

REPORT OF THE IMMUNIZATION STUDY TOUR BY NIGERIAN TRADITIONAL AND RELIGIOUS LEADERS TO EGYPT

PARTNERS:

- FORUM OF TRADITIONAL AND RELIGIOUS LEADERS
- NATIONAL PROGRAMME ON IMMUNIZATION
- EUROPEAN UNION–PARTNERSHIP TO REINFORCE IMMUNIZATION EFFICIENCY (EU-PRIME) PROJECT
- HEALTH REFORM FOUNDATION OF NIGERIA (HERFON)
- UNITED NATION CHILDREN'S FUND (UNICEF) - NIGERIA
- WORLD HEALTH ORGANIZATION (WHO) - NIGERIA

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ACRONYMS

SWT	-	Subhana Wa Tahala (Praise be to Him the Most High)
HERFON	-	Health Reform Foundation Nigeria
WHO	-	World Health Organization
UNICEF	-	United Nation Children Education Fund
PBUH	-	Peace and blessing of Allah be Upon Him

EXECUTIVE SUMMARY

The European Union Partnership to Reinforce Immunization Efficiency (EU-PRIME) Project as part of its support to NPI to strengthen immunization utilization and coverage supported some Traditional and Religious Leaders in Nigeria to undertake a study tour to Egypt to under-study the role of Traditional and Religious leaders in routine immunization system and share experiences with Islamic scholars and leaders in Egypt. The study tour was coordinated by the Health Reform Foundation of Nigeria (HERFON).

The aim of the tour was to strengthen the understanding and capacity of the participants regarding immunization services and build a critical mass of change agents as champions for immunization in Nigeria, in the context of both routine immunization and the polio eradication initiative.

The team visited and had met with renowned Islamic scholars from the Al Azhar University's International Islamic Centre for Religion and population, medical experts from the Al Azhar University, the Egyptian Ministry of Health and Population, The World Health Organization and UNICEF. They also met with leaders of a well established national non-governmental organization (NGO) that supports development programmes through the provision of volunteers.

During the meetings with the scholars, Ministry of Health and the Development Partners, the team discussed key issues affecting immunization uptake and coverage in Egypt and Nigeria and also explored the medical and Islamic perspectives on these issues. The issues discussed included the Islamic view on immunization, safety of OPV vaccines and the role of traditional and religious leaders in effective programme communication and mobilization for immunization in Nigeria. Based on the discussion and experience sharing, the following conclusions were made by the team:

Safety of vaccines and immunization in general

Religious and spiritual perspective: Immunization is Halal in Islam based on the teachings of the Qur'an and the hadith. One of the hadiths (traditions) of the Prophet (that constitutes a fundamental rule on which the Islamic jurisprudence is built) says that:

"Harm not yourself or others" i.e. according to Shari'a, one has to avoid all that may cause harm to oneself or others".

The vaccine is safe and free from contamination. The OPV vaccine used in Pakistan, Iran, Afghanistan, Egypt, Sudan, Saudi Arabia and Indonesia, is of the same high quality world wide and from similar sources. It is the same that is being used in the USA, UK, France, Turkey and others. There is no evidence to support opinions that it is used to control population of countries of the Muslim world. The population of muslim countries which had used OPV to eradicate polio has continued to grow at the same rate as it used to before polio campaigns.

One of the issues raised by some muslims in Nigeria was that OPV was made from monkey tissue and this renders it haram to Muslims. However, according to the Grand Mufti of Al Azhar University, where the vaccines are produced using monkey tissue, the tissues undergo a process of transformation that makes it halal because the chemical components have changed and are therefore halal. He supported this position with a hadith of Prophet Mohammed (PBUH).

Technical perspective: All vaccines production processes are certified by WHO before procurement by UNICEF. The process of certification is standard across manufacturers and country of use. UNICEF supports procurement of vaccines in forecasting and pooling resources to procure these vaccines at competitive prices. Vaccines are produced based on global needs and no specific batches are produced for any country. UNICEF is not influenced by

politics and always kept to its mandate and core commitment for the best interests of the child. Country regulatory bodies such as Nigeria's National Agency for Food and Drug Administration and Control (NAFDAC) certify the safety, potency and lack of contamination of vaccines.

Current intensive efforts to eradicate polio are due to the fact that it is technically feasible to do so and the decision on eradication is agreed to by all countries of the world, including Muslim countries (and Nigeria). Resources used to eradicate polio are not sourced from existing control programmes such as malaria, tuberculosis and HIV/AIDS but rather, they are extra resources mobilized to support specifically eradication efforts. All countries and partners, including WHO and UNICEF continue to support control of other diseases. It is worth noting however that for diseases such as malaria, there is at present no vaccine so efforts are aimed at controlling it rather than eradication. Research into vaccine development is however on-going.

Communication on immunization program

In Egypt and many other Muslim countries, traditional and religious leaders fully support polio eradication efforts as they have been involved in the programme from the planning stage to implementation and evaluation. Nigeria's leaders should be involved at all stages of polio eradication and immunization service programming to ensure full ownership and commitment. Other members of the civil society including NGOs and community based organizations should also fully be engaged in these efforts. The traditional and religious leaders should articulate their own communication programme to effectively mobilize their communities to utilize immunization services.

The members of the study tour agreed on the following steps as the way forward to address immunization issues in Nigeria:

1. Consolidate their support to immunization programmes based on best practices and lessons learnt from the study tour.
2. Communicate these best practices and lessons learnt from the mission to the various stakeholders. These include the Jama'atul Nasril Islam (JNI), the Forum of Traditional and Religious Leaders, the National Programme on Immunization, the State Ministries of Health and the Primary Health Care departments of the Local Government Authorities (LGAs).
3. Develop through JNI, clear and appropriate messages on immunization addressing the common misconceptions in Nigeria. These should be consistent and sustained.
4. Incorporate the lessons into current policy, e.g. involvement of religious and traditional leaders into program strategic development committees and working groups.
5. Serve as change agents that will champion the cause of immunization and child health in their respective domains.

BACKGROUND

Vaccine preventable diseases remain one of the major causes of illnesses and deaths among children in Nigeria and the country remains one of the few remaining countries in the world where polio is still endemic. This is despite availability of cost effective interventions through immunization against these infections. Even though the routine immunization coverage has improved since 2003, the national coverage is still one of the lowest in the world. Similarly, the conduct of integrated measles campaigns and the shift in strategy from polio national immunization days (NIDs) to immunization plus days (IPDs) have drastically reduced illnesses and deaths from VPDs, especially measles and increased acceptance of polio immunization. Egypt has one of the best immunization systems in Africa, with a very high coverage of all the routine antigens and has remained polio-free since 2004.

The European Union PRIME project supports the National Programme on Immunization to strengthen its immunization system. It supports polio eradication efforts through support at national level, and routine immunization at both national and state levels through funding support and technical assistance. The States supported by EU-PRIME include Abia, Cross River, Gombe, Kebbi, Osun and Plateau States.

The Health Reform Foundation of Nigeria (HERFON) is set up to initiate, promote, support and monitor sustainable reforms in the health sector. One

of its strategy is the implementation of CAP through which the capacity of identified stakeholders are strengthened by exploring the sites of best practices in countries especially Africa. Towards this end, about 55 persons from the EU-PRIME States, NPI & FMoH have been exposed to sites of best practises in Tanzania and Zambia.

The EU-PRIME project, in collaboration with HERFON, NPI, the Forum of Traditional and Religious Leaders, UNICEF (NIGERIA) and WHO (NIGERIA) organized a tour for some key traditional and religious leaders from the high-risk States in the country to understudy and share experience with key stakeholders on immunization in Egypt, including the Federal Ministry of Health and Population, UNICEF, WHO, religious institutions and a local non-governmental organization. Lessons learnt from this experience-sharing tour will be applied within the context of Nigeria to improve acceptance and utilization of immunization services in the country.

The objectives of the tour were as follows:

1. Expose participants to religious scholars that can influence their contributions to child's rights and child's well being, particularly immunization.
2. Strengthen participants understanding of child health interventions, especially immunization in the context of Islam.
3. Share experiences, lessons learnt and best practices on immunization programming between the two countries
4. Build a critical mass of change agents that will champion and advocate for effective immunization services (both RI & PEI) .

Attached as Annex 1 is the copy of the TOR that guided the Project

The tour was for a duration of five days, from Sunday the 10th of December 2006 through Friday the 15th of December 2006.

There was a total of seventeen persons on the tour distributed as follows:

1. Five traditional leaders from Gombe, Zamfara, Katsina, and Kebbi States
2. Three religious leaders from Kano, Bauchi and Kebbi states
3. The Chairman of the Forum of Traditional and religious leaders (Polio Eradication Ambassador)
4. The Secretary General of Jama'atul Nasrul Islam of Nigeria
5. The Chairmen of NPI
6. The Chairman of HERFON (A medical elder who is also the traditional leader from Kwara State)
7. One staff of NPI and four technical partners (EU-PRIME, HERFON and UNICEF).

The leaders were from high-risk states based on wild polio epidemiology and the area of influence for some of the traditional leaders covers multiple states. In addition two were from EU-PRIME supported states where WPV has recently been isolated.

Annex 2 contains the comprehensive list of participants

PLACES VISITED, PERSONS MET AND HIGHLIGHTS OF THE MEETINGS

The team visited a range of institutions and met with officials as follows:

1. Al Azhar University's International Islamic Centre for Religion and Population

This is a world renowned centre for Islamic scholarship and one of the oldest Universities in the world. The team met with Islamic scholars and professors in the medical profession and health including Sheikhs,

obstetricians and gynaecologist, paediatricians and public health experts. There was a presentation on '**Children Immunization, the Current Situation in the Muslim World and Islamic Perspectives**'

Attached as Annex 3 is the full presentation made by the Centre. The presentation discussed the current situation of immunization globally and in the Muslim world. According to the scholars, *"The average coverage in Muslim countries is currently 68%. This is less than the average in developing countries that amounts to 73% and world coverage of 75%. There are 19 countries in the Muslim world where the coverage is below average including Niger, Nigeria, Gabon, Sudan and Somalia. These countries have the poorest level of vaccination worldwide. They are in need of intensive efforts to promote and maintain the coverage level."*

The scholars also explained the purpose of immunization and its position in Islam and dispelled some of the common misconceptions regarding immunization in their presentations as follows:

- a. The teachings of Islamic Shari'a aim to preserve five major components in any perfect human society. The five components are interrelated. Imbalance in one leads to the imbalance of the whole community.
- b. The five milestones are: preservation of religion, self, race, intellect and money. The teachings of Islam focused on maintenance of these five milestones to ensure perfection. The preservation of the self is one of the five requirements that Shari'a seeks to preserve and maintain.
- c. The different provisions of Shari'a praise strength and beauty, call for use of medication and discovery of appropriate remedies. They even forbid any attempt on part of man to do harm to his or other's

body. This is emphasized in the Holy Qur'an: "*Pursue not the path of perdition*"

- d. As Prophet Mohammed (Peace be upon him) said: "*An able-bodied believer is closer to Allah than a poorly built one*". The Prophet further expounds: "Be keen on what is of benefit and seek the support of Allah."
- e. One of the hadiths (traditions) of the Prophet that constitutes a fundamental rule on which the Islamic jurisprudence is built is "*Harm not yourself or others*" i.e. according to Shari'a, one has to avoid all that may cause harm to oneself or others".
- f. The Prophet further states: "*Allah is Gracious and loves grace and beauty*". It is known that health is a kind of grace. Good health is the result of good nutrition and sound health care.
- g. In the field of preservation of human life, the different teachings of Shari'a urge us to seek treatment and exert all possible effort to realize this goal. This is understood from the Prophet's words: "'O' subjects, seek treatment. Allah has created a cure for each malady. A cure known for some, unknown for others." Scientific experiments and medical research prove the validity of what the Hadith stated. From time to time, man discovers a treatment for a certain disease.
- h. It is believed that vaccination against diseases serves the purposes of Shari'a as regards preservation of the self. It is a means to protect the body against disease. In essence, it serves human life and defends it against exposure to any risk. This gives rise to the importance of vaccination from Shari'a perspective. Anything that helps avoid harm is requested by Shari'a based on the rule of harm avoidance addressed in the hadith: "*Harm not yourself or others.*"
- i. If harm is forbidden in Shari'a and by reason, man has to avoid this harm and close all the outlets that may lead to it. One of the means to maintain human body and life is vaccination which is currently advocated by medical bodies.

- j. The call for refusal of vaccination leads to grave consequences. The body will fail to resist the infectious disease to be combated through the vaccine. The result is more outbreaks of this disease, possibly a fatal disease, such as polio, tuberculosis and cholera.
- k. The religious and traditional leaders, preachers and Imams at mosques can play a role in awareness. This may be in the form of a national campaign that recruits all components of success to realize the stated goal – preservation of life and protection against the spread of diseases.
- l. It is important to clarify the incorrectness of some ideas that some endeavor to propagate. They are false ideas that may easily spread among the public and those who lack sound medical information.

2. Office of The Grand Sheikh of Al Azhar University, Cairo, Egypt

The Grand Sheikh of Al Azhar and his deputy also discussed the Islamic perspective on immunization and further affirmed what the Islamic and medical scholars discussed above. Specifically, the following points were observed:

- a. In Islam, prevention is better than cure
- b. Due to its high coverage of immunization, there are no more wild polio virus reported from the country and children are saved from the paralyzing effects of polio in Egypt.
- c. In spite of the high OPV coverage, they are not aware of any case of OPV-related paralysis.
- d. Girls immunized over a decade ago are now married and having children, indicating that the rumour on OPV causing infertility among girls to be baseless.

They concluded that in Islam, immunization is halal as long as the vaccine is potent and safe.

3. Grand Mufti of Al Azhar University, Cairo, Egypt

The key highlights of the meeting with the Grand Mufti of Al Azhar University were as follows:

- a. In 1992, immunization was presented as an issue to the Islamic Council in Cairo. The council studied and deliberated on the issued a decree that immunization is necessary.
- b. Immunization strengthens the body and we should do it as dictated by Allah (SWT)
- c. Muslims must accept immunization and reject those who proselytize on immunization when it arises.
- d. In 2005, immunization was presented to the council again and the council's response was the same as in 1992, i.e. it is acceptable and necessary.
- e. Recommended that imams and other religious leaders speak and advocate for immunization at mosques.
- f. Immunization is in line with Islam's' decree to 'go and reproduce' as it protects the lives of children. It is not enough to have children; their lives must be protected and using vaccines protects these lives and enables them to survive.
- g. The Grand Mufti responded to issues identified to be affecting immunization uptake in Nigeria as follows:
 - (i) *OPV is made from monkey tissue and thus not halal for Muslims: the tissue had gone through a process of transformation and is no more monkey tissue. This transformation makes it halal. The analogy is that of wine to vinegar and the holy prophet (PBUH) stated that "vinegar is a good food"*. The chemical component of the monkey tissue

has been transformed and this makes it pure just as transformation of wine into vinegar makes it pure.

- (ii) American agenda to depopulate the Muslim world: This is an imaginary saying (a heresy) and as Sahih Muslim said, *"it's enough for someone to be a liar if he repeats everything he hears"*

4. The Ministry of Health and Population, Egypt

The team met with the senior officers of Ministry of Health (*Attached as Annex 4 is the list of presenters*) at the Ministry of Health led by the Under-Secretary for Preventive Services, The Directors for EPI and Surveillance. They discussed the immunization system in Egypt including the strategies for social mobilization.

- a. The commitment of the President and the policy makers at all levels was very high. Religious leaders were involved at all stages of immunization, from planning and strategy development through implementation. This has led to full commitment and ownership of the religious leaders and institutions in the country.
- b. The involvement includes making declarations of safety of vaccines by scholars at Al Azhar University and by Imams at all levels down to the community level. The imams include in their Friday sermons, issues on immunization and encourage their followers to accept immunization.
- c. When there are misconceptions and rumours, the leaders are at the forefront of addressing these misconceptions.
- d. The health system also engages most of the over 10, 000 NGOs in the country and trains them on mobilization and interpersonal communication. These NGOs actively support the polio NIDs within their domains.

- e. Egypt procures its OPV through UNICEF from Belgium and France. Numerous studies have been conducted in Egypt and the safety and potency of the vaccines were confirmed. The Egyptian regulatory body on drugs certified the vaccines as safe, potent and free from contamination.
- f. Concerns about OPV safety: Egypt had also experienced some misconceptions and OPV non-compliance from Christians in Alexandria who claimed that it is used to harm Christian children. This was dispelled when it became clear that children, both Muslims and Christians were given OPV from the same vial. According to ministry officials,

“a woman presented two children for immunization and gave their names as George (presumably Christian and Muhammad, presumably Muslim) and observed that both children were given OPV from the same vial. She went back to the church and informed them about this and this message was used to dispel the rumours and people accepted the OPV”

- g. OPV made from monkey tissue and thus not halal for Muslims: The fatwa of Grand Mufti on this issue was that it is approved.
- h. Acceptability of vaccines made from the western countries who are non-Muslims:
 - i. At present, there is no capacity in the Muslim countries to produce vaccines in adequate quantities for mass campaigns.
 - ii. Indonesia produces mainly for its own use for routine immunization. Egypt had procured routine antigens from Indonesia in the past but stopped when community surveys showed that the antigens were not

giving the desired immunity because of poor heat stability.

- iii. Although Egypt manufactures vaccines (recomposition), the company is not certified by WHO and so they still use vaccines procured from Belgium and France through UNICEF.
- iv. Most Muslim countries, including Saudi Arabia and Egypt use these vaccines.
- i. Western policy to reduce population of Muslim countries: the population of Muslim countries has been, and continues to increase. For example, Egypt's population increased by two million every year despite very high immunization coverage. Nigeria's annual population growth rate is still around three percent.
- j. Why focus on polio when other diseases like malaria and TB are killing children every year: there is a vaccine for polio which is easy to administer and safe. At present, there are no vaccines for malaria and the available interventions are on mosquito control and environmental sanitation. Moreover, polio satisfies the conditions for eradication as it has no reservoir outside the human body.

5. Youth Association for Population and Development (YAPD), a local non-governmental organization

The youth Association for Population and development is a local NGO with head office in Cairo and activities in twenty-seven 'governorates' of Egypt. The thrust of this youth organization is building a network of 'Egyptian Volunteer Movement' that will support social development initiatives, addressing unemployment and empowering youth through

training and capacity building, and provision of information, education and counselling for youth on health issues including polio.

The organization supports polio eradication campaigns in the country as volunteers who carry out community mobilization for campaigns through interpersonal communication during house to house visits and also as vaccinators during implementation. In all so far, YAPD has contributed over one million volunteer hours to polio eradication in Egypt. It was observed also that other youth organizations including boy's scouts and university students volunteer during the supplemental immunization campaigns for polio.

See Annex 5 for the presentation by YARD.

6. United Nations Children's Fund (UNICEF) Egypt

The Nigerian team met with the UNICEF Representative, Deputy Representative, Project Officer (Health) and Assistant Project Officer (EPI). The discussions focussed on UNICEF's role in vaccine procurement in Egypt and communication strategies (social mobilisation) which it is chairing.

On vaccine procurement and safety, it was reported that UNICEF, through its supply division in Copenhagen supports vaccine forecasting globally and based on global needs makes requisition on behalf of the countries for bulk production of the vaccines for all. Requests and production by the WHO certified manufacturers are not country specific and there is no way to determine which batch goes to a country. Countries' request to UNICEF for vaccines procurement is provided to them from the bulk stored for all countries. UNICEF does not produce vaccines but uses bulk procurement and pools funds to get vaccines at competitive rates. Once in the country, the relevant (drug) regulatory bodies certify that the vaccines are safe and potent. This is what is obtained in all countries that UNICEF supports with vaccine procurement. UNICEF is not influenced by

politics and it always maintains its core values in ensuring the best interests of children and women. On communication, Al Azhar University is a key stakeholder involved in planning for immunization from the beginning. Christian leaders are also involved as about five percent of Egypt's population is Christian. Because of this involvement, ownership of programme by the leaders is high.

Another strategy is the use of celebrities and local influential people in the community to advocate for immunization activities. It was emphasized that the President and the first lady have shown great commitment to immunization activities and this has impacted positively to its success. UNICEF noted that in Egypt, there are less communicable diseases (like malaria) competing for resources with polio eradication efforts like in Nigeria, except for Hepatitis C. Malaria, TB and HIV/AIDS are not as common as in Nigeria.

Finally, the team from Nigeria noted that there is a need to articulate its communication strategy based on lessons learnt.

7. The World Health Organization (WHO), Egypt Country Office and the Eastern Mediterranean Regional Office (EMRO)

Ten management and technical staff of WHO Egypt country office and the regional office met with the team (*See list as Annex 6*). They made a presentation on concept and application of disease eradication from small pox eradication to the current efforts to eradicate polio. It detailed out the reasons and benefits for eradicating polio as well as the consequences of failure in some of the countries where the WPV is still endemic, including Nigeria. The presentation gave an update on the current situation of wild polio virus transmission. They also shared experiences from other Muslim countries in the region, the challenges faced and how these were

addressed. These countries included Egypt, Pakistan, Afghanistan and India (specifically northern India). The various Fatwas passed by Muslim leaders in the Muslim countries on polio eradication were shared with the team (See Annex 7). The highlights include the following:

- Pre Vaccination: Annually 500,000 paralyzed or died from polio, with Physical Sufferings, Dependency and loss of productivity
- Post Eradication, Global saving of US\$1.5 billion annually
- What makes a disease amenable to eradication?
 - There is an effective and safe vaccine
 - Immunity is life long
 - Available diagnostic tools
 - No animal reservoir
 - Short survival of the agent in environment
- Hence, Polio can be eradicated
- At the time of adoption of polio eradication initiative target (1988), there were 500,000 polio cases every year and 125 countries were endemic for polio.
- Now (2006), Cases in endemic countries < 2000 a year (i.e. decreased by 99%). Only 4 endemic countries (Nigeria, India, Pakistan & Afghanistan) and 9 re-infected countries
- During the last 18 years (since 1988), more than 5 million children were saved from paralysis; using more than ten billion doses of OPV to vaccinate more than one billion children: No serious side effects were reported in all this period.
- The disease is now endemic in Moslem countries and in India where the states affected are those with majority Moslem population.
- Impact of delays in achieving the target: Increasing costs; Spread of rumours about vaccination and the vaccine, It is unfortunate that for issues not really of any relation to the programme and not built on any solid basis the 18 years of exceptional global efforts and achievements

is being put in jeopardy and the people are threatened of being deprived of living in a polio free World.

- Unfounded rumours about vaccine quality:
 - The delays in eradication in Nigeria and India relate to rumours that were unfortunately spread among Moslem populations that the vaccine is not safe.
 - These rumours are actually against Moslems and are meant to show that Moslems are responsible for the delay in global eradication.
- The rumours in Nigeria were not addressed on time and so have resulted in a devastating situation not only in Nigeria but by extension, in many other countries
- The genuine interest of those speaking about safety of the vaccine for the health of the children of their countries is acknowledged. They should however follow the directives of the Holy Qur'an:
- "بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ" "و اسألوا أهل الذكر ان كنتم لا تعلمون"
- 'So ask those who have knowledge and fearful of Allah if you know not'.
- Those who have the knowledge about this vaccine, its quality and safety are WHO specialists.
- WHO/EMRO officials, in addition to being of high technical competence are well known for their trustworthiness and knowledge of religious rulings.
- The Organization of Islamic Conference having been convinced of the safety and quality of OPV adopted many resolutions calling on its Member States to strengthen their eradication efforts through using OPV.
- Quality of OPV used in Islamic countries
 - The OPV used in Pakistan, Iran, Afghanistan, Egypt, Sudan, Saudi Arabia and Indonesia, is of the same high quality world wide. It is the same that was used in USA, UK, France, Turkey and others

- The OPV procured by UN agencies, in particular UNICEF, meets the specifications set by the International Expert Committee on Biological Standardization (ECBS) with respect to purity and content. These specifications make it impossible for OPV to contain any other undeclared biologically active substances such as viruses, hormones or other materials.
- No anti-fertility agent, including oestrogen and progesterone is added to any step of the manufacturing process of OPV. No such agent is present in the final product.
- In addition WHO verifies that manufacturers of the OPV used in the Global polio eradication initiative meet international ECBS specifications.
- Several Fatwas were issued by Moslem Scholars including: The Grand Imam of El Azhar Al Sharif; The International Union for Moslem Scholars; The Mufti of Egypt; Religious Scholars of Pakistan
- Dr Youssouf Al Qaradawi, Chairman, European Council for Fatwa and Research, Member of High Assembly of the World Moslem League together with a number of Scholars from Pakistan, Syria, Lebanon, Iran, Egypt, Qatar, Oman, Mauritania, Kuwait, United Arab Emirates, Bahrain and many others sent a letter to the WHO/RD reaffirming religious ruling of the necessity to vaccinate children against polio to prevent their death or incapacitation
- These Fatwas were translated to local languages of Muslim countries not speaking Arabic. All these Fatwas made it clear that parents will be committing a major sin if they do not protect their children against polio by vaccinating them.
- بسم الله الرحمن الرحيم
- "قد خسر الذين قتلوا أولادهم سفها بغير علم"
- سورة الأنعام آية 140
- 'Those who expose their children to death are the losers'

- It is a responsibility of officials in each country to enact laws and develop systems capable of protecting children's health through ensuring their vaccination.
- يقول الرسول صلى الله عليه وسلم
- "كلكم راع و كلكم مسنول عن رعيته"
- The Prophet peace upon him says 'You are all patronisers and are all responsible for your dependents'.
- Those who are promoting false rumours will be answerable to Almighty Allah for the sin they are committing by putting Muslim children at risk of contracting a handicapping disease and for disrupting a blessed process that aims to eradicate poliomyelitis from the world forever.

CONCLUSION AND WAY FORWARD

The participants agreed on the following conclusion based on their visit and discussions in Egypt

- That Immunization is halal, and necessary preventive measures in Islam
- OPV is safe technically and islamically
- Issue of USA policy to depopulate muslim countries just rumor
- Traditional and Religious leaders should be involved in the development and implementation of immunization programme communication strategy

- Mechanism for monitoring and responding to rumors should be established
- NAFDAC as the regulatory agency should continue to certify vaccines brought into Nigeria

WAY FORWARD

The members of the study tour agreed on the following steps as way forward to address immunization issues in Nigeria

- Consolidate their support to immunization programmes based on best practices and lessons learnt from the study tour.
- Communicate these best practices and lessons learnt from the mission to the various stakeholders. These include the Jama'atul Nasril Islam (JNI), the Forum of Traditional and Religious Leaders, the National Programme on Immunization, the State ministries of Health and the primary health care departments of the local government authorities (LGAs).
- Develop through JNI, clear and appropriate messages on immunization addressing the common misconceptions in Nigeria. These should be consistent and sustained.
- Incorporate lessons into current policy, e.g. involvement of religious and traditional leaders into program strategic development committees and working groups.
- Serve as change agents that will champion the cause of immunization and child health in their respective domains.

**ANNEX 1 A PROPOSAL FOR INTERNATIONAL STUDY TOUR ON THE
ROLES OF TRADITIONAL/RELIGIOUS LEADERS ON
ROUTINE IMMUNIZATION SERVICES TO EGYPT**

INTRODUCTION

Nigeria is known to be one of the largely populated countries in Africa, with high birth rates and low infant surviving rates. Routine Immunization Programme in Nigeria is yet to gain firm grounds. Monthly reports still shows that more than a fifth of children are still not receiving oral polio vaccine during immunization activities in eight key Northern States, leading to

increasingly uncontrolled transmission of poliovirus in these areas. Also, 82% of virus load in Nigeria is from the 6 most High Risk States. Most of these problems are usually attributed to non functioning equipment, deficient knowledge, poor management, fragmented systems, and scarcity of vaccines, unsafe injections practices and inappropriate resource allocations.

In addition, there are wide rejections of immunization by communities due to ignorance, wrong information about safety of vaccines and religious sentiments. Many Religious and Traditional leaders are not cooperating with governments and service providers and they do direct their followers to reject immunization.

Historically, the Expanded Programme on Immunization (EPI) was introduced in 1979 with the aim of providing Immunization Services to children aged 0 – 23 months. It experienced some initial success, but a few years after the programme started it became obvious that it was no longer achieving its stated objectives. It was re-launched in 1984.

In 1990, Nigeria attained Universal Childhood (UCI) with 81.5% coverage for all antigens. But the success was not to last long, and by 1996, Immunization coverage had declined substantially to less than 30% for DPT 3 and 21% for three doses of Oral Poliovirus Vaccines (OPV). The results of 2003 Demographic and Health Survey (DHS) revealed a DPT 3 coverage rate of 21% among children aged 12 – 23 months.

In 2005, the world moved several critical milestones closer to polio eradication, including the successful introduction of the monovalent oral polio vaccines, visible progress in the hardest endemic areas and an end to west and central Africa's epidemic (outside Nigeria).

Today coverage rates for the various childhood vaccines in Nigeria are still among the lowest even though recent efforts (in 2006) has moved DP3 coverage to about 50% (NPI data). Nigeria is now considered the greatest threat to global eradication of Polio and there is an urgent need to address the problems facing Immunization activities in the country. At State level, management is very patchy and more than half of the refrigeration equipment is either broken or worn out. At Local Government Area level, the situation is similar. As a result vaccines are unavailable most times.

The resurrection of the Routine Immunization Services is technically feasible but requires systematic re-education, building the confidence of stakeholders particularly community and religious leaders, management, training and repair of the system in which Immunization must function.

Though the new Strategy of immunization Plus days (delivery of multiple antigens and other child survival commodities through a combination of door-to-door and fixed-post immunizations in five days) is beginning to yeild results, effort of Immunization Programme in Nigeria will be a huge success through supports from State health team and that of Religious and Traditional Leaders

In an effort to improve Routine Immunization coverage in Nigeria, the European Union established the programme named the European Union Partnership for Reinforcing Immunization Efficiency (EU-PRIME) to support and create a sustainable and efficient RI services in Nigeria with particular focus to 6 States viz: Kebbi, Cross River, Jigawa, Abia, Osun and Plateau. This programme is managed by a Consortium of EPOS and OPTIONS

Similarly, the Change Agent Programme was developed in 2001 by the British Department for International Development (DFID), with the support and full involvement of the Federal Ministry of Health as a response to the need to encourage Reform in the Nigerian Health Sector generally and reforms in

Immunization and HIV/AIDS services. The basic tenant of CAP is that sustainable change has to come from within and be institutionalized but that this will not happen without catalysts of change. The goal is to foster broad health sector reform and specific reforms in Immunization services and HIV/AIDS prevention in Nigeria. It aimed at ensuring that skilled and well positioned Change Agents are actively and effectively developing and defining Agendas for health sector reform and policy development.

This successful programme has transformed into an indigenous non-governmental think tank organization named Health Reform Foundation of Nigeria (HERFON). HERFON is aimed to initiate, promote, facilitate, support and monitor sustainable reforms in the Nigerian Health Sector towards better outcomes and development in Nigeria

Since 2004, EU-PRIME has included a CAP component into its project. The implementation of this component is contracted to HERFON. Towards this end, HERFON and EU-PRIME has organized three study tours, held post tour workshops and develop reform projects in the 6 EU-PRIME States.

So far, the programme has exposed 55 EU-PRIME Change Agents drawn from the State NPI, EU-PRIME, and the Ministry of Health to three study tours to Zambia I & Zambia II and Tanzania I & Tanzania II. Similarly, it has also established an Immunization Change Agent Movement in each of the EU-PRIME six focal States to act as advocates and champions of sustainable RI practices in the States.

European Union Partnership to Reinforce Immunization Efficiency (EU-PRIME) Project in collaboration with UNICEF and WHO intends to support Religious and Traditional Leaders from high risk States in Nigeria to Egypt for deliberate exposure to sites and services that demonstrate effective roles and responsibilities of Religious/Traditional leaders in a functional Immunization

Programme. They would be stimulated into debate with their counterparts in Egypt on the roles and responsibilities of religious leaders on immunization. Essentially, these religious and traditional leaders are seen as catalysts for reform of the Immunization Programme in their States. There would be follow – up activities to support the participants upon return to Nigeria.

RATIONALE

The Change Agent Programme of EU-PRIME is aimed at developing a critical mass of Change Agents that have understanding and capability to consolidate the gains of the EU-PRIME project and sustain such so as to ensure the continuous increase in Routine Immunization services, efficiency and coverage.

OBJECTIVES

The objective of the Focus Study visit is to provide insights for a group of Nigerians Religious and traditional Leaders who will return to Nigeria as Change Agents for reform in immunization services. The focus shall be on the Routine Immunization Programme and its links/ collaboration with Primary Health Care System.

The tour is organized

- To expose participants to religious scholars that can influence their contributions of Islam to child rights and child wellbeing particularly in immunization.
- Provide them with opportunities to discuss with the Egyptians traditional / religious leaders about their support and roles in immunization and child survival activities
- To build a critical mass of Change Agents that will champion and advocate for Routine Immunization services in the States
- To expose the participants to the operations of Egypt RI system, its successes, strategies, challenges and opportunities and

- To provide the religious and traditional leaders an insight into the need for immunization particularly to their roles in achieving effective and efficient immunization services

The visit should address the following issues:

1. Reinforcement of Religious and Traditional leaders to play their roles in Immunization services.
2. Mechanisms for strengthening the National and State Immunization Programme.
3. Advocacy for appropriate community ownership and driving of immunization services
4. Collaboration of religious and traditional leaders, development partners and Government on Routine immunization service delivery
5. To support the Religious / traditional Leaders on arrival to develop and replicate social community mobilization activities learnt during the tour in their respective States

METHODOLOGY

Selection of Participants

In the planning process, Consultative meetings were held with members of the CORE Group, Social Mobilization Working Group (SMWG) and the Religious and Traditional leaders Forum.

It was agreed at the consultative meetings that participants for this tour would consist of traditional and religious leaders from the 6 most High Risk States that has 82% of Wide Poliovirus load in the Northern States of Nigeria Zamfara, Kebbi, Jigawa, Bauchi, Kano and Katsina. Because there is a probability of virus spread from High Risk States to its neighboring States, it was decided that few of the neighboring States should be included in the tour

It was also agreed that Partner Institutions like UNICEF, WHO, NPI and EU-PRIME are part of the tour (Pre, tour and the post tour activities) so that they

can involve, follow up and support Post tour immunization activities for expected impact. HERFON would facilitate the entire tour activities.

The selection considered the existing Religious and Traditional Leaders Forum chosen from the following constituencies

1. Eleven members from National Forum of Religious /Traditional leaders
2. Six other members from NPI and Partners

Appointment of Facilitators

HERFON in cooperation with UNICEF/WHO shall identify and appoint appropriate Consultants to organize the technical and logistic aspect of the tour from the country of visit. The consultants shall have good knowledge of the health system and RI services in the Egypt. The appointment of the facilitators shall be guided by a TOR for technical and logistic facilitators.

Design of Tour Activities

The tour shall be an intensive 5-day programme of interaction that will stimulate debates with health personnel and service providers within the health system, religious and traditional groups and other development partners in Egypt. These may include the Ministry of Health, District & Rural Health Facilities, and various categories of individuals using RI services.

PRE TOUR WORKSHOP

A one day workshop would be held for all participants before departure. All partners including WHO and UNICEF will be part of this workshop as they will act as co-facilitators. The workshop is to brief the participants on the objectives of the tour, the tour programme and other information which may be necessary. It is also an opportunity to create interaction among the participants

TOUR PROGRAMME

The technical facilitator shall design a programme for the tour (UNICEF and WHO Egypt). Such programme shall take into consideration the objectives of the tour and the participants on the team. The programme shall be design and agreed with by HERFON and Partners.

The HERFON BOT Chairman and the Executive Secretary shall act as facilitators during the tour to provide necessary guidance on Nigeria Situation to the participants and also coordinate the daily recap sessions during the tour.

POST TOUR WORKSHOP

Within one month after return to Nigeria; a post tour workshop would be organized for the participants. The workshop would be used to consolidate the learning of the tour and to facilitate the development of social mobilization activities by the participants in their various domains and collectively among their colleagues nation wide. The developed activities and projects would be embedded with the EU-PRIME social mobilization plans, UNICEF and WHO work plan of activities in the States and at the National level.

UNICEF, WHO and other partners shall participate actively in the Pre tour, Tour and Post tour workshop and play vital roles in the post tour project and activities.

EXPECTED OUTCOME

The overall expectation of the Change Agent programme component to which this proposed assignment will contributes is the emergence of a critical mass of Change Agents that have understanding and capability to consolidate the gains of the EU-PRIME project and sustain such so as to ensure the continuous increase in Routine Immunization services, efficiency and coverage.

1. Comprehensive report of pre and post tour workshop
2. Report on developed plan of action by the participants for their States

3. Report of the establishment of Religious Leaders Network and plans towards RI activities in their States

TIMING

The proposed tour will take place in Cairo Egypt and would commence from 8 – 15th December 2006. Arrival to Cairo is Saturday 09 Dec while Departure from Cairo would be Thursday 15th Dec 2006

ANNEX 2 LIST OF STUDY TOUR PARTICIPANTS TO EGYPT

S/N	NAMES	DESIGNATION	EMAILS	PHONE NUMBERS
1	Prof. Umaru Shehu	Chairman, FORUM of Religious and Traditional Rulers, Nigeria	profushehu@hotmail.com	08033308708
2	HRH Abubakar Alhaji Usman Shehu	Emir of Gombe		072 220700; 072 220096 08065957985
3	HRH Alhaji Attahiru Muhammad Ahmad	Emir of Zamfara		08036130850, 08044126608
4	HRH Dr. Yahaya Haliru Ndanusa	Emir of Shonga	hryahaya2@yahoo.com	08033138867
5	He Alhaji Usman Halilu Bala	NPI Board Chairman		08032103199
6	Dr. Sani Abubakar Lugga	Wazirin Katsina		08035906564 08037863889,08027820971
7	Hon. Justice Orire Abdulkadir	Secretary General, Jammaat Nasir Islam		08055790361
8	Alhaji Kekun - Nahuche Mani Nahuche	District Head of Nahuche		08065594300, 08082001360
9	Mallam Abubakar Gwandu Haruna	Imam in Kebbi		08036154364; 072220700
10	Alhaji Tijjani Tahiru	Imam from Bauchi		08036829436
11	Khalil Ibrahim	Member Sharia Commission, Kano		08033436170
12	Ambassador Mustafa Sam	Board Member, HERFON	sammustafa@hotmail.com	08065792077
13	Umar Dr. Abba Zakari	EU-PRIME Team Leader	abba@eu-prime.org abbazumar@yahoo.co.uk	08033423370
14	Dr. Ibrahim Oloriegbe	HERFON, Executive Secretary	oloridoc@yahoo.com	08033581695
15	Dr. Mohammed		belldaj@yahoo.com	

	Bello Umaru	UNICEF		08036590386
16	Dr. Shehu Umar	EU-PRIME	umar@eu-prime.org	08023268363
17	Hajiya Giwa Wosilat Olaitan	NPI	giwa1947@yahoo.com	08033141681

ANNEX 3 VISIT OF NIGERIAN DELEGATION TO INTERNATIONAL ISLAMIC CENTRE - AL HAZAR UNIVERSITY 10/12/06

S/N	NAME	DESIGNATION
1.	Professor Mahmoud El-Mougi	Professor Pediatrics- Alazhar
2.	F. Mahmoud	Faculty of Medicine
3.	Professor Soad Salen	Dean, faculty of Islamic Studies
4.	Professor Thaha Auu	KREISHA Vice President
5.	Professor Amina No	Dean, Faculty of Islamic Studies. Al Hazar
6.	Professor Rafta Usman	Dean , Faculty of
7.	Professor D. Ahmed Hauja	Professor of , Al Azhunim
8.	Professor Hamid Abouwaleb	Dean of faculty of
9.	Professor Gamal Serour	Director of the Centre

ANNEX 4: MEETING OF NIGERIAN DELEGATION WITH MINISTRY OF HEALTH & POPULATION, EGYPT 10 / 12/06

S/N	NAME	DESIGNATION
1.	Dr Nasr Elsayed	First Under Secretary, MoH & P
2.	Dr. Ami Kanchil	CDC General Manager , MoH&P
3.	Dr. Ibrahim barkat	EPI Manager, Egypt

4.	Dr. Ibrahim Moussa	Surveillance Officer, EPI
5.	Dr. Monir Abdullahi	CDC, MoH & P, Egypt
6.	Dr. Monharam Al-Rahman	EPI, Egypt
7	Dr. Amoz El Khaly	MOH & P, Egypt