



Polio Pakistan



INTERNATIONAL
PEACE
INSTITUTE

HIGHLIGHTS

BACKGROUND BRIEFS FOR BMGF SECURITY AND ACCESS STRATEGY SESSION: PAKISTAN

1. Drivers of insecurity and conflict

NB: Because of the sensitive nature of the subject matter, information denoted with an asterisk () is confidential and can be elaborated upon in oral briefings with IPI.*

Pakistan was close to complete polio eradication when a combination of external circumstances (conflict, terrorism, US drones and anti-US sentiment, killing of Osama bin Laden & preceding fake vaccination campaign, a Taliban-imposed anti-polio drops ban, and attacks on health workers) as well as management issues (relating to massive corruption, accountability, misreporting, too exclusive a focus on polio eradication to the detriment of other routine immunizations, poor infrastructure, Army operations) created again a continuing increase in the number polio cases, mainly in the tribal and adjacent areas.

Key groups involved in the nexus of insecurity and conflict differ in the four provinces, and there is no monolithic Pakistan Taliban entity.

The Tehreek Taliban Pakistan are a grouping of major Taliban and allied groups, with over 40 sub- and splinter groups. Some are purely criminal structures, others are



traditional clan-based allies, whose services are used by many, as required.* The mainly Pashtun Taliban have links not only with different Taliban and other groups in Afghanistan, but also with non-Pashtun allies, both from other Pakistani provinces especially the Punjab, as well as with many foreign groups such as those from the Arab world, Central Asia, Caucasus, and Europe. There is evidence of the involvement of external state actors as well.*

- The unstable security situation along the Af/Pak border makes access difficult.
- Despite the hostile environment, experience shows that local leaders can be convinced not to block polio eradication efforts.
- Obstructing polio eradication efforts is often used as leverage for achieving other objectives.
- A high profile for polio eradication in a region that has so many other problems makes it a target for anti-Western/anti-government attacks.
- Post-election developments in Afghanistan will have an impact on stability in the border regions with Pakistan, and therefore on polio eradication.

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The demands and grievances of the key domestic groups vary, although they invariably use the rhetoric of Islam, *sharia* and jihad. In practice, however, they are characterized by a clear pragmatism. After ploughing through the obligatory rhetoric, the bottom line is about justice, corruption, jobs, basic services and infrastructure.

The appointment of Maulana Fazlullah of Swat to head the Pak Taliban, a departure from all previous such appointments, should not be over-emphasized in relation to polio. In his Swat years, he had set up many illegal radio channels and broadcast fiery jihad sermons, earning the nickname "Mullah Radio." However, the post 9/11 history of Pakistan Army-Taliban deals show that these have invariably been violated by the former.*

The polio eradication ban was imposed in June 2011 by a Taliban group closely allied to the Pakistan Government, i.e. by the "good Taliban". Extensive field research by IPI shows that the ban and parental refusal have both less to do with Islam, and more with holding the authorities hostage to their demands, including electricity, roads, stoppage of drone attacks, and a spectrum of health services beyond anti-polio drops. There is little difficulty in delivering the anti-polio drops as part of routine vaccinations – the high profile accorded to polio often becomes counter-productive. Sometimes remote hamlets are bypassed using parental refusal as an excuse.

It cannot be baldly stated that the ban "holds in Waziristan" – but mainly in those areas of North Waziristan Agency where the Taliban hold power, or where there is no security; in South Waziristan

Agency, the difficulty is only in Taliban-controlled pockets. In October/November 2013, a *madrassa* close to the Taliban issued a *fatwa* stating that all vaccinations were fully compliant with Islam. The Taliban have not taken issue or pronounced themselves on this *fatwa*, a positive sign. Parental refusals have also been recently recorded in provinces far outside the Taliban sphere of influence.



Trends

By mid-2013, as a result of efforts, including by IPI, there was a noticeable softening in the Taliban position, although the ban was not officially lifted.* However, in the second half of 2013, the situation was worsened by the following factors: the newly-elected Government still has not in any concrete manner pushed polio eradication; corruption has continued; and a number of Taliban leaders, including the head Hakimullah Mehsud, were droned to death, which led to a new cycle of Taliban suicide and other attacks against the Army and Army operations against the Taliban. Consultations and negotiations are

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taking place between the main Taliban grouping and a committee composed of members nominated by both the Government and the Taliban. This is a rocky path and many interruptions can be expected.

The current suicide operations and attacks on health staff are being carried out by splinter Taliban and allied groups who (i) are not part of the mainstream Taliban, (ii) have little to gain and nothing to lose by a successful outcome, and (iii) are sabotaging the talks.

Impact

When attacks on health workers are analyzed, it emerges that about a quarter are directly related to the polio eradication campaign. The majority are a mix of attacks on the security and other militias accompanying health workers (a declared target of the

Taliban), retaliation for unrelated issues, selection of health workers (hence wages) based on exclusion of many groups and sub-tribes; and some attacks are related to property issues.

Prospects for 2014 & 2015

Even if the current negotiations eventually bring positive outcomes, there is no guarantee that all the sub- and splinter groups will fall in line. If the talks fail, will the Pakistan Army undertake targeted or broader operations in the North Waziristan Agency? This, too, depends on what happens across the border in Afghanistan and whether the post-election Kabul regime will be considered friendly to Pakistan or not.*

All the militant and allied groups in the tribal belt are also waiting to see developments in Afghanistan as of mid-2014 onwards. There will be continued pockets of insecurity on the Pakistan side of the tribal belt, exacerbated by an inflow of Afghan Pashtun refugees from the provinces bordering Pakistan – all these factors will have a negative effect on the very geographic areas where access is a problem.

There are reports that the Government is preparing for a worst-case scenario with 3 million Afghans fleeing into Pakistan over the summer.

Recommendations

- First and foremost, while BMGF is a very high-profile donor and seen as a perpetual benefactor (jobs, funds) the Foundation should refrain from taking any kind of high-profile role in security-related issues. It should obviously continue its financial support and discreet pressure on the civilian Government, but not in a manner which reaches the media and irritates not only the Taliban but all who have issues with “the Americans”.*
- BMGF should encourage, in fact insist, that the Pakistan national authorities pay equal attention to all routine immunizations, and not simply to polio – this is a huge irritant among recipient communities which see diseases which kill being ignored in favor of one which “merely cripples” .
- In particular, BMGF should insist on better accountability and transparency in the use of the massive donor funding for polio eradication.*