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**Subject:** Fw: updated Talking Points Polio for Paris 10 June 2013

**Date:** Sun, 09 Jun 2013 13:09:47 +0000

**Attachments:** IPI\_Mission\_Report.doc

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**From:** Nasra Hassan <[REDACTED]>

**To:** Terje Rod-Larsen; Andrea Pfanzelter; andrea pfanzelter <[REDACTED]>; Walter Kemp

**Sent:** Sun Jun 09 09:06:18 2013

**Subject:** updated Talking Points Polio for Paris 10 June 2013

Terje: As discussed today. Pls note that Imran Khan's Secretariat has officially confirmed receiving BG's letter -- maybe the letter is from some well-intentioned but misguided person purporting to carry BG's personal appeal??

Herewith updated Talking Points in bullet form, with developments todate, i.e. Sunday 9 June. TPs cover main issues, with examples. Also below is the updated Executive Summary & Next Steps from the first IPI Mission Report (for easy reference). Attached is a copy of the full IPI Mission Report, in case required.

If you wish any further clarification now, or during your meeting in Paris, plz call any time, I am at your disposal. Best, NH

Cell: [REDACTED]

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**Updated Talking Points for Paris 10 June 2013 (in conjunction with the Executive Summary and Next Steps as outlined in the IPI Mission Report of 15 May 2013):**

**Note: 2 noteworthy recent items:**

(i) **Bill Gates "letter":** Pak media reported 8 June on an ostensible letter delivered by Bill Gates's "personal emissary" to Imran Khan (Chairman of Pakistan Justice Party, which placed 2nd in the 11 May elections, he will lead the opposition) requesting intervention with the Pak Taliban to allow polio eradication campaign, and that BG would be telephoning Imran Khan within a few hours. The Party Secretariat has officially confirmed receipt of the letter (although someone else may well have sent a letter purporting to speak for BG?)!

However, the "false" news has already had the undesired effect of tying a high-profile US citizen to Pak's polio eradication, on the heels of the droning of the Pak Taliban No. 2 as well as a more recent droning of seven high-value targets.

(a) **Discreet confidential enquiry** has yielded the following reaction from the Taliban (not yet in the public domain): "BG can try as much as he wishes to use Imran Khan or others to convince the Taliban, but these efforts will not yield the desired results, because Imran Khan is not our leader, we do not follow him, he cannot dictate to us, we are not answerable to him, he follows a "secular" line -- we want an "Islamic" explanation on polio vaccination!" The latter point is in the IPI Mission Report as well as below in the TPs.

(b) **At present, the Pak Taliban are engaged in a far more essential issue for them, their concern that Pak authorities are trying to stir trouble on the border between the Afghan Taliban and the Pak**

Taliban. Hence a pointed BG denial of an outreach to Imran Khan would at this stage be irrelevant. So let us wait.

(ii) On 5-6 June, an international conference of religious scholars was held at the International Islamic University of Islamabad, as a follow-up to a March regional conference in Cairo, to draw up strategies to overcome social and political challenges to polio eradication in Pakistan. In the Declaration issued at the conclusion, the clerics stated that a National Advisory Board for Polio Eradication will be established in Pakistan, its secretariat will be in the International Islamic University. However, the Declaration also referred to wider peace issues, drone attacks etc, i.e. repeated the linkages while the IPI's strategy aims to de-link polio eradication from everything else. Many of the Islam-based points were useful, and originated at the March Cairo conference.

1. The IPI project for the Foundation is not a technical assessment nor a comprehensive polio eradication plan, neither of which are needed, the Govt has a well-conceived programme with necessary structures in place;

2. However, the information obtained by IPI is distinguished by the fact that it is based on direct talks with representatives from the major tribes and other groups in the Pakistan-Afghanistan border areas (some close to the Taliban) – through these intensive talks end April 2013, IPI is able to acquire valuable information which is not in the public domain;

3. In addition, through contacts, IPI was also able to access and obtain information on a strictly confidential basis from other sources which corroborated the information obtained from the tribesmen;

4. The corruption in the polio-eradication programme, as a direct result of the massive inflows of funds and related aid, is unmatched, normally seen only in major sectors such as oil, gas, and armaments!

Examples: “ghost” anti-polio health worker teams (funds billed for numbers greater than the actual number of teams); “ghost” children (numbers of children supposedly vaccinated are fewer than those actually given anti-polio drops); “ghost” transport (the number of vehicles to transport health teams is less than the numbers billed for); some medical personnel receive 2 salaries, one for their normal work, the second larger stipend for polio eradication work (leading to a more focus on polio to the detriment of the other vaccinations for lethal diseases);

5. The Foundation and BG’s personal engagement have already yielded awesome results – efforts by the Govt of Pakistan to give polio eradication the highest national priority, the stark reduction in polio cases, as well as encouragement to other international donors to come forward;

6. The polio eradication programme is very well-funded and technically and structurally sound; however existing and new problems block Pakistan from becoming completely polio-free – the ultimate goal of BG and the Foundation;

7. Pakistan was close to complete polio eradication, when a combination of **external circumstances (conflict, terrorism, drones, anti-US sentiment, ban on anti-polio drops)** as well as **management issues (relating to corruption, accountability, too exclusive a focus on polio eradication to the detriment of routine immunizations, poor infrastructure etc.)** created again an increase in the number of polio cases;

*Note 1: Under-reporting in previous years yielded figures on recorded polio cases which were thus misleadingly low.*

*Note 2: In recent weeks, outbreaks of measles and resulting child deaths in the hundreds have been reported from different areas of Pakistan, thus unfortunately supporting the affected communities’ belief that death-inducing diseases are worse than one which “only” cripples!*

**8. Contrary to popular perception, IPI has reason to believe that that religion-based refusal is only a very small and not insurmountable part of anti-polio measures.**

**9. Pressure tactics: the ban, the refusal to allow anti-polio health teams to enter certain areas etc. are often pressure tactics to achieve other ends (an example: the Pak Army sets up a checkpoint which causes great hardship to the community, so the Taliban retaliate with a ban on girls attending college, which is located beyond the checkpoint, i.e. “you don’t remove the checkpoint, we won’t allow the girls to attend college!” This is subsequently seen in simplistic terms as a Taliban ban on female education.)**

**10. The attacks on polio eradication health teams in different parts of Pakistan cannot with certainty be attributed to the Taliban – when examined, each case turns out to have a different reason for the attack;**

**11. Security, too, is not an insurmountable problem: For example, the Pak Army has carried out road construction worth ca. US\$ 100 million without major problems!**

12. With increasing globalization and travel, obviously Pakistan (along with Afghanistan and Nigeria) will continue to be a source of regional and international spread of and re-infection by the polio virus to countries where polio has been successfully eradicated;

13. Hence IPI aims to support the Foundation and BG in those niche areas where problems still exist or have cropped up recently;

#### **Areas where IPI seeks to help and how:**

1. Remain low-key so as not to attract the hostility of anti-Western groups;

2. Ensure that the newly-elected Govt retains polio eradication as a matter of national emergency priority;

3. Ensure that the new Govt (which had offered talks to the Pakistani Taliban, but which the latter suspended after the droning of their No. 2) includes polio eradication in their talks;

4. Follow developments in areas where Govt attention is necessary (*inter alia* due attention also to routine immunization so that affected communities do not reject anti-polio drops on the grounds that they are not receiving other vaccines; corruption; better and more accurate reporting of polio cases; improvement in infrastructure so that affected communities and others do not hold polio eradication hostage to the provision of other urgent services such as electricity and clean water etc.);

**5. Work very confidentially and discreetly *via* intermediaries with those Taliban groups who have imposed either a ban on or those who do not allow polio eradication workers in certain areas by de-linking polio eradication from other issues (details in IPI Mission Report, attached);**

6. Follow up on modalities being worked out regarding the UAE grant of US\$ 110 million over three years for polio eradication in the tribal areas – and see if these modalities can help to push polio eradication forward even outside the UAE funded project;

7. Second IPI mission to Pakistan in the coming months, to follow-up on issues detailed in the IPI Mission Report, eg. improvements being introduced by the Govt to stem corruption (the timing of the second mission will be related to the appointment of various Govt interlocutors by the new Govt, the month of fasting, etc.);

8. Recommend an appropriate time for a visit by IPI President Terje Rod-Larsen;

9. Direct contact by BG with Army Chief of Staff and others at the appropriate time (telephone, not a personal visit, unless a meeting takes place outside the country).

## **Executive Summary 15 May 2013, updated to 9 June 2013:**

**National and international organizations have, since decades, been involved in the eradication of polio and other diseases in Pakistan. However, the recent informal IPI mission and meetings confirmed that the Gates Foundation played a key role in polio eradication acquiring the status of “highest national priority.” Further, the Gates Foundation provided the impetus in the setting up of the Prime Minister’s Polio Monitoring and Coordination Cell and the National Emergency Action Plan (NEAP). NEAP, too, was the brainchild of the Gates Foundation. It is well-conceived, with appropriate structures at the national, provincial, Agency and district levels. Owing to the generosity of the Gates Foundation and the example it set for other international donors, the polio eradication programme in Pakistan faces no dearth of funding.**

As a result, Pakistan was close to complete polio eradication, when a combination of external circumstances (conflict, terrorism, drones, anti-US sentiment, ban on anti-polio drops) as well management issues (relating to corruption, accountability, too exclusive a focus on polio eradication to the detriment of routine immunization, poor infrastructure etc.) created again an increase in the number of polio cases.

The vast majority of remaining polio cases today are found in the Federally Administered Tribal Areas (FATA), where two of its seven tribal agencies (North Waziristan Agency (NWA) and South Waziristan Agency (SWA) are particularly hard-hit, with cases reported in Balochistan and Sindh Provinces, invariably all with a Pashtun connection. The “good” Taliban in North Waziristan Agency issued a ban in June 2012 which the “good” Taliban in South Waziristan Agency observe as well.

The “bad” Taliban, i.e. the Hakimullah Mehsud-led Tehreek e Taliban Pakistan (TTP) have not issued a ban!

The information acquired leads to the conclusion that religion-based refusal is a very small part of the problem; the rest is pressure tactics not only by the Taliban but also by local communities to achieve other ends; one-upmanship; poor follow-up & monitoring; the security situation (i.e. the one-day polio eradication campaign with anti-polio drops cannot be carried out if the Pak Govt is carrying out a military operation in the area); problems relating to the anti-polio campaign *visavis* the other routine immunizations; and the corruption resulting from the vast amount of money and jobs involved. Inaccessibility, too, is not a major problem, since the same remote locations were covered in the past, when polio cases did go down dramatically, hence is used more often as an excuse now.

It is also likely that the very low number of polio cases recorded a few years ago stemmed more from under-reporting, in particular by families in remote locations or without the means to visit a health facility. For every polio case reported, FATA health professionals estimate that that at least three to four cases go unreported. This type of mis- or under-reporting in developing countries is a phenomenon well-known to UN social development agencies.

Security continues to be an issue, but not an insurmountable one. Although there was a great deal of pre-election turbulence, including bombing and suicide attacks, and despite the TTP threat of having teams of suicide bombers standing by to disrupt the elections, these took place fairly smoothly on 11 May 2013, including a record-breaking turn-out in FATA as well. Women voted in unprecedented numbers in many of FATA’s seven tribal Agencies.

### **Next steps:**

**A new Govt will not be completely formed until end-June at the earliest. Thereafter, IPI should undertake a second mission to Pakistan, to explore further some of the points in the body of the preliminary mission report, *viz.*:**

**(i) de-link polio eradication from all other issues;**

**(ii) examine whether “Days of Tranquility” and “Safe Passage” (originally introduced by UNICEF precisely to enable child immunization, and now used in Afghanistan with the approval of the Afghan Taliban) could be introduced in the two FATA Agencies where the ban is in effect as well as in trouble zones in other FATA agencies;**

**(ii) follow-up on the modalities being developed regarding the United Arab Emirates (UAE) grant of US\$ 110 million for polio eradication in FATA over three years; it appears that this project will be supervised by the Pakistan Army’s Surgeon-General, with the Army responsible for both disbursing the funds and monitoring implementation. This *modus operandi*, while not ideal, may well provide solutions to the problems of corruption and mis-management which have engulfed polio eradication in Pakistan. Army involvement should also take care of the security angle;**

**(iii) discuss further with FATA health officials in Peshawar their plans to combat corruption, improve accountability, and the re-introduction of incentives for reporting polio cases;**

**(iv) follow-up on the Govt’s plan to give the polio eradication campaign (PEC) a lower profile, to ensure that this is not detrimental to polio eradication;**

**(v) encourage the Govt health authorities not to neglect routine immunizations, as the exclusive focus on polio eradication has not only had an unintended negative effect but has also upset the target communities;**

**(vi) discuss the important issue of a less than optimal cold chain (the process whereby vaccines must be kept at a required temperature at all stages of their transport and storage, from manufacturing to the end recipient of the vaccination) at the field level; provision by the Govt of electricity would help;**

**(vii) explore if the Pak Army and JUI-F, a religion-based Islamist party with a large following in FATA, can get the “good” Taliban leader Gul Bahadur in North Waziristan Agency to lift his ban (Gul Bahadur was earlier associated with JUI-F); thereafter the Mullah Nazir Group in South Waziristan Agency will automatically lift its ban; finally, the TTP could be approached to ask them to remove their reservations on polio eradication (although it has now become clear that TTP would like to open a dialogue on polio eradication more to acquire legitimacy and to introduce other issues);**

**(viii) also attempt to get the Pak Army to get Mullah Omar, head of the Afghan Taliban, to issue an appeal to the TTP to support polio eradication; Mullah Omar has already issued a similar "authorization" to the Afghan Taliban to allow and support polio eradication "provided no foreigners are involved."**

**(ix) an opportunity could be provided by the new Provincial Govt in Khyber Pakhtunkhwa Province (KP);**

**(x) get a video interview done with TTP Spokesperson Ehsanullah Ehsan on polio eradication;**

**(xi) create a list of those clerics who are close to the Taliban, get Pakistani doctors to explain the efficacy of the polio vaccines to these clerics, present the clerics with irrefutable Islam-based evidence (including material from the Cairo conference of March 2013) and use this as a parallel outreach to the Taliban.**

The situation, while difficult, is not hopeless, and the last inch can indeed be run and won!