



VACCINATIONS AND RELIGION

ISSUES, CHALLENGES, AND PROSPECTS

Conference Report

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On March 24th and 25th, 2014, the International Interfaith Peace Corps (IIPC) in partnership with the Government of the Republic of Senegal cohosted an international summit entitled *Vaccinations and Religion: Issues, Challenges, and Prospects*. The summit brought together more than 80 African Muslim government officials, medical professionals, and religious leaders to identify the challenges associated with vaccination in resistant and hard-to-reach communities in Africa in order to issue a declaration in support of disease prevention and help raise awareness within Muslim-majority communities about the necessity and importance of vaccination. Ultimately, the goal was to identify strategies to increase vaccine acceptance in their domestic constituencies.

The Senegalese President, Macky Sall, opened the summit with words of support, affirming the critical importance of vaccination toward the achievement of the Millennium Development Goals (MDGs) and highlighting the unique role for Islam and Muslim leaders in the prevention of disease. This message was reinforced by representative of the Senegalese Muslim leaders and local host of the visiting Muslim leaders, Serigne Abdoul Aziz Sy, who asserted that vaccination is an obligation for all Muslims in accordance with the Qur'an and prophetic tradition. Shaykh Abdallah bin Bayyah, chair of the scholars committee for the summit, spoke of the Muslim community's leadership in disease prevention throughout history and the critical importance of being on the cutting edge of research and development moving forward. The opening ceremony laid the foundation for the coming deliberations, providing a variety of perspectives on the social, political, and religious foundation for vaccination.

Summit participants then heard from a variety of speakers, who outlined trends in disease burdens throughout the continent and identified misconceptions that are dampening disease prevention efforts. Skeptics provided thoughts on outstanding questions that need to be answered before communities will fully come on board with vaccination efforts. And, ultimately, religious leaders collaborated to produce a declaration supporting the permissibility of vaccines, citing specific Qur'anic and hadith references in justification of their conclusions, and providing recommendations on how best to move forward.¹

Discussions reinforced several noteworthy themes and considerations for crafting a more effective vaccination strategy:

- **Vaccine safety, not Islam, is the real source of resistance:** Throughout deliberations, there was repeated acknowledgement that the real source of reluctance is not Islam, but utterances from some misguided Muslim scholars and concern about vaccine safety. Many of the questions and arguments from resistant communities are rarely strictly religious, stemming instead from rumors on the internet, uncertainty about ingredients, inadequate labeling, and an inability to determine whether the vaccines given to them are the same as those others receive in other parts of Africa or the world. The determination of religious foundation and justification was seen more as a formality than a significant need. That said, religion remains a salient social force and key source of identity, which gives particular credibility to religious leaders as sources of authority who can shape public opinion. Therein lies their role in improving access to and acceptance of vaccination.
- **The need for patience:** Given recent successes, there has been a desire to push the vaccination effort forward to reach MDG targets, eradication deadlines, and the like. However, participants articulated the need to take a step back and watch as things evolve naturally. The number of health challenges within African countries is immense and individuals have competing priorities. While these vertical programs are important and contributing to the wellbeing of local populations, participants focused on slowing down and embedding efforts within the

¹ See Appendix A

conversation of general health-systems strengthening: human resource deficits, building infrastructure, technical capacity gaps, logistical challenges, financing, etc. Doing so, some suggested, would also make it easier to create greater public buy-in.

- **The need for coordinated messaging:** Participants suggested that there are a core group of frequently asked questions that can be anticipated and that access to a clear resource that outlines the answers to these questions is critical. Part of the reason why reluctance is unwavering is that it has not been effectively countered. It was suggested that there needs to be greater cohesion in what the message is; justification for it (i.e. access to clear, high-quality data); credible responses; and improved coordination. One participant suggested that people are asking sincere questions, but not getting sincere answers.
- **Engaging the opposition in meaningful discussion:** A major critique, almost universally, was a seeming unwillingness to engage critics and opponents in substantive processes, including the summit itself. In the rare instances that critics are invited, they are made to give a presentation without the opportunity for elaboration, to respond to questions, or engage in meaningful dialogue. Many participants suggested that it made advocates for vaccination seem insincere when leaving opposition voices out of these discussions. Further, it was suggested that opportunities like this may facilitate a softening of the position of skeptics.
- **Chronically missed populations:** Participants suggested that chronically missed populations are rarely random, but reflect minority ethnic groups or religious communities. In Nigeria, this has included the Shi'ite and Kala-katu populations. It was stressed that these populations are leading to a gap in coverage that leaves everyone more vulnerable, and must be engaged more effectively.
- **Policies toward Vaccinators:** Many participants articulated practical challenges for the resistance, chief among them the selection and training. Many participants were critical of vaccinator selection due to the lack of expertise on the part of many vaccinators and the demeanor with which they interacted with families. This, some suggested, was compounded by unrealistic expectations and quotas on number of households they are expected to reach. The product are vaccinators who hurriedly rush into people's homes, failing to take time to make note of questions, provide thorough explanations, or even observe cultural niceties. Further, some vaccinators, it was suggested, bury stock or write rejected on compounds they have not even attempted to visit. This training and incentive gap is the product of various factors, one of them potentially being the original screening and selection process.

Subsequent sections will delve further into these themes as well as topics for future discussion and exploration.



Session Summaries²

A Call to Action: Introductory Remarks from Lead Scholars



Summit deliberations began with Shaykh Abdallah bin Bayyah and Emir Haliru Yahaya reaffirming the importance of the role of religious leaders in encouraging vaccination and providing a preliminary foundation for the Islamic permissibility thereof. This session also provided a call to action, encouraging participants to engage actively in strategizing solutions for how to improve vaccination in their communities as well as in determining ways for the Muslim community to be involved in the development of enhanced, Islamically-permissible vaccines.

Shaykh Abdallah, President of the Global Centre for Renewal and Guidance, reminded participants that Islam encourages and urges any activity for the preservation of what is best for one and his or her children. He reminded participants that there are several prophetic sayings supporting medicine and vaccination, and stated that it is the responsibility of the Muslim community to provide the research through which these cures can be found.

Shaykh Abdallah emphasized the importance of understanding those opposed to vaccination, and suggested that only through a deep understanding of their skepticism and reservations can appropriate strategies to counter them be created. He highlighted three areas of reluctance as a starting point for the summit:

- first, the fear of vaccine safety;
- second, the ingredients, structure, and makeup of vaccines, and whether they are Islamically-permissible;
- and finally, the misconceptions that are held and spread regarding the first two.

Shaykh Abdallah affirmed the importance of reviving Islamic scholarship to be not only a reflection of understanding faith, but in combination with other disciplines, including science and medicine. It is the responsibility of religious leaders to find solutions and convince those who remain uncertain, and to promote dialogue and dissemination of the ideas that come forth from this summit.

His Eminence, the Emir of Songa and representative of the Sultan of Sokoto, Haliru Yahaya, provided a background into the history of polio eradication efforts in northern Nigeria as a case study of the intersection of faith and vaccination. Where there was once tremendous progress in the eradication effort, Nigeria's 2003 boycott and subsequent spread of suspicion took the country's eradication campaign several steps back (due to suspicion of vaccine quality, a communication deficit, restricted mobility, among other reasons). He emphasized the correlation between religion and level of education, and how these two factors together explain a great deal about patterns of resistance. It was ultimately when



² See Appendix B

traditional leadership was engaged in a substantive way that real progress was made. Though, this effort was not initially sustained, the momentum has again begun to shift in a positive direction.

For Emir Yahaya, the call to action sits with leveraging the younger generation and creating a critical mass of youth who understand these and other issues through a more educated, substantive, and accurate lens. They then can serve as the foundation to guide our community toward preferred practices, not only around health, but as a network that can be activated toward future social causes.

Disease Outbreaks and Trends in Vaccination

Dr. Richard Mihigo, Programme Coordinator of the Immunization, Vaccines and Emergencies cluster of the World Health Organization (WHO) Africa Regional Office, provided a big-picture introduction to vaccine-preventable diseases and vaccination efforts. He mapped out disease burdens of key vaccine-preventable diseases, recent developments in vaccination efforts, and priorities moving forward.

While immunization prevents the deaths of 2.5 million children and 600,000 adults around the world every year, some 20 percent of children remain unimmunized every year,³ one third of whom live in Africa. A major challenge throughout Africa has been the lack of an organized constituency to advocate for improved access to vaccines and vaccination more generally. But, with the successes around the smallpox eradication program (launched in 1966), renewed efforts have been spawned to promote universal immunization and the eradication of polio. And, while these efforts have not yet been fully realized, their tremendous success has demonstrated a shifting in the tide toward improved health across the continent.

Sub-Saharan Africa has among the highest rates of morbidity and mortality for a variety of disease burdens. Dr. Mihigo provided an update regarding the current burdens for a range of diseases and the efforts on the parts of various international organizations, governments, nongovernmental organizations, traditional leaders, and others, to counter them; among the diseases he included were rotavirus, polio, measles, meningitis, and yellow fever.

Looking forward, Dr. Mihigo outlined plans for the World Health Organization's "Decade of Vaccines" as a means of establishing new targets and strategies through 2020. This summit was seen as a critical opportunity to feed into existing efforts and build a new dimension of religious engagement toward shared ends.

Understanding Vaccines

Participants then heard from Drs. Modibo Keita and Hassan Bella, who sought to provide the scientific foundation to understanding vaccine safety and the challenges that need to be addressed from a scientific perspective.

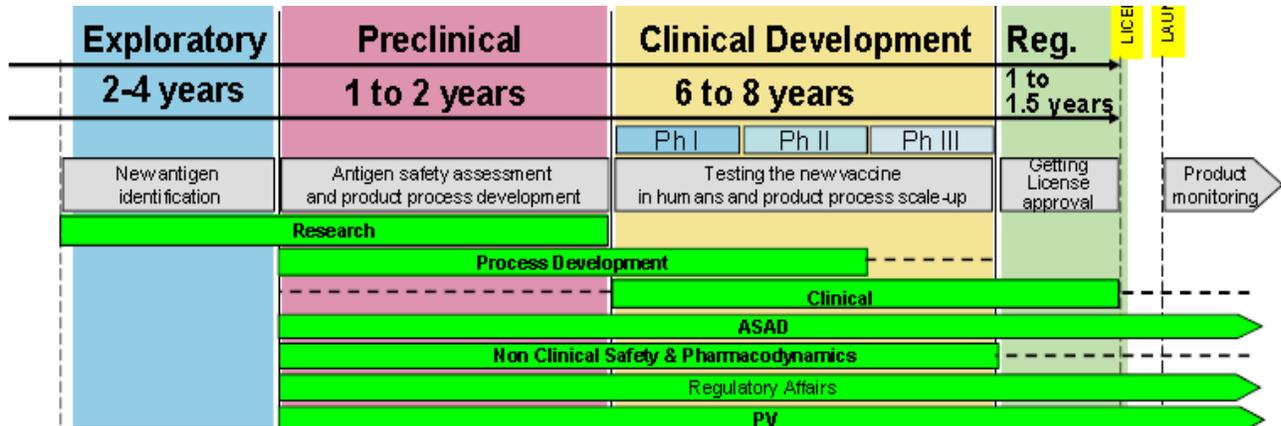
Dr. Keita of the Center for Vaccine Development- Mali began with a deep discussion of the process of vaccine development, providing great detail and addressing everything from the process of identifying need to developing and testing a new vaccine; the various phases of clinical trials; and the amendment of vaccines based on what is learned through those trials (see figure 1). He asserted that the development of vaccines is a complex process that takes several years and requires broader buy-in and involvement, not just of the science, but the regulatory processes, messaging, the ability to get it to

³ UNICEF, Immunization Facts and Figures, April 2013

http://globalvaccinesummit.org/Resources/en/02_Information%20on%20Immunization%20&%20Polio%20Eradication/UNICEF-Key-Facts-and-Figures-on-Immunization-2013.pdf

market, etc. It is for this reason, Dr. Keita suggested, that conversations like the summit in Dakar should include not only scientists and medical doctors, but those involved at every stage of the development process, including the pharmaceutical companies that will ultimately market the products.

Figure 1: A step-by-step approach to vaccine development by Stefan Thoelen, 2011



Dr. Keita also described the potential side effects that can result from particular vaccines and how they can be stymied by following a rigorous process of vaccine development that ensures safety at each phase and is followed by monitoring and evaluation upon market access.

Dr. Hassan Bella expanded on the obstacles that vaccinators face in resistant communities, including the reasons why some communities refuse vaccines. Among the reasons include the perceived ingredients within vaccines; claims about autism, sterility, and other side effects; and retention of autonomy.

Dr. Bella also emphasized that resistance is compounded by broader political, socio-cultural, practical, and additional scientific constraints to vaccination efforts, which are the result of capacity deficits in many African countries. Ultimately, successful vaccination is about demand creation, on the part of governments to create the infrastructure, and on the part of populations to come to clinics and opt-in. This requires a broad strategy that leverages all advocacy tools from media and outreach to procuring vaccines people trust, whether from Muslim-majority countries or Muslim-owned companies. But Dr. Bella also reinforced a point made by many before him, and made throughout the summit: there is a need for high-quality, consistent, clear, understandable responses to frequently asked questions and common misconceptions. If these messages are shared effectively with scholars and preachers, they will trickle down quickly to local populations.

Finally, Dr. Bella outlined a few key recommendations for improving vaccination efforts in Africa:

- Learning from India: India was successful in being patient and nimble in its polio eradication effort. Faced with many challenges consistent with several African countries, Indian authorities were incredibly successful in engaging religious and community leaders, adapting strategies to changing realities, and expanding the number of available vaccinators to reach their goal
- Establishing incentives as well as accountability mechanisms for local authorities, vaccinators, and parents, among others
- Making vaccination mandatory for those going to Mecca on religious pilgrimage

Core Issues, Challenges, and Strategies Moving Forward

Throughout the summit, from expert presentations to participant questions and deliberations, it was clear that the question of whether vaccination is permissible in Islam was one among many causes of concern. However, the primary challenges associated with vaccination include the lack of awareness, the prevalence of rumors, and the abundance of misinformation over facts and science.

And, these concerns mirrored the questions scholars are getting from their constituencies:

- Are vaccines safe?
- What are their ingredients? Are they Islamically-permissible?
- Are they linked to sterility?
- Why can't we get a clear, consistent answer to our questions?

Vaccination is a critical tool for preventing and controlling the spread of disease. Vaccination is not necessarily a guarantee, nor is it the only method to prevent disease. However, one is far more likely to experience disease as a consequence of not being vaccinated, than from vaccines themselves.

Vaccines, particularly childhood immunizations, seek to create immunity to disease from the outset. According to the World Health Organization, most vaccines are between 90 and 100 percent effective. Vaccination against measles, for example, has prevented nearly 14 million deaths since the year 2000. Seven of the twelve most deadly causes of child mortality are vaccine-preventable. These diseases account for nearly 20 percent of child deaths, which amounts to nearly 1.8 million children under five who die of vaccine-preventable diseases each year. Overall, the World Health Organization estimates that immunization prevents between two and three million annual deaths. Not only do vaccinations fulfill their intended purpose, but are generally safe. They do not cause sterility or any other challenges to the reproductive system. Vaccines do not reach health clinics and are not released by government agencies, nonprofits, or the World Health Organization without a rigorous series of tests and continued monitoring.

Participants recognized and acknowledged the legitimate concern to ensure that vaccines are derived from sources permissible by Islam. In his recommendation for treatment, the Prophet (peace be upon him) specified "Allah has sent down both the disease and the cure, and He has appointed a cure for every disease, so treat yourselves medically, but use nothing unlawful" (Dawud: Book 22: Hadith: 3865). Participants recognized that vaccines are produced by a host of individuals, companies, and governments. As a result, there are Islamically-permissible, halal vaccine varieties available for each vaccine-preventable disease. These vaccines do not have pork, alcohol, or any other ingredients forbidden by Islam, yet they provide the same quality of resistance to disease. They encouraged use of those vaccines that are Islamically-permissible, going so far as to suggest the creation of a body out of this summit that declares halal certification for vaccines and also suggesting the creation of a scientific body for the research and development of additional halal vaccines.

Coordinated Messaging

Questions regarding safety and permissibility are not new and reflect the lack of a coordinated messaging scheme. As such, it is critical to provide opportunities for open discussion of vaccination in

order to disseminate factual and accurate information among the masses through sermons and during various other religious and social functions.

Vaccination is only one part of a broader effort to improve the health and wellbeing of every individual. Many emphasized that vaccination efforts cannot be in silos and instead should be embedded in the broader realities of individuals' lives. This results in them not building the foundation of people's trust or embedding their effort within the broader realities of individuals' lives. Several participants spoke of the critical importance of linking improved vaccination with other important development initiatives, such as general health systems strengthening and water and sanitation initiatives, among others, as they share the common goal of reducing child mortality. They also spoke of using concrete examples, photos, posters, and videos, toward this end.

Mass Mobilization

One big question that arose during the presentations was why the eradication effort worked for smallpox, but was facing new challenges with polio. While the operating context for eradication has changed and the barriers to polio eradication are far more complex and politically-charged, the discussion unearthed an important gap: peer pressure. Participants described the need for door-to-door vaccination as demonstrative of reluctance on the part of the community to participate. But, perhaps more important, by emphasizing a door-to-door strategy, you lose the power of peer influence as people don't have the opportunity to see their friends and neighbors participate in vaccination. This is reflective of a critical feature of the smallpox eradication effort: mass mobilization. As such, employing public vaccination opportunities on the fringes of compound meetings, market days, and large community events would allow people to see their peers vaccinating their children and place social pressure to do so themselves.

Domestic Advocacy

The first step in domestic advocacy will be to encourage government investments at the federal, state, and local levels, in broader immunization, drug procurement, and improved healthcare on the local level. This lays the bureaucratic and structural foundation for individuals to access vaccines. From there comes the need for demand creation and compounding resistance. Here, other constituencies and support networks need to be built, chief among them religious leaders.

Faith leaders have tremendous social influence, credibility, and authority in many sub-Saharan African countries. As such, training and sensitizing them to be advocates for vaccination can have a powerful ripple effect. This would require a train the trainer model whereby religious leaders would train other scholars and imams within their religious sects or local communities, thus ensuring broader access to the message.

In addition to religious leaders, it is important to train youth. Youth will be the fathers and mothers of tomorrow, reflecting a longer-term strategy to sensitize communities about the importance of vaccination. Youth groups, universities, and medical programs can all serve as entry points for better results.

Improving Vaccinator Quality, Practice

Many participants articulated practical challenges contributing to resistance, chief among them the selection and training of vaccinators. Some participants were critical of vaccinator selection due to the

lack of expertise on the part of many vaccinators and the demeanor with which they interacted with families. Rushed interaction with families, unwillingness to observe social norms and niceties, and an inability to answer questions in a clear and thorough way were among the consequences of high daily quotas and unrealistic expectations, and only compounded an already problematic situation. Further, some vaccinators, it was suggested, bury stock or write rejected on compounds they have not even attempted to visit. This training and incentive gap is the product of various factors, one of them potentially being the original screening and selection process.

Next Steps

Based on participant deliberations and feedback, IIPC will develop an implementation plan featuring strategies identified during the summit and conduct a preliminary pilot to test those strategies.



Appendix A: Declaration



Dakar Declaration on Vaccination

Upon completion of an intensive series of deliberations and consultative sessions at the International Conference on Vaccination and Religion in Dakar, Senegal, we, a network of prominent African Muslim scholars and medical professionals make the following declaration in support of efforts to vaccinate children in every part of the African continent. Vaccination remains to date the most effective method of protection against a variety of mankind's illnesses and epidemics, and safeguards the wellbeing of the body, which is God's gift to us.

On the basis of Islamic texts from Qur'an and the tradition of Prophet, peace be upon him (pbuh), Islam allows the protection from potential illness and treatment from a non-Muslim physician, provided the physician is competent and trustworthy. Examples of such texts include:

- The Prophet (pbuh) is reported to have said: "There is no disease that God has created for which He has not made a cure that is known by some people and unbeknownst to others, except death." (Authenticated by Ibn Majah)
- Abu Darda narrated that the Prophet (pbuh) said: "God sent down both the disease and the cure and He has made a cure for every disease. So, use medicine, but do not use that which is unlawful." (Authenticated by Abu Dawud)
- Abu Hurayrah narrated that the Prophet (pbuh) said "Do not mix those who are sick with those who are healthy." (Authenticated by Ibn Hibban in his Sahih)
- Abu Hurayrah narrated that the Prophet, PBUH, said "Flee from the leper the same way you will flee from the lion." (Authenticated by Bukhari in his Sahih)
- Abu Dawud narrated that bin Abi Waqas (may God be pleased with him) reported, "Once I became very ill and the Messenger of Allah (pbuh) came to visit me. He placed his hand on the center of my chest, until I felt its coldness in my heart. He then said: 'You are suffering from a heart malady. Go to Harith bin Kaladah, (from the tribe) of Thaqeef for he is a physician.' This the Prophet said, knowing fully well that Harith was not a Muslim.

Muslims knew about and practiced vaccination before other nations, as validated by historical records that confirm how Lady Mary Wortley Montagu (1689-1762) learned about vaccination in Turkey in 1717 during the Ottoman Empire and had taken the practice to Britain.

- The World Health Organization estimates that immunization prevents between 2 and 3 million annual deaths. 7 of the 12 most deadly causes of child mortality are vaccine-preventable. These diseases account for nearly 20 percent of deaths, which amounts to nearly 1.8 million children under five who die of vaccine-preventable diseases each year.
- Vaccine approval permits are not issued by government agencies, nongovernmental organizations, or the World Health Organization without a rigorous series of tests and continued monitoring to assess their integrity and safety and to ensure that they will not be used until all necessary conditions have been met.

In light of the aforementioned sayings of the Prophet (pbuh), scientific considerations, and factual data, we declare:

- **The Safety of Materials Used:** Scientific research has proven that the safety of material used exceeds 90% and as such is fit for human use. They do not cause sterility nor do they endanger the reproductive system.

- **Condemnation of all forms of abuse and violence against workers in the field of immunization:** We condemn in the strongest terms all forms of defamation and harassment perpetrated against workers in immunization programs. It is not permissible within the Islamic tradition and culture to use any form of violence and hatred against any person for his/her different view. To the contrary, the Qur'an calls on us to respect the sanctity of life and to respect others' dignity and souls: *Because of this We ordained unto the children of Israel that if anyone kills a human being - unless it be [in punishment] for murder or for spreading mischief on earth - it shall be as though he had slain all mankind; whereas, if anyone saves a life, it shall be as though he had saved the lives of all mankind...* [Qur'an, Surah Ma'idah, 5:32].
- **Support for previous efforts by Islamic scholars:** We reiterate our full support for all statements previously made and reports previously issued by Muslim scholars regarding preventive vaccination. We also applaud all initiatives that have been made previously by Islamic scholars that advance health care and that seek to protect humankind from diseases and epidemics, whether through vaccination or any other permitted means.
- **Vaccination is a responsibility of parents and the right of children:** It is the responsibility of parents to look after the welfare of their children by providing them good education, righteous upbringing, nutrition and health care. To that end the Qur'an says: *Lost, indeed, are they who, in their weak-minded ignorance, kill their children and declare as forbidden that which God has provided for them as sustenance, falsely ascribing [such prohibitions] to God: they have gone astray and have not found the right path* [Qur'an, Surah An'am, 6:140].

We offer the following recommendations:

- **Changing the vision:** The primary challenges associated with vaccination include the lack of awareness, the prevalence of rumors, and the abundance of misinformation over facts and science. As such, it is critical to provide opportunities for open discussion of vaccination in order to disseminate factual and accurate information among the masses through sermons and during various other religious and social functions.
- **Integrating the approach:** It is important to link improved vaccination with other important development initiatives, such as joining clean water initiatives with immunization as both initiatives have the common goal of reducing child mortality. As such, while we promote vaccination as the primary purpose of this effort, we recognize that access to safe drinking water in sufficient quantities is also a requirement we have to continually strive to achieve.
- **Restructuring vaccination teams:** It is important to apply a more strategic approach to when building vaccination teams by making them a combination of men and women. This will allow for female staff to discuss the issues with other women whereas male staff can talk to men when the need arises. And if necessary, a religious leader and a person who survived through vaccination should also be added. This group will be more effective in responding to substantive questions, understanding local socio-cultural dynamics, and explaining the implications of refusal with firsthand knowledge and experience.
- **Advocacy to authorities:** It is important for supporters of vaccination to encourage government investments at both local and national levels for an expansion of social services for the poor as well as facilitating easier access to medicines and general health services.
- **Vaccine certification committee:** We call for the creation of an independent international body of Muslim scientists, scholars, and doctors that will develop a series of criteria for halal certification, then evaluate vaccines accordingly to ensure that they are both safe and permissible according to Islamic jurisprudence.

Finally, we note that we will be publishing, God willing, a scientific guide containing detailed medical and juristic evidences on the issue of immunization in accordance with the findings of the scholars and experts, who participated in this conference.

And Allah is the Guardian of success

Formulated at the Dakar Conference on: 24 of 1st Jumada, 1435 Hijra: i.e. 25, March, 2014 A.D.

Appendix B: Agenda

Words of Welcome

- **Pr. Ahmad Iyane Sow**, Chair of the Steering Committee, Representative of the Ministry of Health
- **Imam Mohamed Magid**, Chairman of International Interfaith Peace Corps (IIPC) and President of the Islamic Society of North America (ISNA)
- **Shaykh Abdallah bin Bayyah**, Chair of Scholars Committee and President of the Global Centre for Renewal and Guidance
- **Serigne Abdoul Aziz Sy**, Senegalese Host Scholar
- **His Excellency Mr. Macky Sall**, President of the Republic of Senegal

Plenary Session 1: Introductory Remarks on Vaccination and Religion

- **Shaykh Abdallah bin Bayyah**, Chair of Scholars Committee and President of the Global Centre for Renewal and Guidance
- **His Royal Highness Haliru Yahaya**, Emir of Songa and Representative of the Sultan of Sokoto

Plenary Session 2: Disease Outbreaks and Trends in Vaccination

- **Dr. Richard Mihigo**, Programme Coordinator at the World Health Organization

Plenary Session 3: Understanding Vaccines

- **Dr. Modibo Keita**, Center for Vaccine Development – Mali
- **Dr. Hassan Bella**, Professor, College of Medicine, University of Dammam, Saudi Arabia

Plenary Session 4: Perspectives on Vaccination

- **Hamza Yusuf Hanson**, Vice President, Global Centre for Renewal and Guidance
- **Ahmad Boucar Niang**
- **Mamoune Dièye**

Plenary Session 5: Perspectives from the Field

- **Mal Saratu**, Vaccinator, Federation of Muslim Women's Associations in Nigeria
- **Hafsat Yusuf**, Vaccinator, UNICEF
- **Mouhammad Mboup**
- **Misbahu Lawan Didi**, National President, Polio Victims Association

Parallel Sessions

- Workshop 1: Scholars Roundtable
- Workshop 2: Challenges, Obstacles, and Perspectives

Plenary Session 6: Reporting on Breakout Discussions

Plenary Session 6: Reading of the Declaration

Closing Remarks

- **Dr. Kader Ndiaye**, General Rapporteur, Institute Pasteur
- **Imam Mohamed Magid**, Chairman of International Interfaith Peace Corps (IIPC) and President of the Islamic Society of North America (ISNA)
- **Pr. Awa Marie Coll Seck**, Minister of Health
- **Papa Sarr**, Senior Program Officer for Africa, Bill and Melinda Gates Foundation