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Conflict of Interest Disclosure Form

NAME: TAMAKHA NDIAYE DIEYE

AFFILIATION: Université Cheikh Anta Diop (UCAD)

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

DISCLOSURE

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Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports:	
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: 

Date: 16th June 2026

PVAC – Polio Advanced Course in Vaccinology

Conflict of Interest – Disclosure Form

(to be completed by scientific/organizing committee members/faculty members)

NAME: TANDAKHA NDIAYE DIEYE

AFFILIATION: Université Cheikh Anta Diop (UCAD)

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Signature: 

Date: 16th June 2026

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Conflict of Interest Disclosure Form

NAME: GIRIDHARA R BABU

AFFILIATION: QATAR UNIVERSITY

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Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: R Babu **Date:** June 20, 2026

PVAC – Polio Advanced Course in Vaccinology

Conflict of Interest – Disclosure Form

(to be completed by scientific/organizing committee members/faculty members)

NAME: ....GRIDHARA R BABU.....

AFFILIATION: .....QATAR UNIVERSITY

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Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: Gridhara Babu **Date:** June 20, 2020

PVAC – Polio Advanced Course in Vaccinology

Conflict of Interest – Disclosure Form

(to be completed by scientific/organizing committee members/faculty members)

NAME: DEO NSHIMIRIMANA

AFFILIATION: INDEPENDENT EXPERT

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Spouse/partner:	
Other support (please specify):	

Signature:

Date: 20 JUIN 2026

UNIVERSITÉ DE GENÈVE

جامعة قطر QATAR UNIVERSITY

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Conflict of Interest Disclosure Form

NAME: .....DEO NSHIMIRIMANA.....

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Other support (please specify):	

Signature: **Date:** 20 June 2026

PVAC – Polio Advanced Course in Vaccinology

Conflict of Interest – Disclosure Form

(to be completed by scientific/organizing committee members/faculty members)

NAME: Katy CLARK

AFFILIATION: Gavi, the Vaccine Alliance

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Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: [signature]

Date: 20 June 2026

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Other support (please specify):	

Signature: KCla **Date:** 20 June 2026

PVAC – Polio Advanced Course in Vaccinology

Conflict of Interest – Disclosure Form

(to be completed by scientific/organizing committee members/faculty members)

NAME: Hemant Shukla.

AFFILIATION: WHO/EMRO

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Signature:

Date: 20 June '26

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Conflict of Interest Disclosure Form

NAME: ...Hemant Shukla.....

AFFILIATION: ...WHO/EMRO.....

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Other support (please specify):	

Signature: **Date:** 20/6/2026

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Conflict of Interest Disclosure Form

NAME: Suchita Guntakatta

AFFILIATION: Gates Foundation

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Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: 

Date: 20 Jun 2026

PVAC – Polio Advanced Course in Vaccinology

Conflict of Interest – Disclosure Form

(to be completed by scientific/organizing committee members/faculty members)

NAME: Suchita Guntakatta

AFFILIATION: Gates Foundation

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Spouse/partner:	
Other support (please specify):	

Signature: [signature] **Date:** 20 Jun 2026

PVAC – Polio Advanced Course in Vaccinology

Conflict of Interest – Disclosure Form

(to be completed by scientific/organizing committee members/faculty members)

NAME: FIONA BRAKA

AFFILIATION: WHO AFRO

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Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: Braka

Date: 20 JUNE 2026

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Conflict of Interest Disclosure Form

NAME: FIONA BRAKA

AFFILIATION: WHO AFRO

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Spouse/partner:	
Other support (please specify):	

Signature: Braka **Date:** 29 JUNE 2026

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Conflict of Interest Disclosure Form

NAME: Ziad A. Memish

AFFILIATION: Alfaisal University / King Salman Humanit Aid/Relief Centre

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Signature: 

Date: June 26 2026

PVAC – Polio Advanced Course in Vaccinology

Conflict of Interest – Disclosure Form

(to be completed by scientific/organizing committee members/faculty members)

NAME: Ziad A. Memish

AFFILIATION: KSRelief / Alfaisal University

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Signature: 

Date: 20 June 2026

PVAC – Polio Advanced Course in Vaccinology

Conflict of Interest – Disclosure Form

(to be completed by scientific/organizing committee members/faculty members)

NAME: AHMET AESAR

AFFILIATION: UNICEF/HQ/Polio

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Signature: 

Date: 16/06/2026

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Conflict of Interest Disclosure Form

NAME: AHMET AFSAR

AFFILIATION: UNICEF/HQ/Polio

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Conflict of Interest Disclosure Form

NAME: EDWIN ASTURIAS

AFFILIATION: UNIVERSITY OF COLORADO

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Signature: 

Date: 16 JUNE 2026

PVAC – Polio Advanced Course in Vaccinology

Conflict of Interest – Disclosure Form

(to be completed by scientific/organizing committee members/faculty members)

NAME: EDWIN ASTURIAS

AFFILIATION: UNIVERSITY OF COLORADO

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