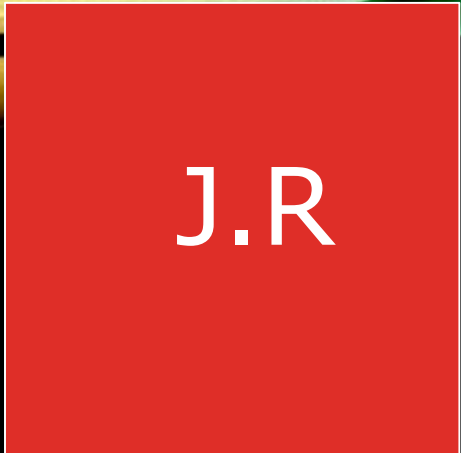




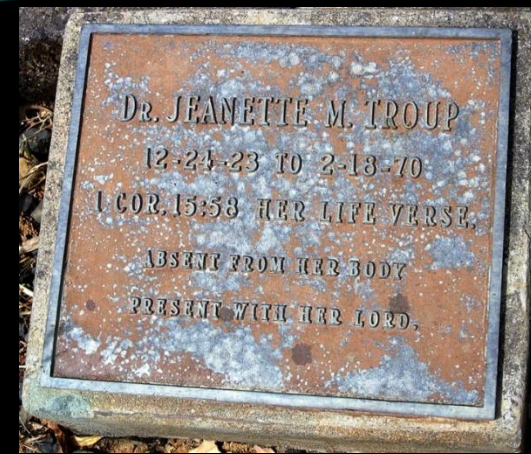
**Laura Wine
Index Case**



**Charlotte Shaw
attended to Laura**



**Juan Roman, another
lab accident , died**

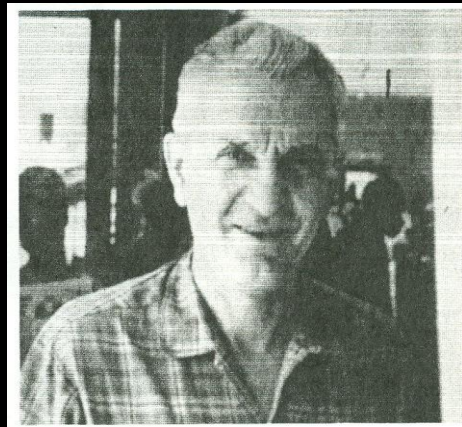


**Dr. Jeanette Troup-
autopsied Charlotte,
survived , only to
die a year later
after autopsying
another LF case**

ALL DIED OF LASSA FEVER



**Lilly Pinneo
Assisted J. Troup, fell
ill, flown to the US,
survived & serum
Used to treat J. Casals**



**Jordi Casals did lab
work with Lilly's
sample; got Lassa &
treated with Lilly's serum**



THE SURVIVORS

**Lilly Pinneo Jordi Casals
& Raphael Adeyemi-
Medical auxiliary**

Early published records of clinical entities resembling Lassa fever*

Year	Reference	Principal clinical features
1935	Cullen, T. W. Afr. med. J., 8:15-16 (1935)	Missionary from Makurdi, Nigeria. 14-day history 8:15-16 (1935) of fever, rash, bradycardia, headache, puffy face. Clinical suspicion of typhus.
1938	LeGac, P. Bull. Soc. Path. exot., 39: 86-94, 97-103 (1946), (Giroud, P. et al. Bull. Soc. Path. exot., 44: 571 -579 (1951))	Epidemic disease (" savanna typhus ") clinically resembling Lassa fever in Oubangui-Chari. Later studies appear to support a rickettsial etiology (R. mooseri?)
1952	Henderson, B. E. et al. Trans. roy. Soc. trop. Med. Hyg., 66: 409-416 (1972)	Missionary from Rahama, Nigeria. Severe prolonged febrile illness; hearing deficit. Lassa antibody detected in 1970
1955-1956	Rose, J.R. Lancet, 2: 197 (1956); E 2: 914-916 (1957)	Epidemic in Eastern Province, Sierra Leone, clinically and epidemiologically consistent with Lassa fever.

*Monath TP (1975) Bull. WHO Vol. 52, 577-592 975

SOME PRE-2000 NOTABLE NIGERIAN LASSA FEVER OUTBREAKS

YEAR	LOCATION	CASES	DEATHS	REMARKS
1969	LASSA/JOS	3	2	First report of Lassa Fever Laboratory infections
	USA	2	1	
1970	JOS	23	11	Death of Dr. J. Troup
1974	ONITSHA	3	1	2 Germans , 1 evacuated; diplomatic row
1975/1976	ZONKWA	1	1	British engineer cremated in UK, Row -FESTAC '77
1989	EKPOMA	16	9	Family outbreak, one exported to US
	ABA-ENUGU	9	6	2 doctors, 2 nurses died
	OWERRI-A/MBAISE	34	22	1 doctor died , nosocomial transmission though multiple use of same syringe/needle for rug administration
1993	LAFIA	22	11	7 of dead cases from one family of a health worker transmission though in-house multiple use of same syringe/needle for rug administration ,

IN DENIAL



1976

***. LASSA FEVER. NOT HERE NOT ANYWHERE.
..declared the Daily Times***

**Reaction to a Lassa fever case
from Nigeria imported to the UK**

**.....“smear campaign by neocolonialists and
Western imperialists to stop Nigeria from hosting
the 1977 FESTAC and went on further to describe
Lassa fever asa political disease resuscitated by
the British press to deal a death blow to the
FESTAC festival.**

Lassa fever: Goliath of a killer comes to town (1)

Every year since February 1969 lassa fever has struck in Nigeria every February with murderous blows. In February last year, five doctors fighting it were killed. So were many other



Lassa fever; the disaster in Ihumudumu (2)

Professor Oyewale Tomori, director, Postgraduate Institute for Medical Research and Training (PIM-RAT), University of Ibadan, continues his exposition of last year's return of the Lassa fever deaths at Ekpoma area Bendel State and how the "mysterious" deaths which almost caused intra-family disputes with accusations of witchcraft stirred up a physician.

THEY collectively built up a body of symptoms that described the disaster which befell the family. Each person relieved his/her agony; each person's heart wailed and eyes showed mist of tears. I shed a few tears but quickly collected myself, for I came to console, I came to investigate, I came to see that the history of Lassa in 1969 which repeated itself in Onitsha in 1974 and in other parts of Nigeria in 1976, 1977, 1987, 1980 etc. and which was re-hearsed in Ekpoma in 1989 will not happen again! I came that I may not come again for such a painful exercise. I came that my next visit to Ekpoma will be one of joy and happiness. I came to show that not all deaths and sicknesses are caused by witches and wizards.

his early 20's was narrating the story. "First", he said, "it was mama who fell sick". It was not mama, another youngman cut in. He later told us that it was mama's niece that fell sick soon after the new year celebrations. Mama nursed her niece during the early stages of the illness. The new head of the family confirmed that mama was not the first to fall sick. He told us that the only surviving son of the family left for Ibadan

one person to bring the two children who had already gone to school and one of whom had been sick, but has now recovered. Their six-year-old brother died a day after mama died. He gave us the address of other family members in Port-Harcourt and Benin. He detailed one of his brothers to follow us to a village where a sick relation of the family was convalescing. When we re-

second son was the doctor in charge. Igueben is a few minute's drive from Ekpoma. The doctor was a frequent caller at the family home in Ihumudumu. About a week after mama's niece took ill, mama herself became ill. The initial symptoms were nothing to write home about. Fever, stomach upset, body pains and weakness—these are common Nigerian ailments in an atmosphere of uncontrolled mosquito breeding, continuous non-stop labour and skipping

St. Camillus Catholic Hospital at Uromi Mama struggled bravely for life, but her situation got worse; severe epigastric pain, vomiting sometimes blood stained, extreme weakness and the excruciating chest pain. On that ominous day and date: Friday the 13th January, 1989, mama died. If only the family had known that mama's death was the beginning of a series of bizarre and frightening experiences, if only they had known that

to the new home.

On arrival from the U.S., mama's eldest son found his brother's wife and children sick and his father feeling a bit off colour. Everyone expected papa to be sad over the loss of mama, for they loved each other dearly. In this age when the rural man counts his wealth in the number of women in his house, papa had only mama as wife. Love transcending all of man's lust. Anyhow, papa was sick with cough, fever, gener-

However, when papa followed on the 28th, a few people started to consider other things.

The doctor at Igueben, mama's second son did not know what to say when his wife and two children began to cough and vomit. They complained of severe stomach upset and they were feverish. He thought (rightly too) that this was beyond him, for by now he was emotionally and physically drained and exhausted. For two weeks he had

The Telegraph



Anne Gulland

27 February 2018 • 2:31pm

UK experts scrambled to fight Nigeria Lassa fever outbreak

A team of UK experts is being sent to Nigeria to help the country contain the biggest outbreak o

THIRTY EIGHT YEARS OF LASSA FEVER IN NIGERIA:

THIRTY EIGHT YEARS OF LASSA FEVER IN NIGERIA:

THIRTY EIGHT YEARS OF LASSA FEVER IN NIGERIA:

THIRTY EIGHT YEARS OF LASSA FEVER IN NIGERIA:

THIRTY EIGHT YEARS OF LASSA FEVER IN NIGERIA:

THIRTY EIGHT YEARS OF LASSA FEVER IN NIGERIA:

THIRTY EIGHT YEARS OF LASSA FEVER IN NIGERIA:

THIRTY EIGHT YEARS OF LASSA FEVER IN NIGERIA:

THIRTY EIGHT YEARS OF LASSA FEVER IN NIGERIA:

THIRTY EIGHT YEARS OF LASSA FEVER IN NIGERIA:

2007

THE TRAGEDY OF A NATION

THIRTY EIGHT YEARS OF LASSA FEVER IN NIGERIA:

THIRTY EIGHT YEARS OF LASSA FEVER IN NIGERIA:

Redeemer's
University,
Nigeria

THIRTY EIGHT YEARS OF LASSA FEVER IN NIGERIA:

THIRTY EIGHT YEARS OF LASSA FEVER IN NIGERIA:

THIRTY EIGHT YEARS OF LASSA FEVER IN NIGERIA:

THIRTY EIGHT YEARS OF LASSA FEVER IN NIGERIA:

THIRTY EIGHT YEARS OF LASSA FEVER IN NIGERIA:

THIRTY EIGHT YEARS OF LASSA FEVER IN NIGERIA:

THIRTY EIGHT YEARS OF LASSA FEVER IN NIGERIA:

THIRTY EIGHT YEARS OF LASSA FEVER IN NIGERIA:

Oyewale Tomori

2013-2019

***In the last 7 years, Lassa Fever has made
mince meat and sausage rolls
out of Nigerians***

2016

FORTY SEVEN YEARS OF LASSA FEVER IN NIGERIA:

FORTY SEVEN YEARS OF LASSA FEVER IN NIGERIA:

FORTY SEVEN YEARS OF LASSA FEVER IN NIGERIA:

FORTY SEVEN YEARS OF LASSA FEVER IN NIGERIA:

FORTY SEVEN YEARS OF LASSA FEVER IN NIGERIA:

FORTY SEVEN YEARS OF LASSA FEVER IN NIGERIA:

FORTY SEVEN YEARS OF LASSA FEVER IN NIGERIA:

A CONTINUING NATIONAL TRAGEDY

FORTY SEVEN YEARS OF LASSA FEVER IN NIGERIA:

FORTY SEVEN YEARS OF LASSA FEVER IN NIGERIA:

FORTY SEVEN YEARS OF LASSA FEVER IN NIGERIA:

FORTY SEVEN YEARS OF LASSA FEVER IN NIGERIA:

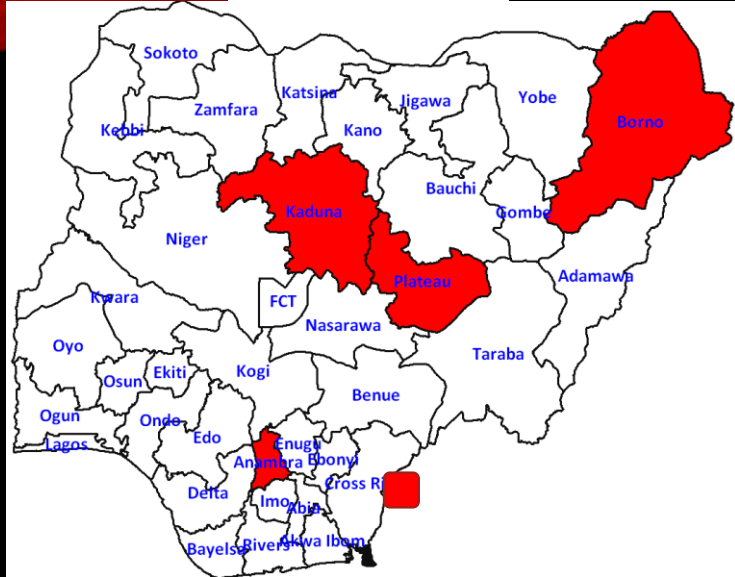
FORTY SEVEN YEARS OF LASSA FEVER IN NIGERIA:

FORTY SEVEN YEARS OF LASSA FEVER IN NIGERIA:

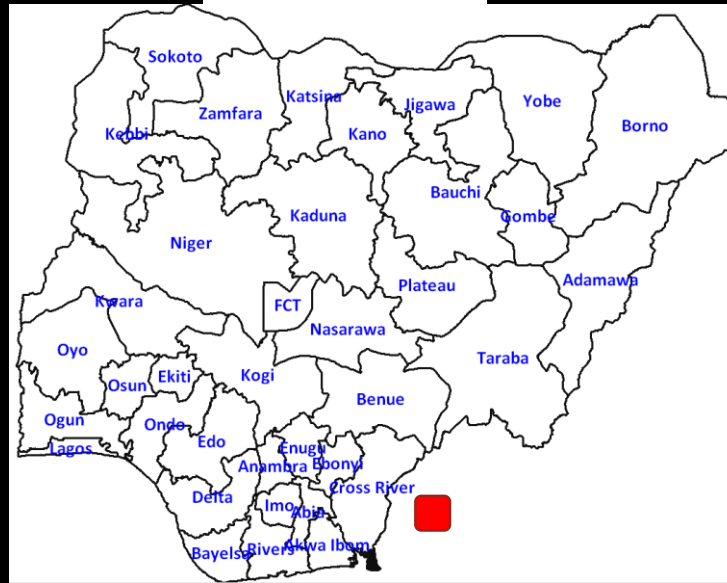
FORTY SEVEN YEARS OF LASSA FEVER IN NIGERIA:

NIGERIA: STATES REPORTING LASSA FEVER 1969 – 2019

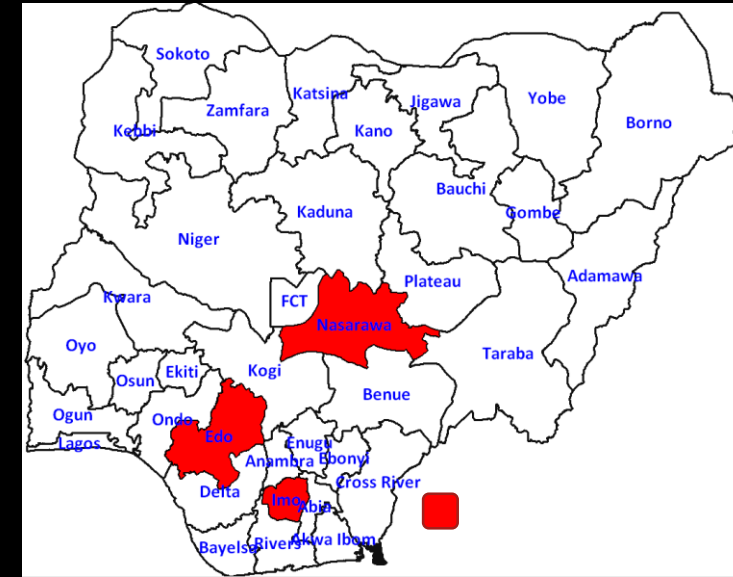
1969 - 1978



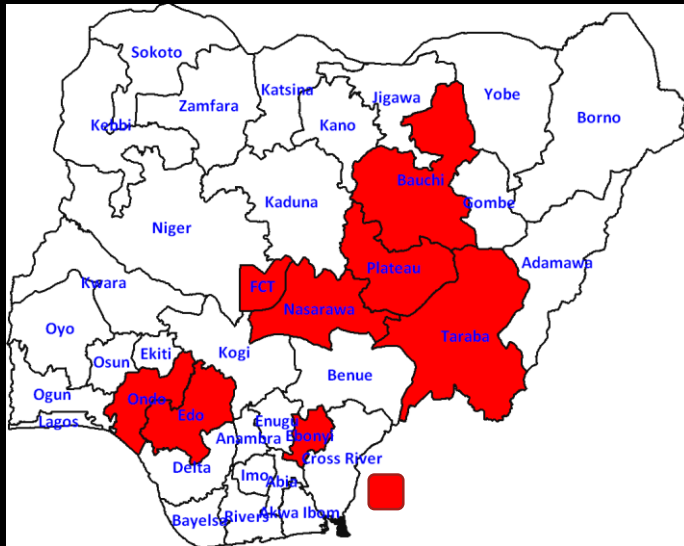
1979 - 1988



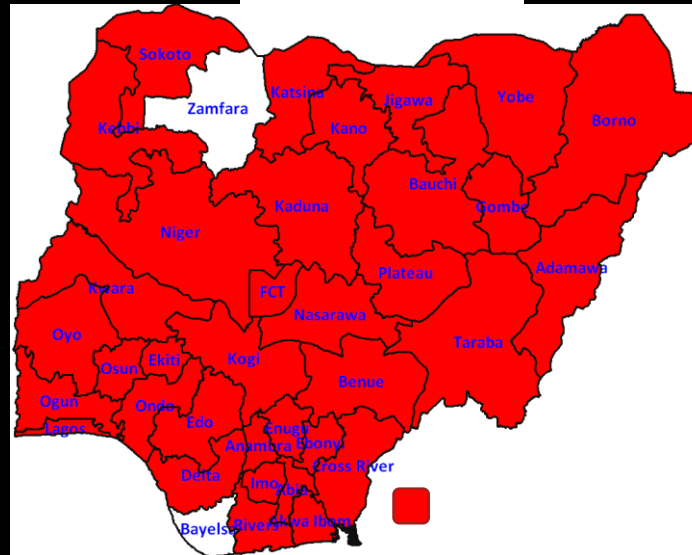
1989 - 1998



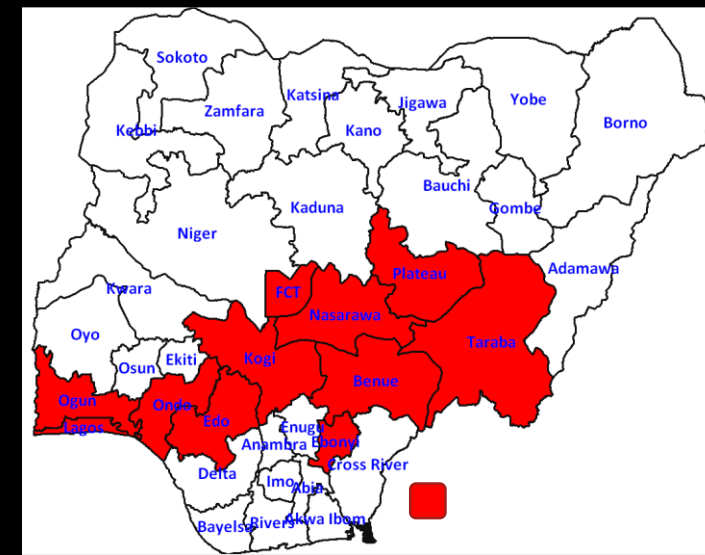
2019



2009 - 2018



1999 - 2008



NIGERIA: STATES REPORTING LASSA FEVER- 2014 TO 2019

2014

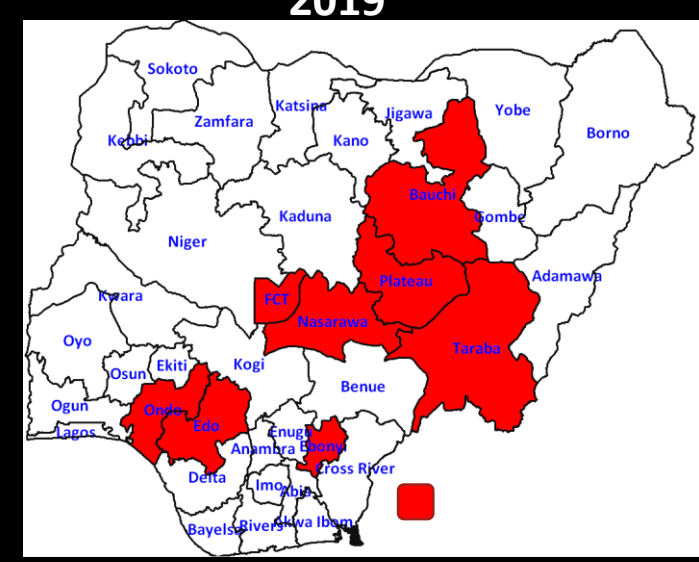
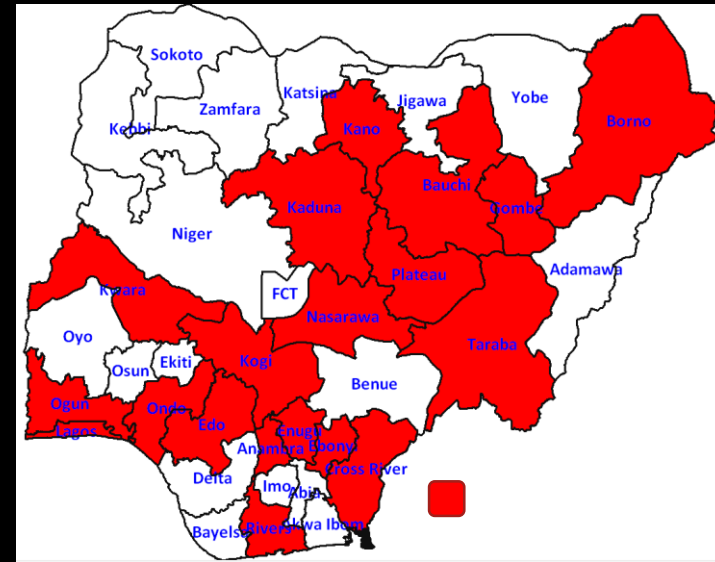
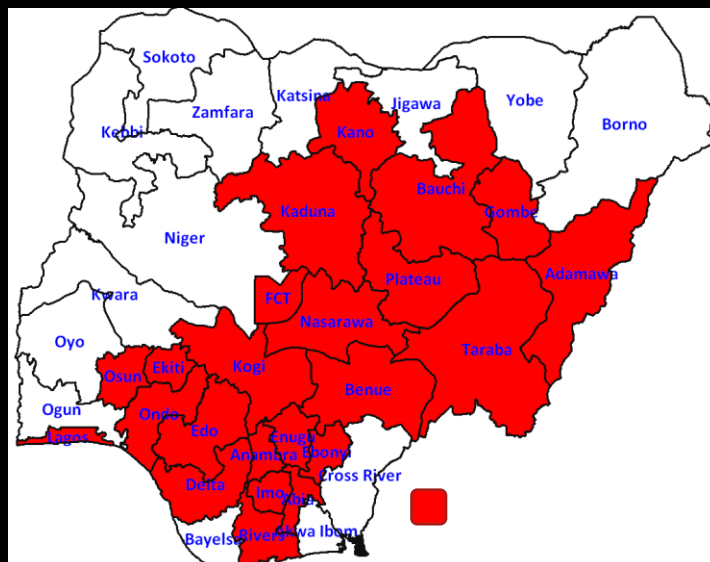
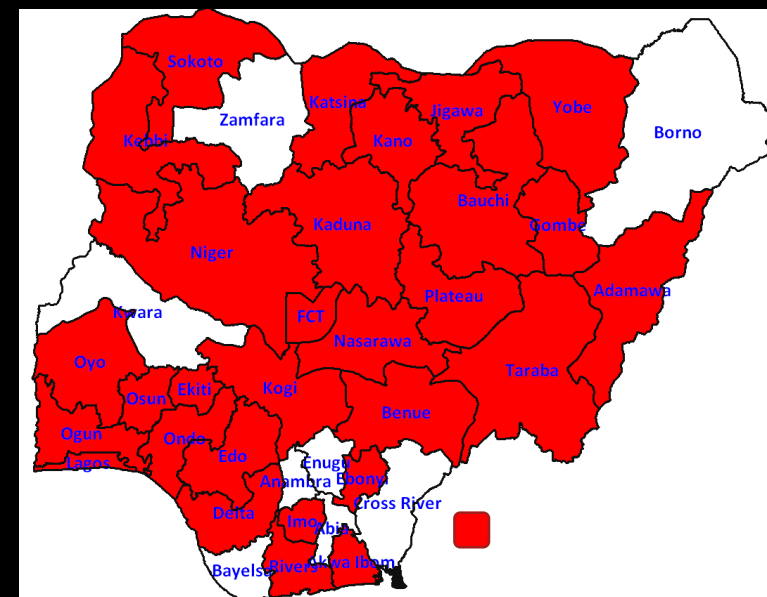
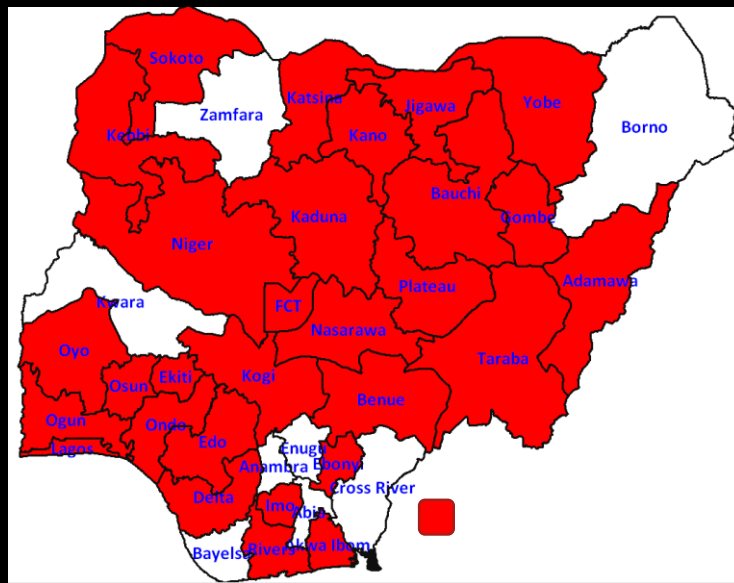
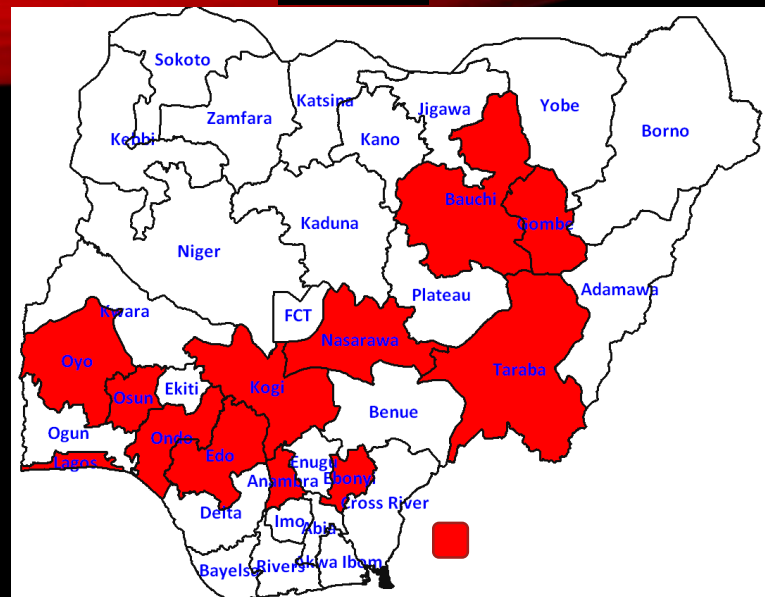
2015

2016

2018

2017

2019





B

Rats Invade Alausa Secretariat

Published on February 6, 2012 by [pmnews](#) · [7 Comments](#)

Rats have invaded the Lagos State Government Secretariat, Alausa, Ikeja, Southwest Nigeria, forcing the government to ban workers from eating and trading in their offices.



LASSA FEVER IN NIGERIA



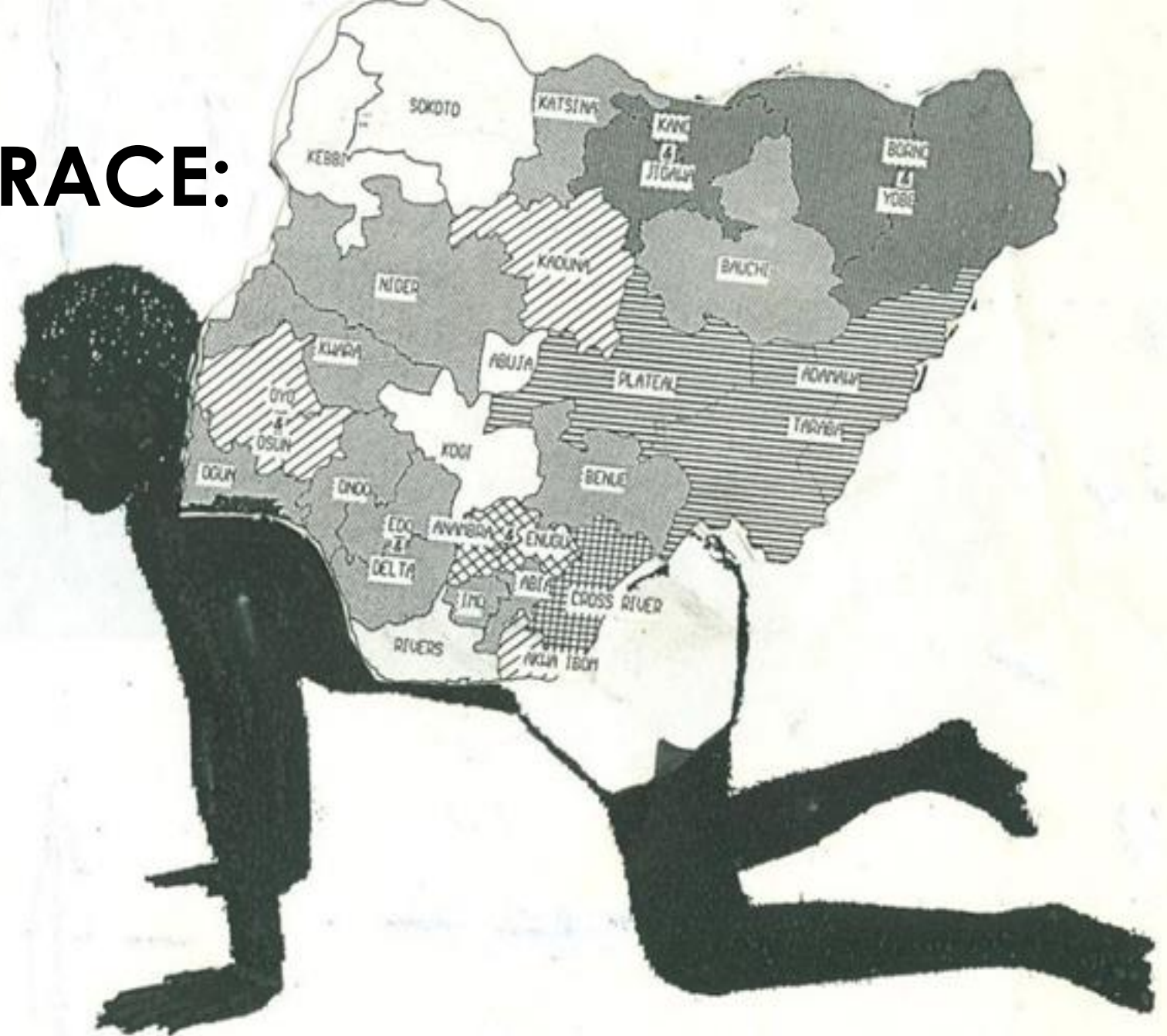
OUR CITIES, OUR FILTH OUR REFUSE HEAPS





POLIOMYELITIS

POLIO ERADICATION RACE:



NIGERIA SLOWLY CRAW TO POLIO FREEDOM

POLIO - NIGERIA

Status: has never stopped circulation of indigenous wild poliovirus and is currently affected by circulating vaccine-derived poliovirus type 2.

**GPEI ON
NIGERIA**

NIGERIA(STAN), AFGHANISTAN & PAKISTAN
are the only 3 COUNTRIES in
the world with ongoing wild
poliovirus transmission

**News of declaration of Nigeria's polio free status this year
It will NOT HAPPEN! – until 2020 /access to all parts of Nigeria**

CRITERIA FOR POLIO FREE CERTIFICATION

- ✓ *absence of wild poliovirus for at least three years***
- ✓ *high quality, certification-standard surveillance***
- ✓ *containment of all wild poliovirus stocks in labs***
- ✓ *High level immunization coverage : >80% @subnational level***

- **1995 – Thirty-four years ago – Polio Eradication Race- Will Nigeria finish last, or?**
- **2019- Answer – Yes, Nigeria last- in Africa**

Why? Four reasons :

Nigeria's immunisation framework

- **erected on the sandy foundation of low coverage**
- **rickety edifice built with massive under-funding, uncaring attitude, casual neglect and careless abandon.**

- **Late start on polio eradication activities**
 - 1988 - World Health Assembly (WHA) resolution
 - 1996 – Nigeria started polio eradication activities.
- **Boycott of polio vaccine in 2003**
 - lasted for a little over a year, with far reaching and devastating consequences.
- **Boko Haram insurgency**
 - the Achilles' heel of Nigeria's polio eradication race

Tomori seeks revitalisation of immunisation

By Kenneth Ezea,
Staff Reporter

A CALL for the urgent revitalisation of the Expanded Programme on Immunisation (EPI) was made at the week-end at the quarterly lecture of the Nigerian Academy of Science (NAS) where it was noted that an epidemic of the six child killer diseases is imminent.

The lecture entitled: "Polio Eradication Race: Will Nigeria finish last or?" was delivered by Professor Oyewale Tomori, a virologist who, citing statistics, cautioned that Nigeria should not sacrifice the lives of young ones by neglecting the EPI programme.

Tomori lamented that despite the optimism in 1990

beralding the almost 80 per cent target set by the World Health Organisation for African countries, the EPI has suffered a steady set-back from 1991 and that Nigeria, Zaire and Ethiopia are now rated the lowest protected countries in the world.

He said the reported incidence of poliomyelitis rose by 13 per cent in 1993 above the figures for 1992 in the country putting the number of children affected by the deadly disease at between 108,000 and 1.8 million.

And whereas Nigeria accounted for 23 per cent of the total number of reported cases of polio in Africa in 1982, the incidence has deteriorated to 43 per cent and 41

per cent of Africa's total polio cases for 1990 and 1992.

The virologist, who is a Fellow of the Academy of Science (FAS) and consultant at the University College Hospital, Ibadan, said the deteriorating situation which threatens the future of the Nigerian child was the direct aftermath of official lack of interest, bad planning and dishonest public officials who loot the public treasury.

Besides these was the creation of states and councils in 1991 which paralysed the EPI programme where assets

were shared and EPI equipment and vehicles cannibalised.

There was also the lingering transition crisis which led to the appointment of three health ministers in 1993 alone and the subsequent loss of interest in executing the project.

Tomori, warning that prevention is better than cure, noted that an immediate and permanent action needed to be instituted to avert a relapse of the incidence.

He cited as unacceptable a situation where the country's health expenditure per capita was \$1.00 for the 1986-87 fiscal year whereas Defence and Police Affairs were allocated sums four to five times

higher than health.

He, therefore, suggested that the Health Ministry be renamed the 'Ministry of Defence Against Diseases' if only more attention will be paid to the health needs of the populace.

He estimated that though the total cost of eradicating smallpox was N32 million, over \$20 billion have so far been saved by the nation since the last case was detected in 1977. The eradication of polio which kills and paralyses, he said, would save about \$11 million if achieved before next year.

Dr. Abqulsalam Nasidi who represented the Health and Social Services Minister, Dr. Tafida Dalhami, said Nigeria

being one of the three vaccine producing countries in Africa, could meet the challenge ahead if all hands were on deck in the implementation of the five-year plan drawn by the government.

He emphasized the need for non-governmental organisations, agencies and private individuals to pool ideas and resources together, believing that the country's large population should be seen to be an advantage.

Present at the lecture which took place at the Nigerian Institute of International Affairs (NIIA) were NAS President, Professor A. A. Adegbola, his deputy, Professor Anya O. Anya and secretary, Professor C. O. Orangwa.



4691

POLIO ERADICATION RACE: THE WAY TO VICTORY*.

DR. OYEWALE TOMORI,
WHO-AFRO REGIONAL EPI VIROLOGIST,
WHO OFFICE,
HARARE,
ZIMBABWE.

PROTOCOL.....

Distinguished Ladies and Gentlemen, I have a confession to make. When I received the fax inviting me to this lecture, I could not contain my joy for no less than three reasons. I will tell you just one of the reasons. I have sat in this hall for the last 4 or 5 years at every annual WHO DAY lecture, wishing and praying that one day will be one day, and I will be the one delivering the lecture. You do not know how much I prayed. Today, the good Lord has heard my prayers. I regard the invitation, apart from being answered prayer, as a mark of honour bestowed on me by all my friends and colleagues and thank them immensely from the depths of my heart. Now that you have heard the truth about the secret wishes of my heart, you obviously do not expect me to tell you anything less than the truth about the Polio eradication race and whether Nigeria will win or not. The title of this lecture has changed from Polio eradication race: Will Nigeria win?, to Polio Eradication Race: Whither Nigeria?. The first title came in with my letter of invitation to this lecture. I had a ready answer to that. This race is not like other races, where there is only one champion. In the polio race, there is no winner until we have all won. The whole world must win or else there is no winner. The second title gives a wrong impression, as if we do not know where we are going. It is as if we are in the wilderness. Whither Nigeria? I certainly do not want Nigeria to wither and wonder. We certainly know where we are going, but perhaps not how to get there on time. For this purpose, I have titled this lecture "*Polio Eradication Race: The Way To Victory*".

It was on the 9th of July last year, (SLIDE 1) that I stood here under the auspices of the Nigerian Academy of Science to deliver a lecture titled "Polio Eradication Race: Will Nigeria Finish Last Or....?" If you all remember, it coincided with the time of our on-going national crisis when we had an abundance of petrol shortage. Consequently, this hall was packed full of empty chairs. The Chairman on that occasion was the President of the Academy, and I was talking then as Oyewale Tomori the Virologist and University teacher. You know how we value freedom of speech and say it as it is. Today, I fear to even look in the direction of the dignitaries sitting on this side of the hall. The eminence of their personalities make me shudder. The clout of the power they possess both individually and collectively make me to vibrate.

**TEXT OF THE 1995 WHO DAY PUBLIC LECTURE DELIVERED ON 6TH APRIL 1995 AT THE AUDITORIUM OF THE NIGERIAN INSTITUTE OF INTERNATIONAL AFFAIRS, VICTORIA ISLAND , LAGOS, NIGERIA.*



5661

AS of August 2002, only Afghanistan, India, Niger, Pakistan,

Polio eradication race: Nigeria won't be the last

Tomorrow makes the case, that given Nigeria's resources, it ought not be the last to eradicate polio disease.

By Oyewale Tomori

stole the honour, through a laboratory accident in Birmingham in 1998, the history books will never show the British face of the accidentally smallpox infected person. For the so-called Third World countries, a bad name on a poor reputation sticks like mud to refuse. The developed world can afford a few stigmas, here and there, but it does not stick as much as a disgrace on a "Third World" country. A thousand "Enrons" plus ten thousand "World.com" would still not give America a name as bad as Nigeria would get if it comes out last in polio eradication race. What do you expect? Are you surprised? Would be the logical *quesponses* (*quesponse* is the hybrid of a question and response). Why should Nigeria NOT be the last country to be declared free of polio? Several reasons, but I will just mention a few. Let us look at the six countries that are still reporting polio cases. Afghanistan and Somalia, have never really known peace for the last 30 years or more. Perhaps India and Pakistan still have a score to settle over Kashmir, while Niger would have been free of polio, if not for sharing borders with us from Sokoto State, all the way to Borno State, and receiving

the spillover of polio virus from us. Nigeria cannot give the excuse of being at war, nor can we lay our misfortune on poverty. So tell me, what reason does Nigeria have to be the last country in the world to be free of polio virus? Do you know that countries like Angola, Eritrea, and Democratic Republic of Congo have been free of polio for the last two to three years? These are countries that have been ravaged by war for decades, yet they took time out of the wars, to do what it takes to rid their countries of the scourge and the permanent disability and paralysis of polio. They had time to care for their children. Nigeria is the same country that has spent billions of dollars, through ECOMOG to bring peace and democracy to Sierra Leone and Liberia. Our own Obasanjo has of recent, been in the forefront of ridding countries in the ECOWAS region of polio. On October 19, 2001, he joined Tejan Kabba of Sierra Leone and Alpha Konare of Mali to sign the Lungi Declaration, committing themselves, among other things, to "pursue the polio eradication initiative...until the ECOWAS subregion is certified polio free". Today, apart from Nigeria and Niger, all other countries in West Africa, even Sierra Leone and Liberia, are free of wild polio virus. Never again will we see any child in Sierra Leone supporting with calipers, the leg that polio virus did not cripple, the days are gone when we will point at a polio maimed child scrambling and

begging for alms in the dusty streets of Buchanan in Liberia. Why then should any child in any part of Nigeria continue to be numbered among polio victims? Why should any child in Nigeria remain, forever, a permanent polio paralysed problem to his or her family? You know, many Nigerians are serving as consultants and experts, providing guidance, assistance and technical support to several African countries, which today are no longer reporting polio cases. If the nation collectively and individually has contributed to stopping polio transmission in Liberia and Sierra Leone, why has *Falana* not looked after his own problem? Charity, at one time, used to begin at home. Even if it no longer does, it can at least return home to benefit her children.

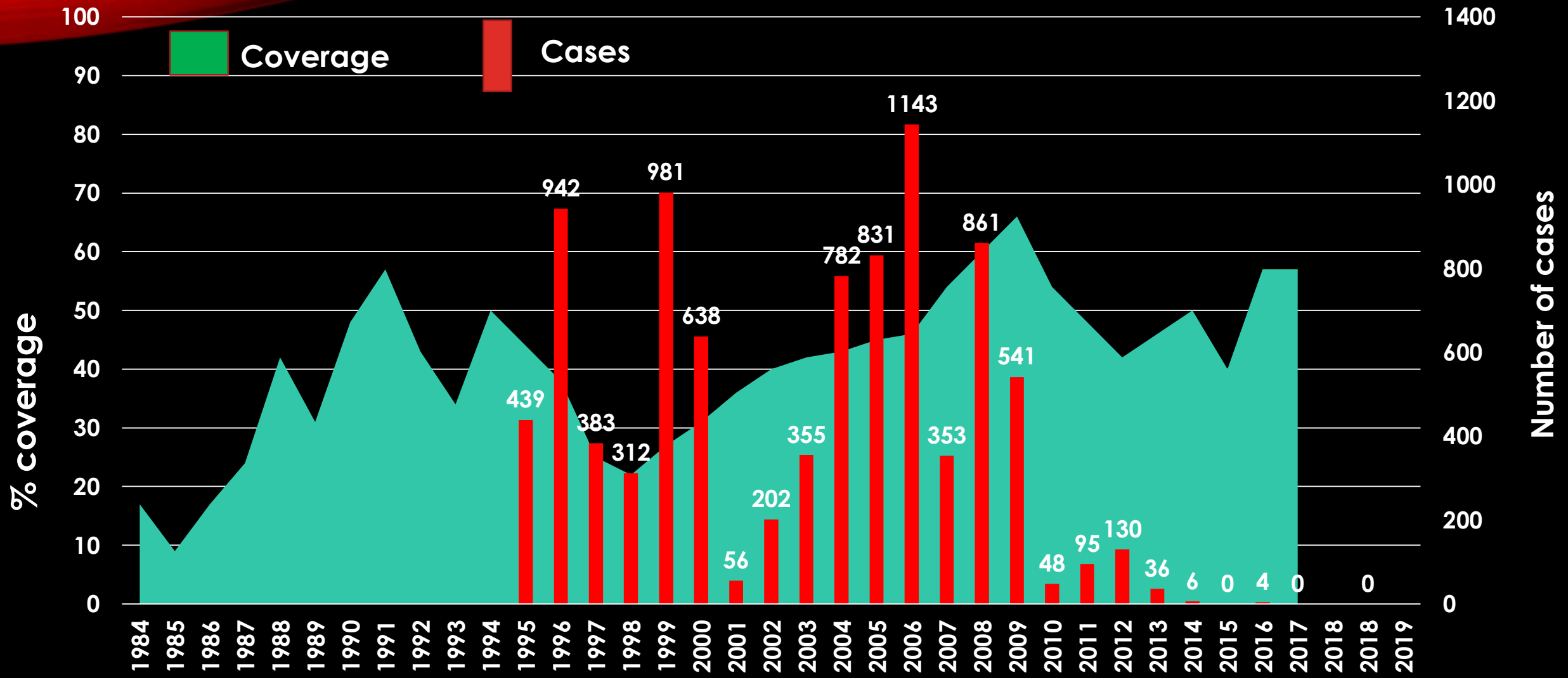
Another reason why Nigeria should NOT be the last country to be declared free of polio is because at home, we have the resources: human, monetary and material to rid our country of polio. Only in recent years have there being serious political commitment and support for polio eradication in Nigeria. Not that political commitment was lacking since 1996 or 1997, but the translation of the commitment to useful plan and implementation may not have met acceptable standards. Perhaps, the children, the target and beneficiary of the immunisation programmes, did not reap the maximum benefits from the political commitment and attendant financial input. However, one thing we can say about President Obasanjo's government is that his government has, by action and words, given support to polio eradication programme in Nigeria. The government has continued to provide billions of naira to ensure that every child, who should, gets his or her polio vaccine. The hope is that no Nigerian child would be lame and rendered dependent on someone else for the rest of his or life.

• To be continued



2005

% POLIO 3 COVERAGE, & NUMBER POLIO CASERS, NIGERIA , 1984-2017



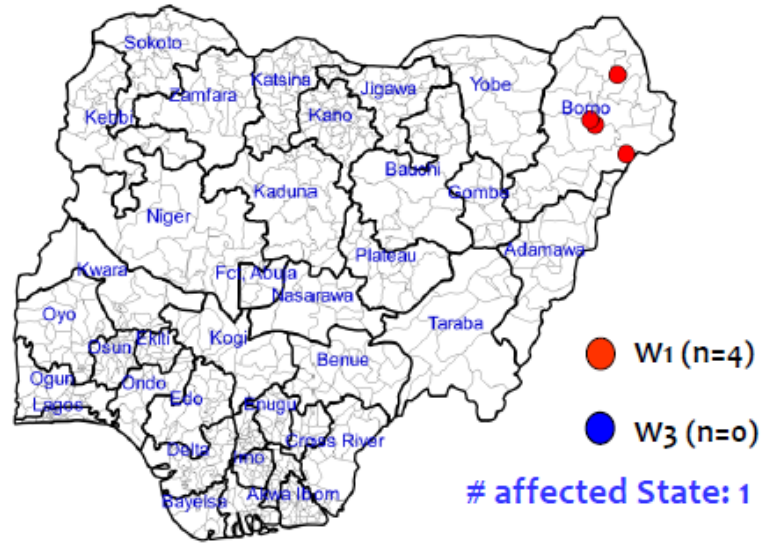
NIGERIA: POLIO CASES AS AT WEEK 52, 2016

As at December 30, 2016 Nigeria has

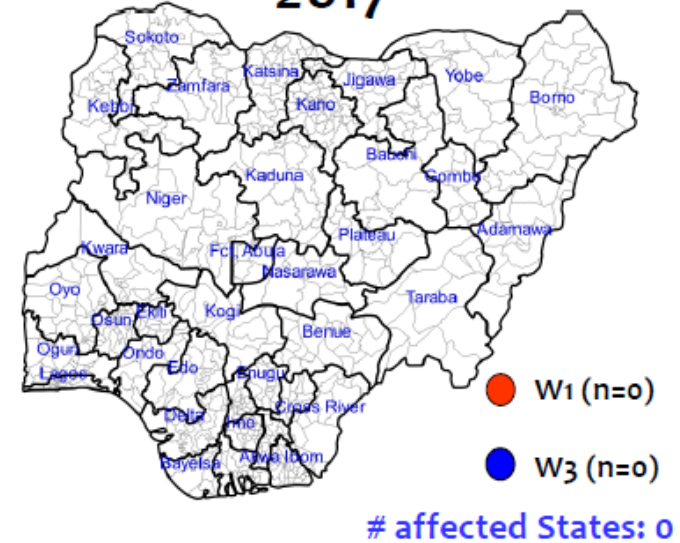
- **Four confirmed WPV type 1 in Jere (1), Gwoza (1) and Monguno (2) LGA Borno State** compared to no case for the same period in 2015
 - Date of onset of Jere WPV1 case is 4 July, 2016
 - Date of onset of Gwoza WPV1 case is 13 July, 2016
 - Date of onset of Monguno WPV1 case is 6 August, 2016
 - Date of onset of Monguno WPV1 case is 21 August, 2016
- **One confirmed vaccine derived poliovirus (cVDPV2) in Bodinga LGA, Sokoto State**
 - Date of onset of case is 28 October, 2016
- **One confirmed vaccine derived poliovirus (cVDPV2) from the environment** in Borno state, from sewage collected on 23 March 2016.

Wild Poliovirus distribution from AFP cases, 2016 - 2019

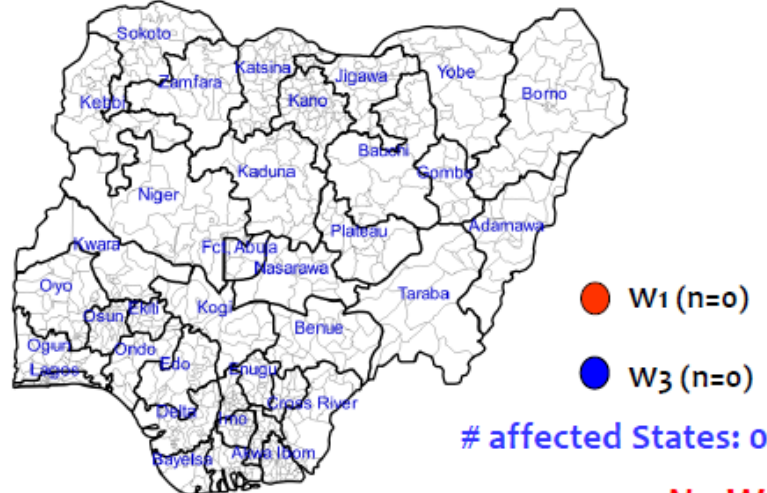
2016



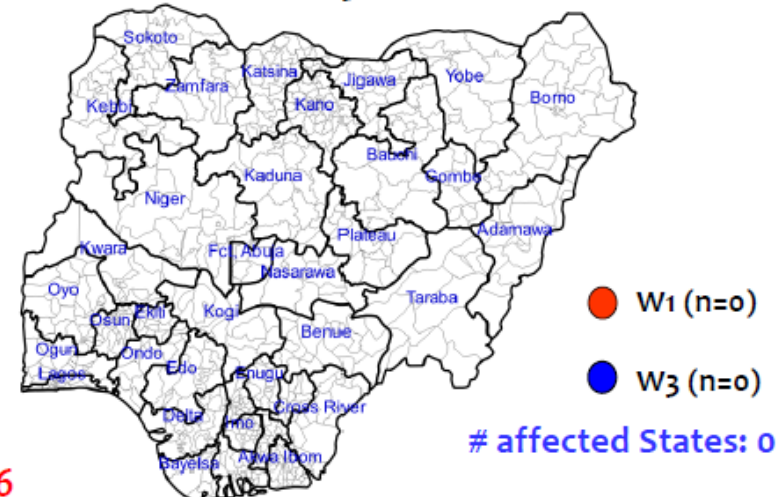
2017



2018

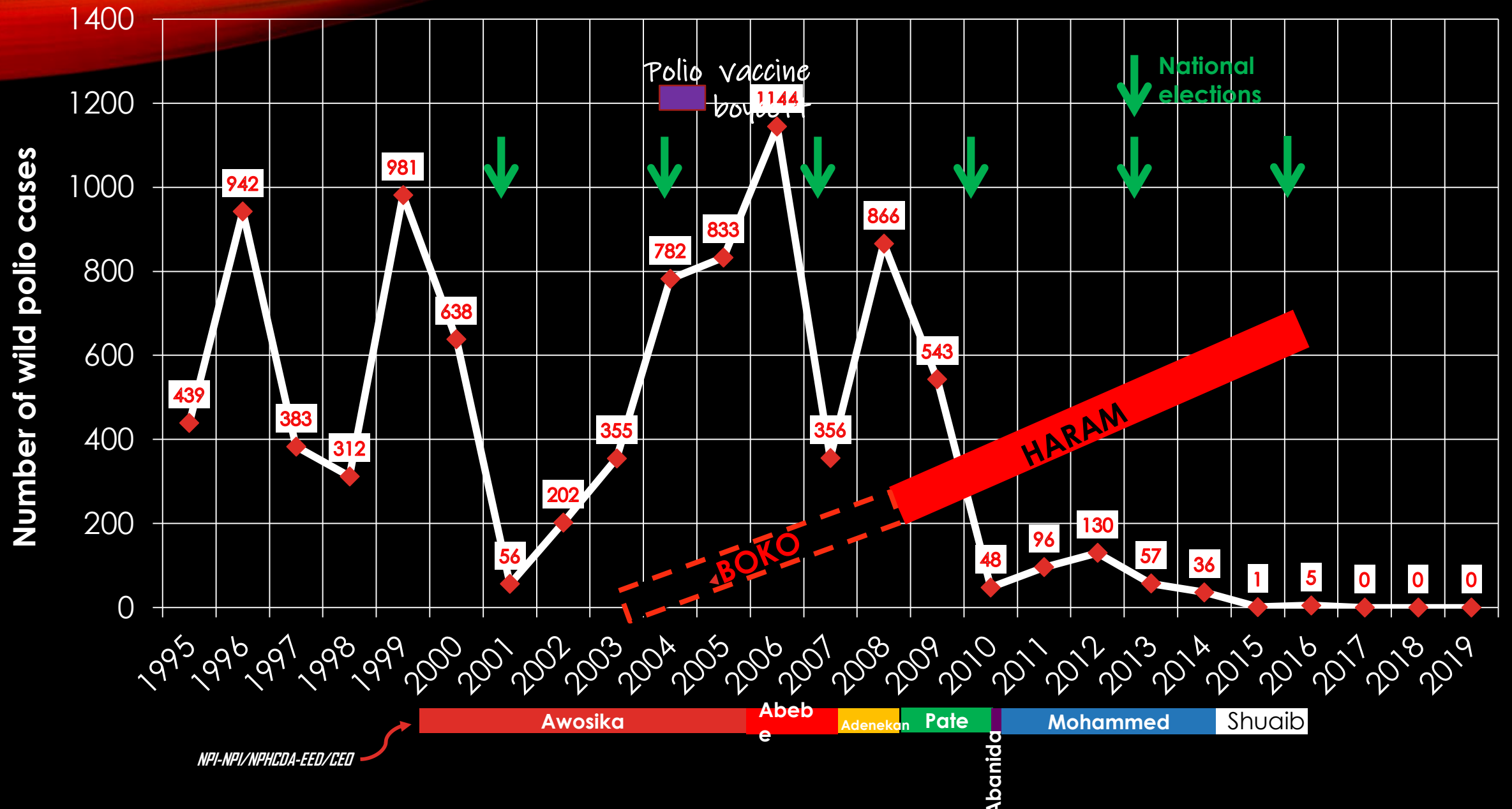


2019



• No WPV1 since Sep 2016

POLIO ERADICATION IN NIGERIA: LEADERSHIP, POLITICS & SOCIAL ISSUES



When will Nigeria ACTUALLY be polio-free -

the ending of the insurgency to allow access for immunization (to vaccinate all children) and surveillance (to confirm that there is no wild poliovirus causing AFP)

We must have access to every location, including Sambisa Forest

**Exact time for Nigeria polio free status = 1 + x
*years,***

where x = date of uninhibited access to every

WHAT HAPPENED TO US?

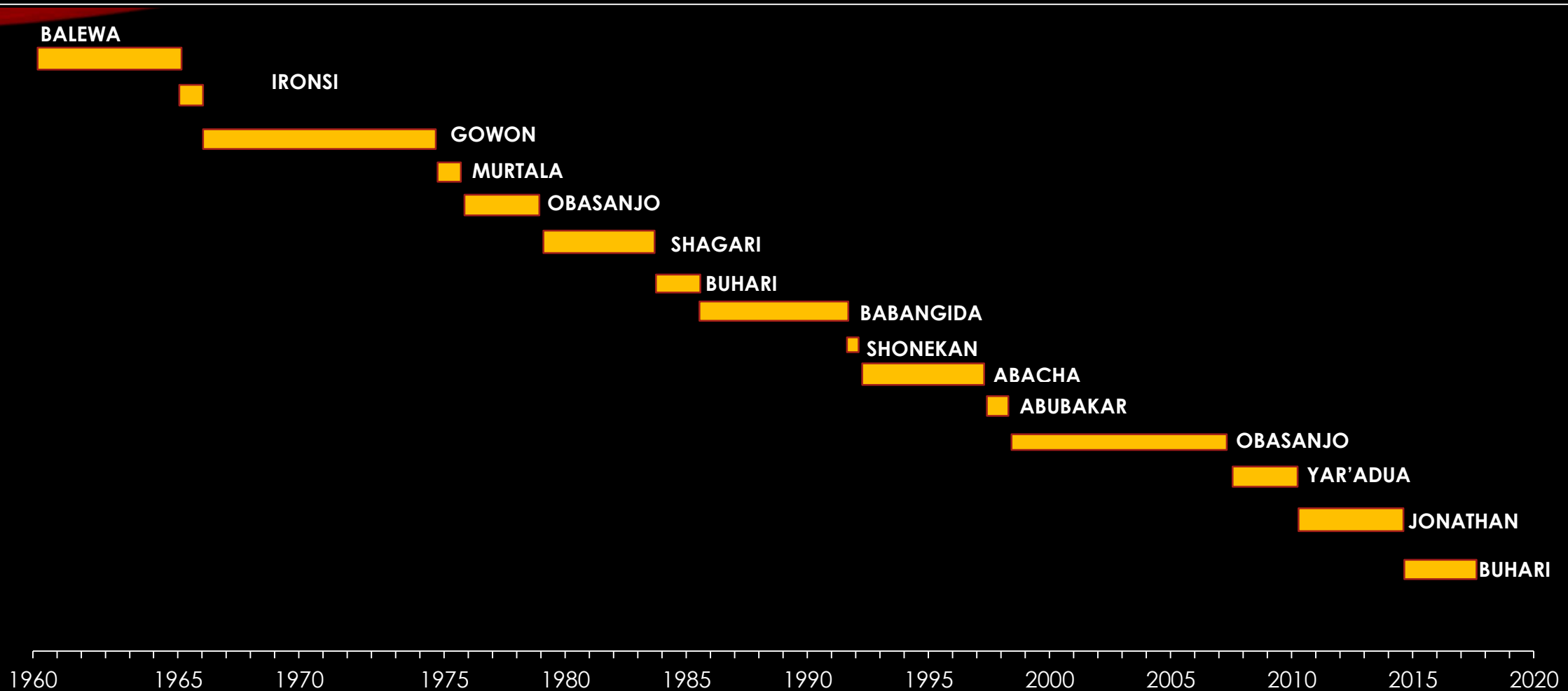
We “conquered” Ebola, but

- Lassa made mince meat of us **WHY?**

- We are the last country to eradicate polio in AFRICA **WHY?**

- Other diseases- CSM, Measles, Monkeypox-etc , have taken permanent residence in our country **WHY?**

NIGERIA: POLITICAL DEALER - "LEADER" - SHIP



**OUR
NATIONAL
SYSTEM IS
UNDER SEVERE
BURDEN OF
LEADERSHIP**

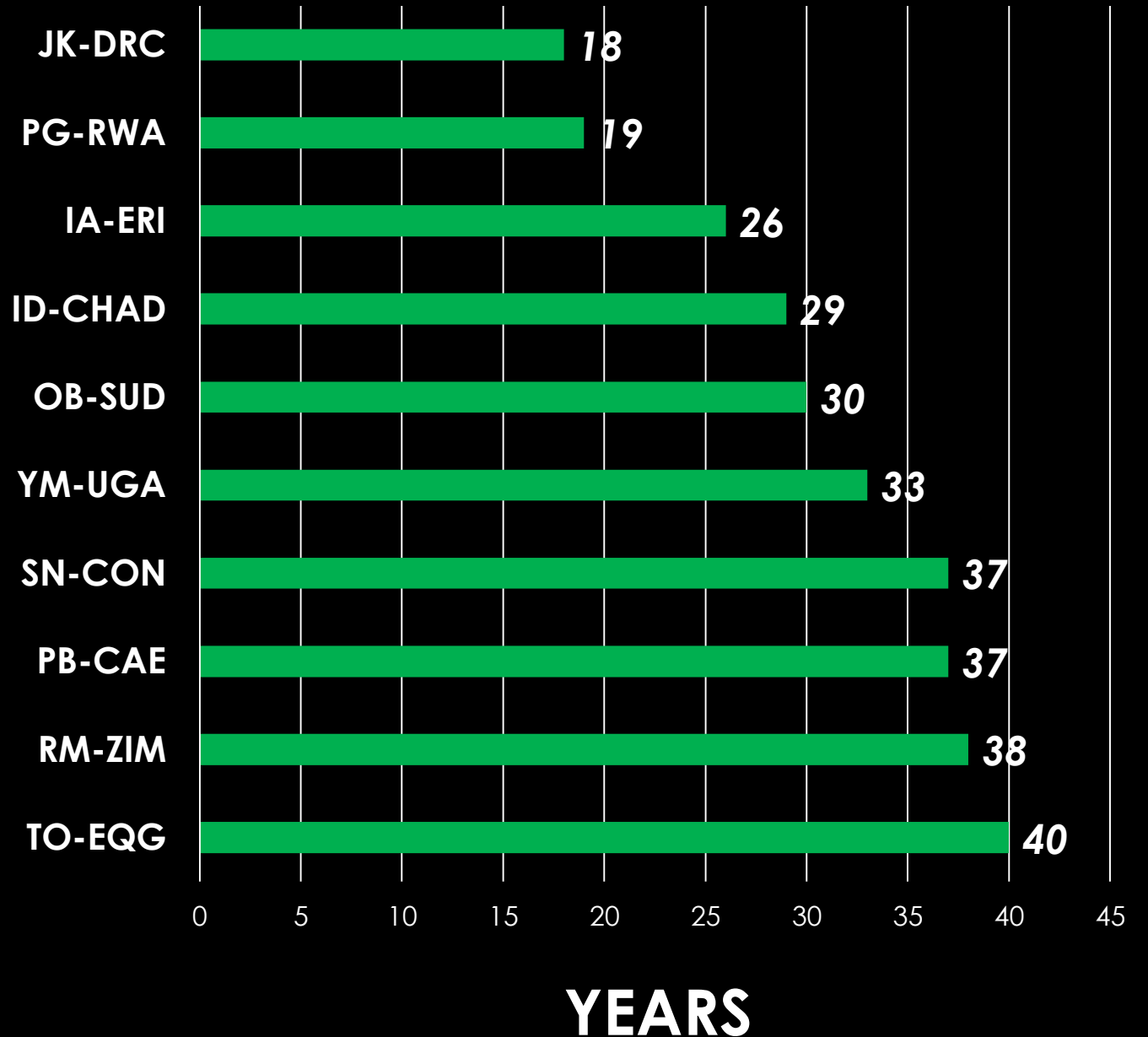


**CORRUPTION IS A
GREATER THREAT TO
HEALTH THAN MOST
DISEASES**

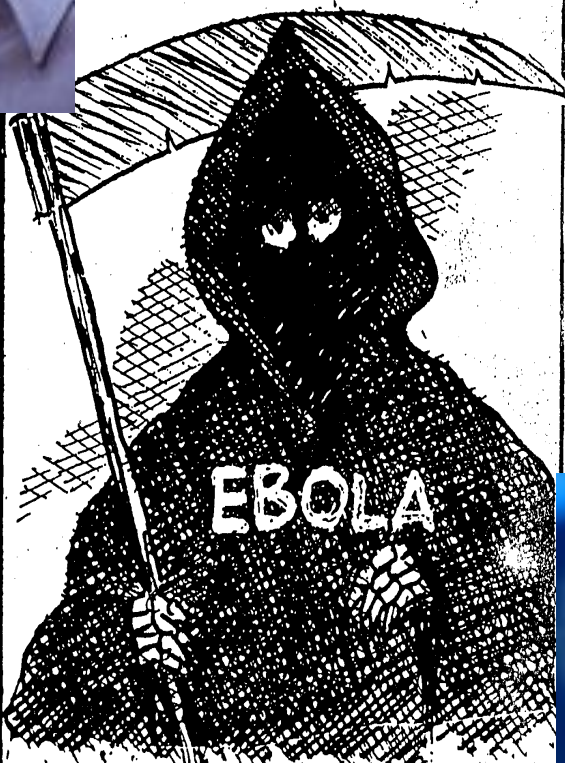
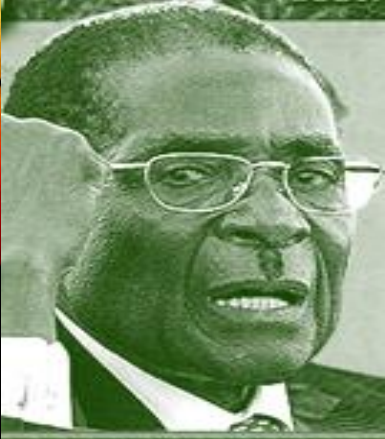
**WE HAVE A DUTY TO FIGHT THE
CORRUPT LEADERS**



LONGEVITY OF AFRICAN LEADERS IN POWER



**BEFORE
EBOLA,
EVERY
AFRICAN
COUNTRY
HAD A
LEADER**



SPOT THE DIFFERENCE

WHAT HAPPENED TO US?

- **Abandoned and neglected disease surveillance and control activities**
- **Ran our laboratory service aground**
- **Expanded our coast of corrupt practices**
- **Utterly disdained excellence and uplifted mediocrity**

WHAT HAPPENED TO US?

- **Abandoned and neglected disease surveillance and control activities**

OVER-DEPENDENCE ON FOREIGN AID



**IRRUA FED. GOVT
BUILDING ABANDONED
SINCE 2012**



**IRRUA FOREIGN AID BUILDING
COMPLETED IN MONTH**

FG's INTERIM REPORT
ON FINANCIAL, ASSETS
RECOVERIES

Recovery date: _____
Between May 29, 2015 and May 25, 2016.

Cash Recoveries

- Naira: 78,325,354,631.82
- US Dollar: 185,119,584.61
- GB Pounds: 3,508,355.46
- Euro: 11,250

Recoveries Under Interim Forfeiture

- Naira: 126,563,481,095.43
- US Dollar: 9,090,243,920.15
- GB Pounds: 2,484,447.55
- Euro: 303,399.17

Grand Total → ↓

Naira	US Dollar	GB Pounds	Euro
204,888,835,727.25	9,275,363,504.76	5,992,803.01	314,649.17

Funds Awaiting Return From Foreign Jurisdictions

- US Dollar: 321,316,726.1
- GB Pounds: 6,900,000
- Euro: 11,826.11



55 people stole N1.3tr in 7 years - Fed Govt

...between 2009 and 2015. Minister of Information and Culture (Abba) Lai Mohammed announced this at a press conference in Abuja yesterday. He said the Agos represented more than a quarter of last year's national budget. He revealed that 15 former governors allegedly stole 148.84 billion naira, four former ministers, 7 billion naira and 12 former federal and state officials, 514 billion. Eight people in the banking industry allegedly stole 124 billion naira.



Expanded our coast of pervasive corrupt practices

Not just politically...

....but also in virtually every spheres of life

- **In 2002, the Federal Ministry of Health designated 3 federal tertiary health institutions as centres of excellence for the control and management of the disease.**
- **Irrua Specialist Teaching Hospital, Edo State, UMTH, Maiduguri Borno State, FMC, Owerri, Imo State –**
- **Over N100m. provided, only Irrua made it**
- **Academics and professionals of other centers MISAPPLIED their share**

HEALTH IN NIGERIA Over the past three generations:

- **the preventable diseases my generation escaped from;**
- **are the same diseases, my children's generation, through vaccination, were protected from;**
- and still**
- **the same diseases that, through neglect, the generation of our grandchildren are now dying from.**

THE RESULT

- an unreliable and ineffective healthcare delivery system
- a national government that provides insufficient funding to take care of the health problems of the nation, and
- a citizenry that pays scant attention to her health, unwilling, unable & powerless? to hold her government accountable

THE RESULT

- **an unreliable and ineffective healthcare delivery system**
 - We have great plans no follow through from Ransome Kuti to now, our PHC is now our Teaching Hospitals
 - Poor health infrastructure, out-dated & inun-dated
 - We took the PUBLIC out of Public Health
 - Health workforce insufficient poorly treated
 - Workforce members constantly fighting among themselves

THE RESULT

- a national government that provides insufficient funding
- to take care of the health problems of the nation, and

Abuja Accord has become a cord around our neck

- We will not adequately fund our plans
- We will not release the meager fund on time
- We will manage somehow to divert the little we have for unintended purposes
- Allowance of all our Senators in one year is enough to FULLY vaccinate 30 million children

THE RESULT

- a citizenry that pays scant attention to her health, unwilling, unable & powerless? to hold her government accountable
- We care less and are careless about our health
- Politics that DIVIDES us, UNITES our leaders to dupe us
- We have no shame as a nation – allowing donors to do for us what we should be doing for ourselves

THE RESULT

We disdain and disrespect our talented human resources , preferring external experts

We created a toxic environment that makes novices out of our local experts and human resources

We have all it takes to control diseases, with minimal assistance , but we have refused to TAKE ALL we have



ROI

**Our Returns On
Investments**

**While other countries are getting sumptuous Returns
On Investment (ROI)**

**Nigeria is wallowing in her
Returns on Iniquity (ROI)**

&

Returns On Immorality (ROI)

ROI

- **10.5 million children out of school**
- **4.5 million children under vaccinated**
- **Poverty capital of the world**

NIGERIA: RAGING EPIDEMICS 2016-2019

	2016		2017		2018		2019@	
	CASES	DEATHS	CASES	DEATHS	CASES	DEATHS	CASES	DEATHS
MONKEY POX*	0	0	167	6	144	1	6	0
<u>YELLOW FEVER#*</u>	<u>0</u>	<u>0</u>	<u>337</u>	<u>45</u>	<u>3,399</u>	<u>12</u>	<u>364</u>	<u>0</u>
LASSA FEVER	921	117	733	71	3,498	171	3,303	651
CHOLERA	768	32	4,221	107	50,719	1,136	374	24
<u>CSM#</u>	<u>831</u>	<u>33</u>	<u>10,043</u>	<u>617</u>	<u>4,516</u>	<u>364</u>	<u>771</u>	<u>50</u>
<u>MEASLES#</u>	<u>25,251</u>	<u>102</u>	<u>21,974</u>	<u>117</u>	<u>7,412</u>	<u>128</u>	<u>16,284</u>	<u>102</u>

@, up to week 31 (LASSA FEVER), *, onset September 2017 #, vaccine preventable diseases



**IS NIGERIA TRULY
THE GREAT NATION
OF GOOD PEOPLE?**



**THE NEXT PICTURES
SHOW HOW GREAT WE
ARE 59 YEARS POST
INDEPENDENCE**

IMAGES OF NIGERIA -59 YEARS OF INDEPENDENCE SOME ROADS & TRANSPORTATION



BUSINESSDAY

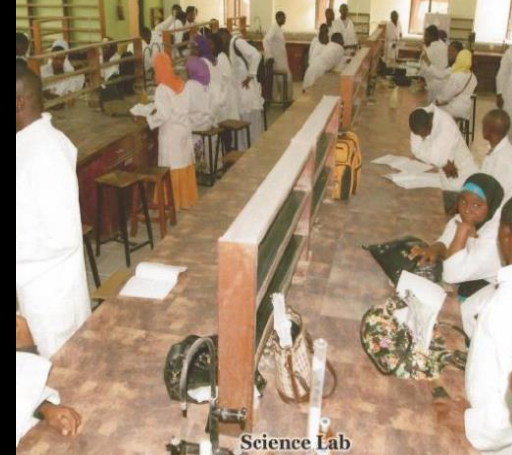
November 22 2013

Bad roads, poor air safety records dog prospects of Christmas travel





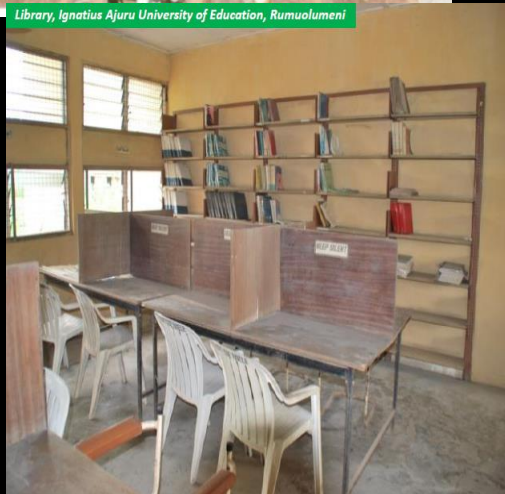
Sitting on Bare Floor for Lectures: University of Jos



Science Lab



Library, Ignatius Ajuru University of Education, Rumuolumeni



Section of Kashim Ibrahim Library, ABU Zaria



**IMAGES- OUR UNIVERSITIES
LECTURE HALLS - DISGRACE
LABS – NO REAGENTS
LIBRARIES –NO BOOKS
COMPUTER CENTRE?**



Computer Centre of the corporation (Insert: entrance)

IMAGES OF NIGERIA – 59 YEARS OF FREEDOM LEADERSHIP & GOVERNANCE

THE MOST WIDELY READ NEWSPAPER

THE PUNCH

Nigeria inching closer to a failed state – Report ... needs \$6bn yearly for stable power

TUESDAY, JUNE 22, 2010 VOL. 17 NO. 20, 686 Website: www.punchonthenet.com Pages 9 & 15

House of Reps is home of scandals – EFCC

• Lawmakers probe N10bn Independence Day budget

FG considers bail-out for auto assembly plants ... rules out waivers for oil multinationals

Pages 13 & 17

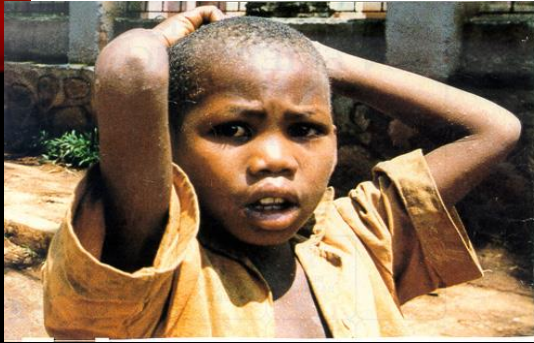
Those profiting from rot in Nigeria are resisting change – Ribadu

Page 6



ASSEMBLY OF WARRIORS
SHARING NATIONAL CAKE

IMAGES OF NIGERIA – 59 YEARS OF FREEDOM OUR PEOPLE



PAIN, SORROW



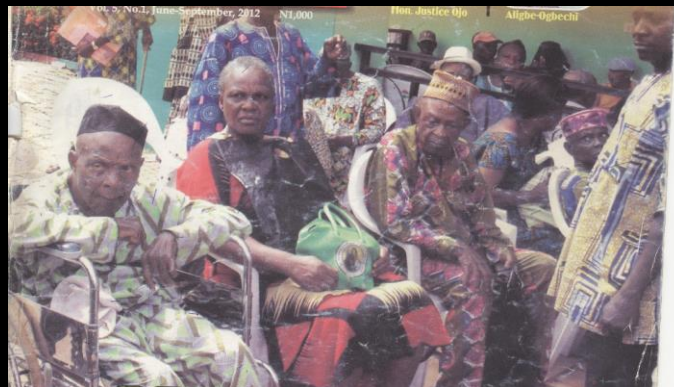
MALNUTRITION



EPIDEMICS – LASSA , LEAD POISONING, MEASLES



TEARS, AGONY



PENSIONERS

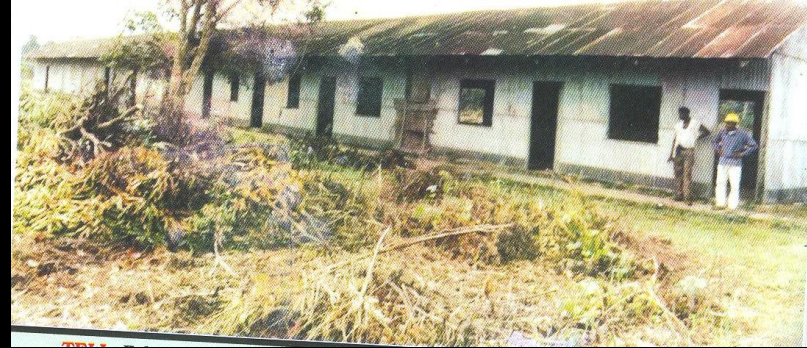


DESTITUTES

IMAGES OF MODERN NIGERIA - 59 YEARS AFTER - AMENITIES



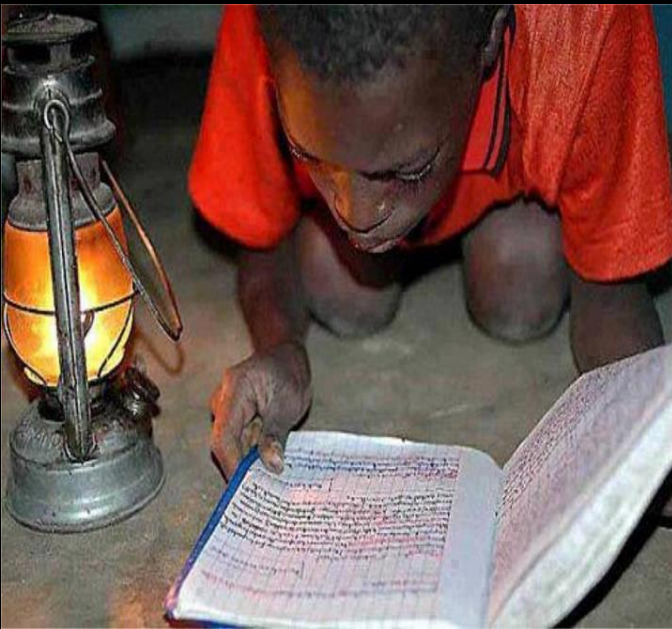
**UNINTERRRUPTED
POWER SUPPLY**



WELL EQUIPPED SCHOOLS



**MODERN PUBLIC
TOILETS**



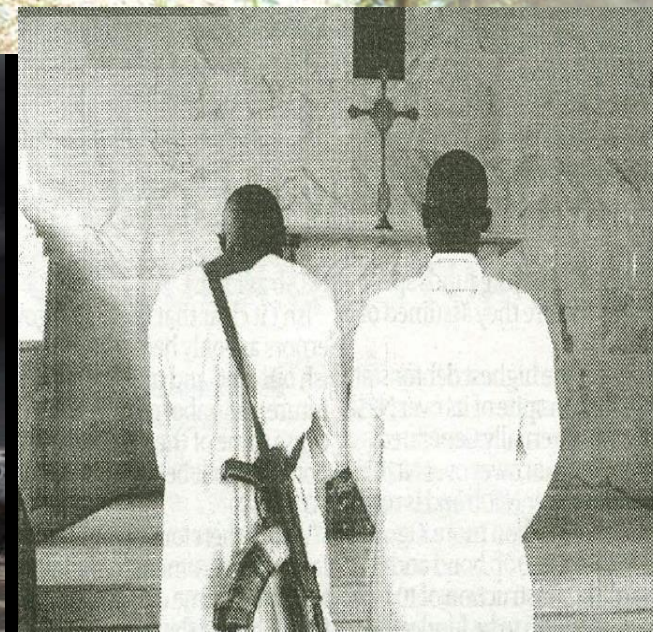
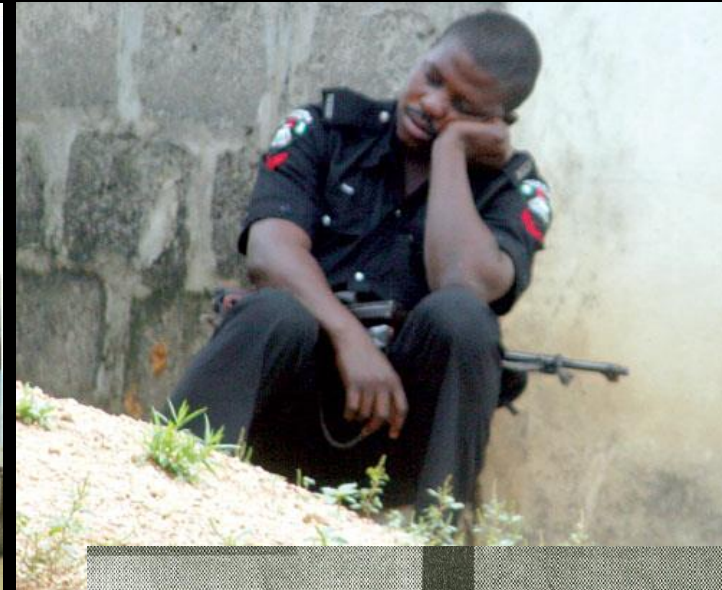
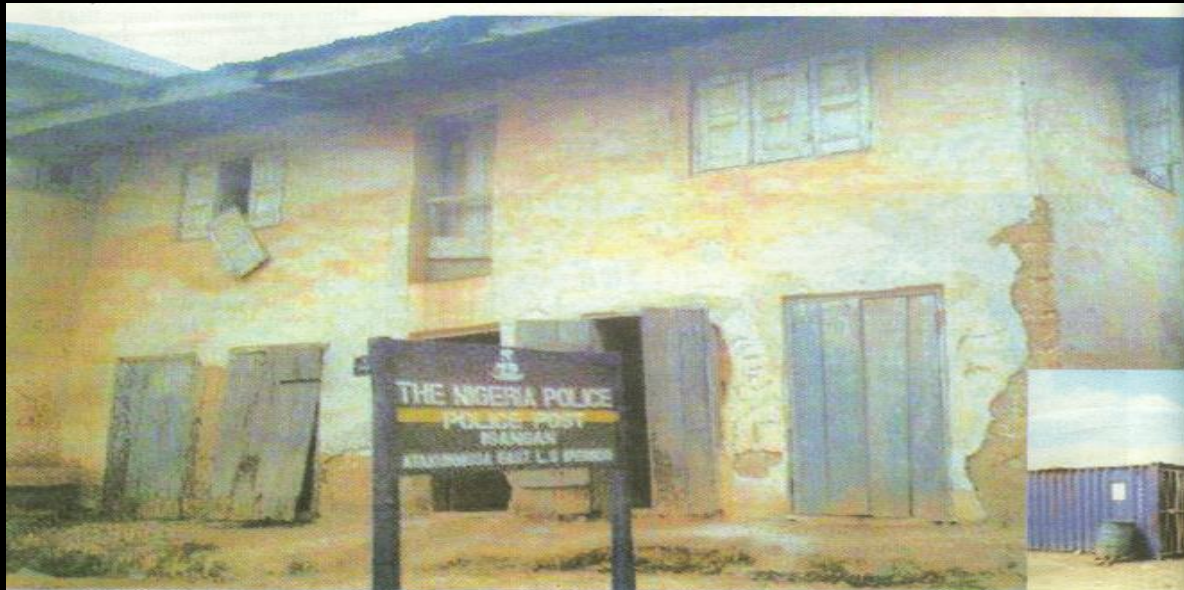
SUPER HIGHWAYS



**POSH
HOUSING**



NIGERIA AT 59- MORE IMAGES





Rev 11:9 And they of the people and kindreds and tongues and nations shall see their dead bodies three days and an half, and shall not suffer their dead bodies to be put in the graves.

IMAGES OF THE STATE OF THE NATION

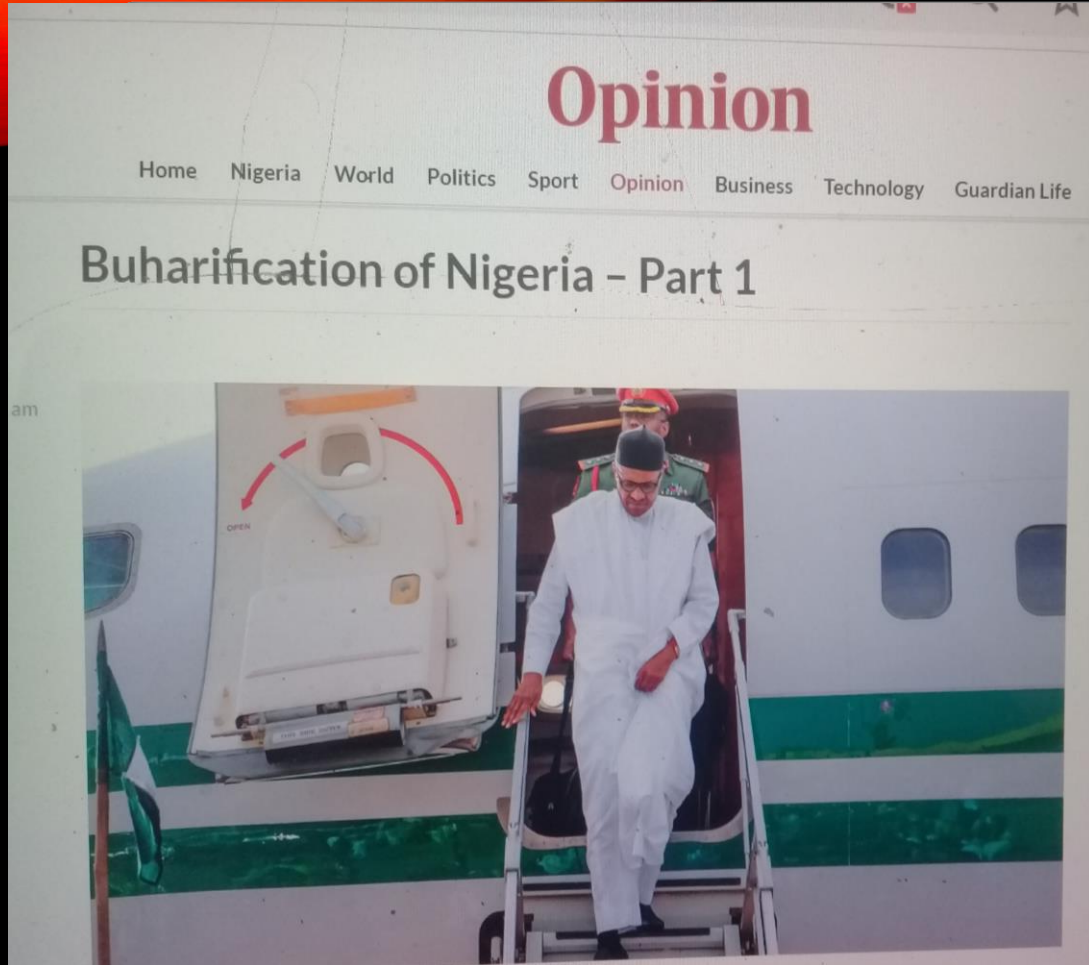
PRE-2015

2015 AND AFTER?

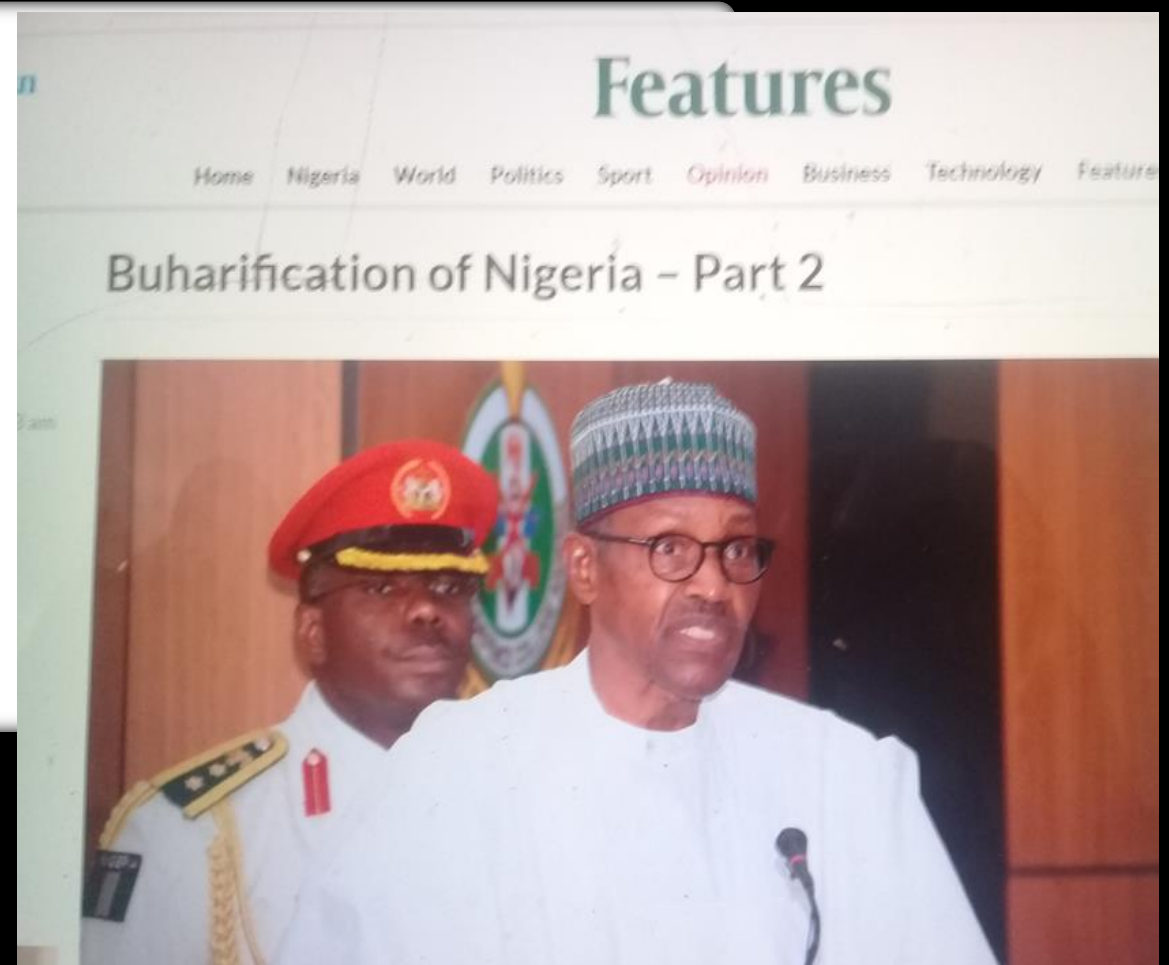


The fat fleshed cows came before the lean fleshed cows

“BUHARIFICATION” OF NIGERIA



***THE CHANGES CAME
SLOOOOOOOOOOLY,
IN TRICKLES,
IN PATCHES &
& LOP-SIDED***



**WHAT WE DESIRED,
WE DID NOT GET
WHAT WE GOT,
WE DID OT DESIRE**

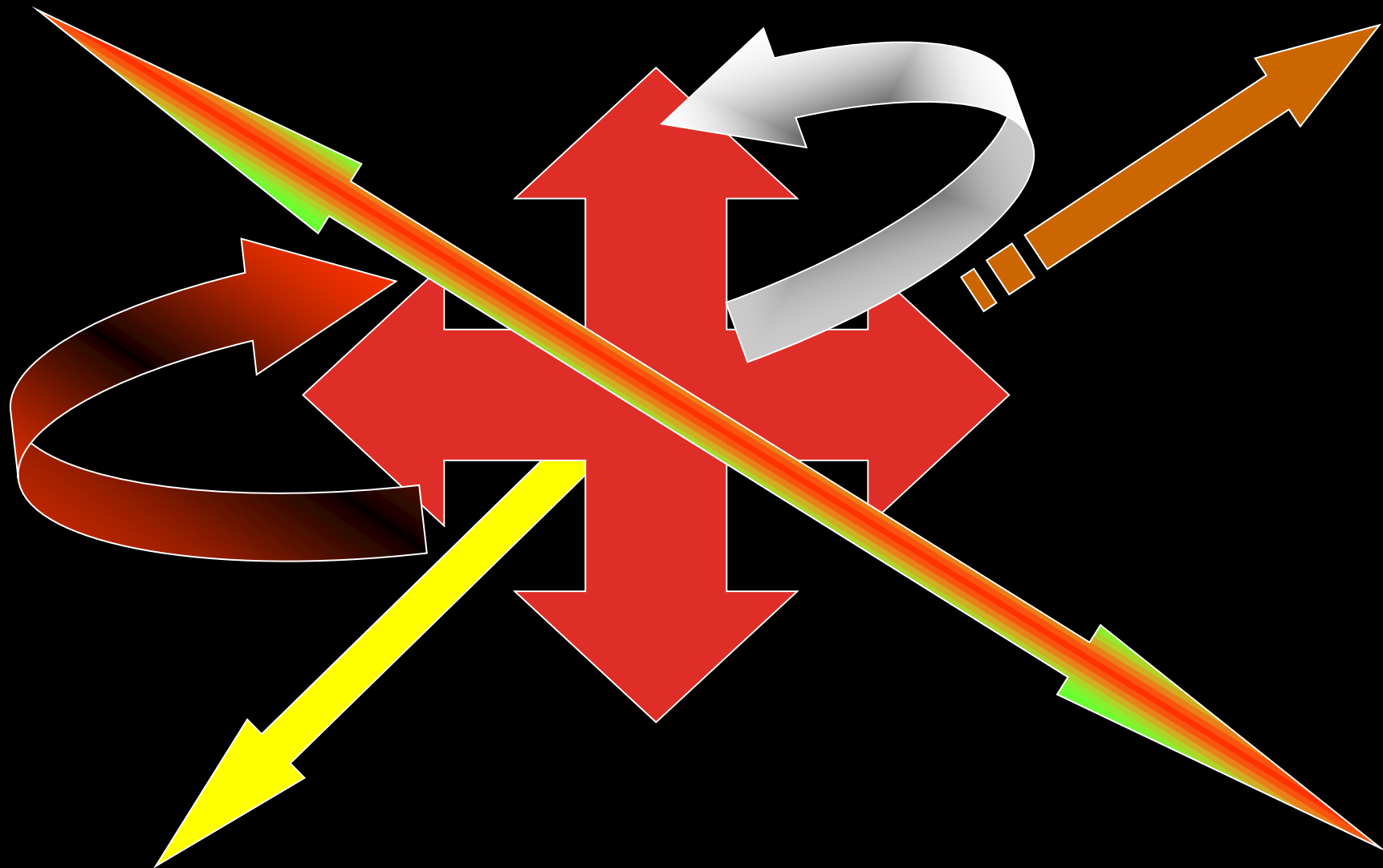
A NATION THAT WAITS FOR THE



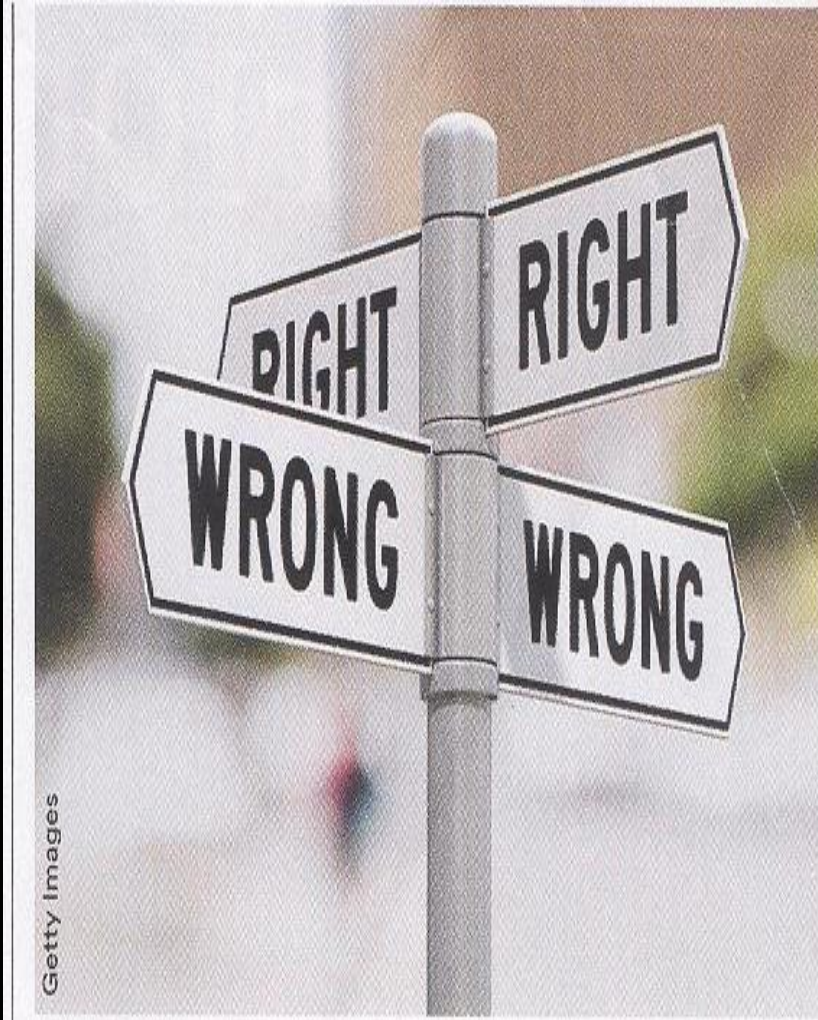
**LION TO FINISH YAWNING,
BEFORE DECIDING TO RUN**

NIGERIA, WHICH WAY

FORWARD?



THE GOOD WAY TO THE RIGHT CHOICE



ATTITUDINAL CHANGE

Nigeria needs a MAJOR attitudinal mutation

We must eradicate our “attitude” ...

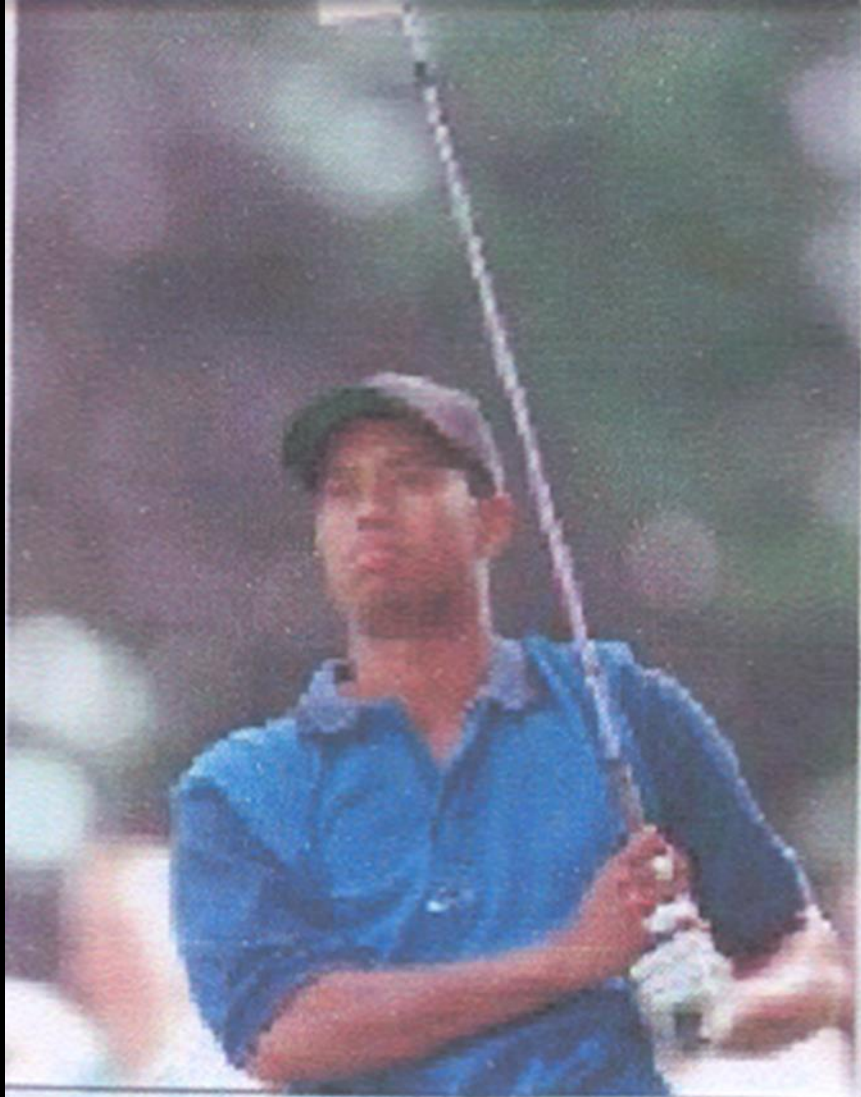
- **Our definition of excellence**
- **How we see situations**
- **How we do things**

before we can eradicate or control any disease

Our excellence of Tiger Woods, not Tiger’s Wood

ATTITUDINAL CHANGE- EXCELLENCE OF

Tiger Woods



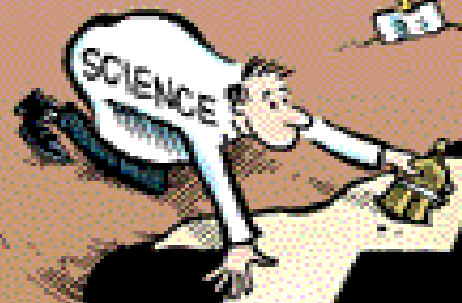
NOT
OF

Tiger's Wood



A
tr
te
a
kr

TRUTH



In 1985, the Department of Virology laboratory confirmed the onset of 1985-1990 yellow fever outbreak

In 2019, Nigeria must wait for results from Dakar before it can confirm outbreak of the same disease

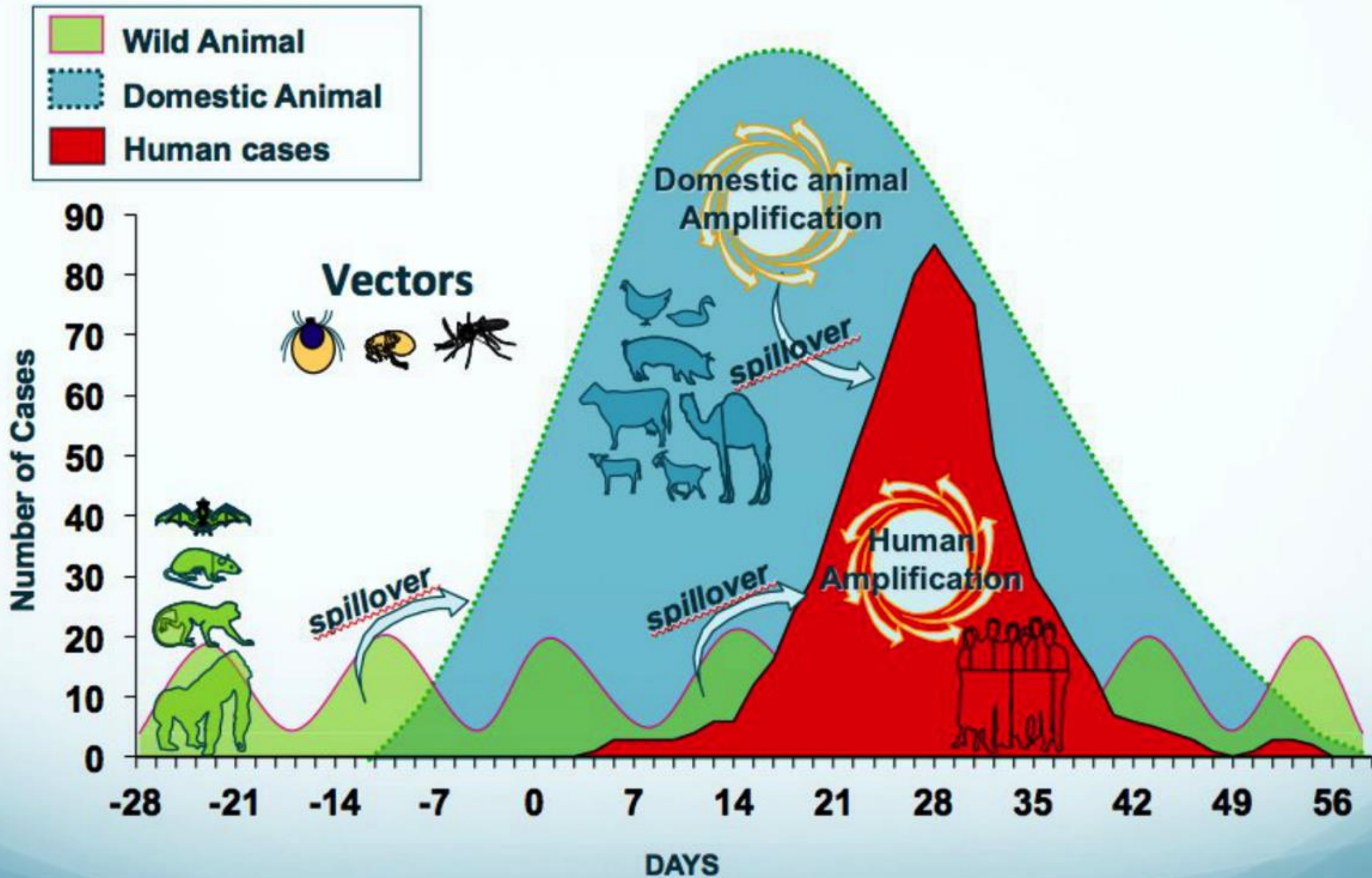
Before 1990, Nigeria produced locally her YF vaccine needs

Today, we depend on donations to meet our needs for YF vaccine, produced in Dakar

MULTI-DISCIPLINARY APPROACH

- ✓ *The multi-disciplined approach to epidemiology and medical scientific Research, (as practised in Ibadan between 1964-1974,) was synergistic.*
- ✓ *Investigations and biological discoveries were derived from combined diverse knowledge.*
- ✓ *This type of creativity facilitated more rapid understanding & discoveries, beyond what would have otherwise been expected.*

One Health Approach



Source: Karesh et al. 2012. The Lancet & WHO

EFFECTIVE CROSS-SECTORAL COLLABORATION

- i. Political will and high-level commitment**
- ii. Trust**
- iii. Common objectives and priorities**
- iv. Shared benefits**
- v. Strong governance structures, legal frameworks, & recognition of existing international standards**

EFFECTIVE CROSS-SECTORAL COLLABORATION

- vi. Adequate and equitably distributed resources
- vii. Identification & involvement of all relevant partners
- viii. Coordinated planning of activities
- ix. Implementation of cross-sectoral collaborations
- x. Capacity development
- xi. Strong, effective health systems

EFFECTIVE CROSS-SECTORAL COLLABORATION

- A. Joint cross-sectoral coordination mechanisms**
- B. Routine communication**
- C. Joint simulation exercises**
- D. Data sharing**
- E. Joint risk assessment**
- F. Active cooperation on disease control programmes**

NEGLECTING S&T IS LIKE EXTRACTING TOOTH



IN THE DENTAL SCHOOL OF AGONY



We must NOT close the eye to those NATIONAL competing interests against Public Health



We must open eyes, ears & mouths to ensure NATIONAL OWNERSHIP of disease control

Be champions of GOOD GOVERNANCE / reduce cost of governance

See ACCOUNTABILITY in the operation Implementation of disease control programmes

So, what to do?

Health is human right – DEMAND FOR YOUR RIGHT

Get involved

Get the PUBLIC into PUBLIC HEALTH

Be a Health Champion

Lobby the Executive and the Legislators to budget more funds for health

So, what to do?

Demand for equity, fair play and justice in the distribution of health facilities and other health interventions

Demand accountability among health workers and exhibit integrity in your dealings

Let us end the bickering and fight among healthcare workers

UNITY AMONG HEALTH WORKERS



JOHESU

COHESU



JOINT HEALTH SECTOR UNIONS

COALITION OF HEALTH SECTOR UNIONS



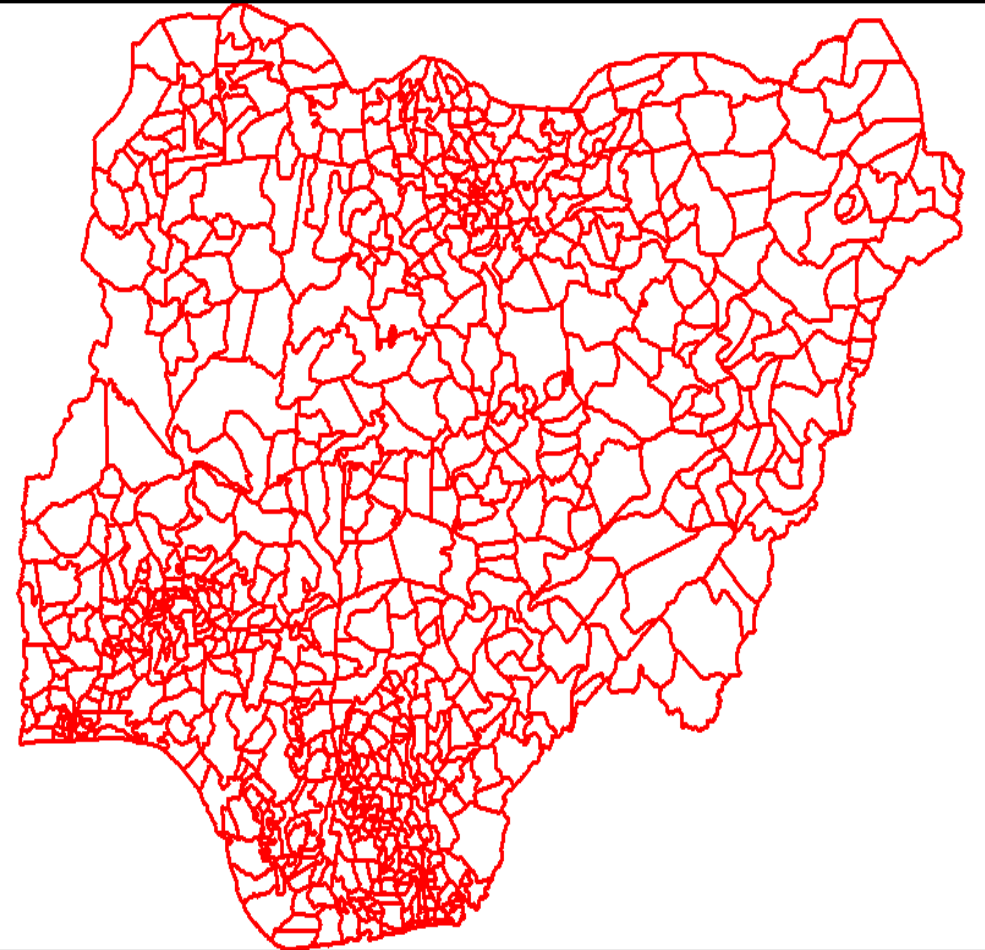
**NIGERIA HAS ALL
IT TAKES
TO PREVENT AND
CONTROL
EPIDEMICS**

**BUT A FEW
TAKES ALL WE HAVE**

**LEAVING THE
POOR FAMILY OF 4
TO RIDE A BICYCLE,**

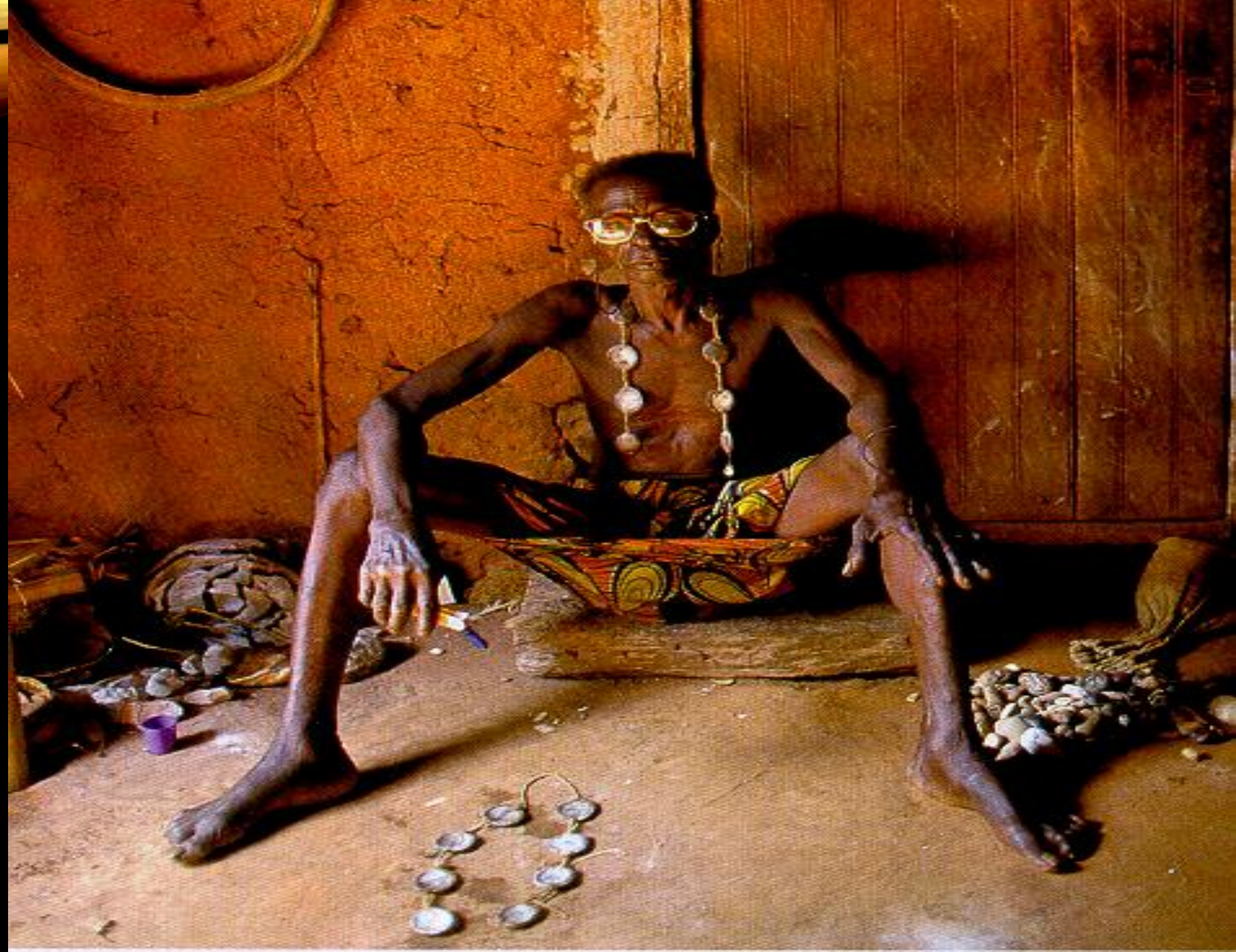
WHITHER NIGERIA? OR WITHER!

If we do not know
WHITHER we are going,



we will splinter and **WITHER**,
becoming an irrelevant
nuisance nation

**LET US
LOOK
INTO THE
FUTURE
WITH
RENEWED
HOPE FOR
A BETTER
NATION**





**Let us dance to
the bright
future of
Nigeria**

@ 8.37 years

Oyewale TOMORI

VOICE OF OLD NIGERIA

Can you hear it?

I hear it, oh yes, I hear it.

I hear the voice of Nigeria:

The silent voice of sanity

The quiet voice of probity

The hushed voice of honesty

VOICE OF OLD NIGERIA

The calm voice of decency

The still voice of honour

The soft voice of reason

The tranquil voice of integrity

The serene voice of virtue

The soothing voice of godliness



VOICE OF OLD NIGERIA

The peaceful voice of contentment

The voice of my old Nigeria

Do you hear it.....



**My time is UP,
I thank the Organizers for the invitation,
& all of YOU for your attention**

Distinguished and Eminent Ladies & Gentlemen

