Grant Proposal Cover Page

Date   9 September 2013

Project Title   Polio Eradication and Peace and Health

Organization Name
International Peace Institute
(IPI)

Project Duration (months)   12 months (2013)

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Amount Requested from Foundation in Dollars (U.S.) $5,000,000	Total Cost of Project in Dollars (U.S.) $5,000,000
Organization's revenue from last audited Financials in Dollars (U.S.) $9,151,315	Organization's Fiscal Year-End Date December 31, 2012

U.S. Tax Status *(see Tax Status Definitions)*   *501(c)(3) Public Charity*

Geographic Location(s) of Project

Field work: Pakistan, Nigeria, Somalia
IPI Offices: New York, Vienna

IPI PROPOSAL: POLIO ERADICATION AND PEACE AND HEALTH

I. PROPOSAL OVERVIEW:

IPI's proposal to the Bill and Melinda Gates Foundation (BMGF) consists of two parts: IPI's new model project aimed at reducing the security threats related to **polio eradication** in the few specific localities where it is still prevalent (Afghanistan, Pakistan, Nigeria, and Somalia); and a longer-term, overarching initiative on **peace and health** designed to reduce vulnerability and increase resilience by alleviating the disease and poor health that threaten stability, and conversely, mitigating the sources of instability that threaten health.

This proposal reflects activities undertaken in 2013, which will serve as the development period of the peace and health initiative. In its initial stage, the initiative will build on the Institute's existing work on conflict prevention, mediation, peacebuilding, and humanitarian affairs, but IPI will now explore how these tools can be used to reduce the impact of conflict on health and development, particularly in fragile states.

The polio eradication component, which IPI began work on in 2013, is the first major new initiative under the work stream, and will serve as a pilot project for future work. Going forward, IPI plans to launch a series of projects that relate to the link between peace and health, including: natural disasters (and humanitarian affairs); development; sustainable urbanization; food and water security; and conflict prevention.

In the long-term IPI envisions that the peace and health initiative will be an essential new piece in IPI's work to promote the prevention and settlement of conflict and to reduce risk and vulnerability. This multi-year initiative will position IPI to expand its work to build the capacity of international institutions—a core component of IPI's mission—to address peace and health issues also.

Polio Eradication

A primary goal of the BMGF is to eradicate polio worldwide. Thanks to a highly successful global campaign over the past decade, polio has been successfully eradicated in 99.9 percent of the world. However, polio remains endemic in three locations: Afghanistan, Pakistan, and Nigeria. In fact, 100% of the polio cases in 2012 were found in 54 districts in these three countries. Recently, new cases have been identified in Somalia. Therefore, eradicating polio globally and permanently has come down to the last "golden millimeter"—reaching a few thousand children in a handful of isolated, unstable, inaccessible, and inhospitable communities.

The areas in which polio is still a problem are geographically dispersed, but they share some significant characteristics: they are comparatively small and difficult to access due to insecurity, insurgency, or conflict; and the lack of state authority or control has enabled local power brokers to shape the discourse.

In all of these regions, public health is being used as a tool in misinformation campaigns, whether intentionally or as a by-product of a broader political or ideological agenda, which has put the health of children at risk. Health workers are also at risk. Several health workers involved in the polio eradication

campaign were recently killed in Nigeria and Pakistan. In August 2013 *Medecins Sans Frontieres* announced it is closing all its programs in Somalia after a 22-year presence due to attacks on its staff.

IPI therefore proposes to assist the BMGF to better understand the local conditions, identify the drivers that (or who) can turn the situation around, and provide advice on what steps can be taken to improve the chances of eradicating polio in the remaining few localities where it is still present. IPI's work will involve, inter alia, providing situation assessments of the vulnerable communities, carrying out and/or analyzing quantitative surveys of the affected communities, facilitating access to these communities, and (based on the knowledge of the local conditions) assisting in the development of communications strategies to eradicate polio.

Peace and Health

As stated in the World Health Organization's Ottawa Charter for Health Promotion (1986), peace is a primary condition for health. Instability makes people and communities more vulnerable to disease, and prevents them from living healthy and productive lives. For example, polio is proving hardest to eradicate in regions of some of the world's most unstable countries: Afghanistan, Pakistan, Nigeria, and Somalia. Conversely, stability fosters an environment conducive to providing humanitarian and development assistance. Therefore, IPI is launching a major initiative to better understand the links between peace and health, and to generate policy support to reduce vulnerability and increase resilience to health-related problems that contribute to instability, and conversely, to mitigate sources of instability that threaten health.

The peace and health initiative aims to become a thought and policy leader on the link between health and stability— understanding the links and their negative aspects, and promoting remedial solutions. This is vital since peace and health interact in many different ways. The most significant, and malign, link is the fact that people are killed, injured, disabled, abused, or traumatized due to armed conflict. Conflict prevention, mediation, and peacebuilding are therefore vital for saving lives. In addition, armed conflict has indirect effects on global health. These include:

1) impeding access of health professionals and humanitarian agencies to populations in need (conflict-affected countries have on average less than one health professional per 10,000 people);

2) "flight" of health professionals from conflict zones for safety issues (health workers are often targeted by government security forces as well) as we are currently witnessing in Syria and Somalia;

3) lack of supplies and basic equipment in hospitals and clinics in conflict zones, as well as difficult and unsafe access to health facilities for populations in need, also due to deterioration of infrastructure and transportation;

4) decrease in government expenditure on healthcare;

5) food shortages due to damaged agricultural structures, collapse of the economy, aid deliberately withheld, and disruption of the family unit;

6) three to four times higher under-5 child mortality rates in conflict zones than in the rest of the world;

7) sharp decline in basic childhood immunization in conflict zones;

8) highest rates of maternal deaths due to childbirth complications and other debilitating conditions in conflict-ridden or post-conflict states;

9) increased incidents of sexual violence towards women and children, with greater numbers of sexually transmitted diseases, as well as physical and psychological trauma; and

10) increased incidence of infectious diseases (malaria, cholera, measles) during conflict due to malnutrition, unsanitary conditions, lack of clean water, etc.

These factors create a vicious cycle; greater instability endangers health, while greater vulnerability (including disease) breeds instability. Indeed, states characterized as fragile or failed (including those that have high rates of polio) tend to have far worse population health indicators than states at comparable levels of development. As of today, for example, no low-income fragile or conflict-affected country has yet achieved a single one of the Millennium Development Goal (MDGs). Poor health indicators are a product of inadequate governance and service development. Moreover, fragile states tend to be affected by humanitarian crises that endure for years. In other words, a context of continuing crises and emergencies, combined with weak or non-existent local and national institutions, can undermine health improvements or nullify health investments and programs in the long-term.

While armed conflict and instability undermine health goals, the opposite is also true. Investments in health, conflict resolution, and statebuilding can be mutually reinforcing. Conflict resolution and peacebuilding measures can help prevent or lessen the impact of the above negative outcomes of armed conflict on public health. At the same time, the position of medical professionals in society, given their neutrality, credibility, and equality, can be a precious resource during negotiations, as are health-related cease-fires. The fact that health issues are of interest to all warring parties can contribute to this advantage.

Moreover, health investment can contribute to statebuilding and legitimacy of institutions. In the long term, stronger healthcare systems can improve the health of the population, leading to greater productivity, stronger economies, less violence, and state stability. Evidence also indicates that improved health services can increase trust in state institutions, thus contributing to the authority and legitimacy of the government.

In short, while poor health and instability have a negative impact on each other, peace and health are mutually beneficial. It is therefore necessary to promote peace as a primary condition for health, and to improve health as a way of promoting peace and development. That is the objective of IPI's work on peace and health.

Since this is an ambitious objective that will require significant time, money, and knowledge, IPI intends to mobilize resources to launch and develop an institutional framework for monitoring globally the link among peace, security, and health, being mindful that these issues are increasingly interconnected as starkly illustrated by the situation in Syria and neighboring countries. IPI has recently convened several high-level meetings on the humanitarian crisis in Syria (see Annex).

II. PROJECT DESCRIPTION

Polio Eradication

1. Context

The effort to eradicate polio globally and permanently has come down to the ability to ensure the effective treatment of children in just a handful of districts in the three countries where polio remains endemic. The remaining locations of polio cases are highly concentrated in a relatively small number of districts where the central government is unable to provide public security and public-health services. For example, 23% of all global polio cases in 2012 were reported in just three Local Government Areas of Nigeria: Katsina and Batsari in Katsina State and Minjibar in Kano State. In Pakistan, two regions of North and South Waziristan in Khyber Pakhtunkhwa (KPK) account for over 40% of Pakistan's polio cases. The vast majority of remaining cases are found in the Federally Administered Tribal Areas (FATA), where parents are 40% more likely to refuse treatment than in any other part of the country.

Nigeria

Nigeria has the highest rates of polio, with the north of the country the main source of polio infections. The country accounts for over half of global cases and is the only country with ongoing transmission of all three serotypes of the polio virus. Nigeria also has the highest rates of children missed in vaccination campaigns and the highest rate of parents refusing to vaccinate their children. Going back more than a decade, polio vaccination campaigns in Nigeria have suffered from targeted misinformation strategies and attacks by the terrorist group Boko Haram, weak social mobilization campaigns, and lack of commitment by some local leaders. Some strategies have also backfired. For example, the tactic of awarding higher salaries and bonuses to polio workers in order to encourage health workers to carry out vaccinations has not worked. Low-paid healthcare workers are offered extra cash for helping with the campaign, and as a result the primary healthcare system in Nigeria, which is very weak, is emptied out for days nearly every month. Additionally, it may not help that workers are paid according to how many children they reach, with it being reported some vaccinators refuse to accept cards showing children have already been vaccinated.

The percentage of Nigeria's budget spent on social mobilization is less than 5%, significantly smaller than that spent on social mobilization in Pakistan. It is reported that even basic community efforts, such as polio posters and banners, are conspicuous in their absence. This is a point of concern as Nigeria has the highest noncompliance (refusal) rates of any country where polio persists. Refusal to take medicine stems from a fear of Westerners and Western medicine, as there is the perception in some communities the vaccination campaign is a Western plot to kill Muslim Africans or to make Muslim children sterile.

In 2013, IPI will conduct a **situation assessment** in Nigeria, determining the local conditions, particularly those that make the affected communities vulnerable and will conduct **survey work** in the country. This work will lay the foundation for continued work in 2014, including facilitation and outreach and creating a communication strategy to "turn" opinion in favor of anti-polio vaccinations.

Pakistan

A new polio outbreak has occurred recently in North Waziristan, Pakistan, near the frontier with Afghanistan. It is in an area where a warlord banned polio vaccinations after it was disclosed that the C.I.A. had staged a hepatitis vaccination campaign in its hunt for Osama bin Laden. The warlord, Hafiz Gul Bahadur, has banned all efforts until American drone strikes end. This is a significant setback to the Pakistan campaign, which has persistently continued its efforts despite the killing of 9 vaccinators in December 2012, which has been attributed to the Taliban.

As a result of massive international and national efforts and funding, Pakistan was on the verge of complete polio eradication. However, a number of factors conspired to complicate the situation and increase resistance to the eradication campaign. These included external circumstances like political-military instability, terrorism, drone attacks and resulting anti-US sentiment, a Taliban-imposed ban on the polio-eradication program, and the May 2013 elections which led to changes in government and staff. There were also internal factors, including religion-based and traditional factors, as well as corruption, poor infrastructure, mis- or under-reporting, and rivalries and jealousies over how polio-related funds were to be allocated. In light of this, IPI's work focuses mainly on non-medical and non-technical aspects of the problems IPI identifies and proposes solutions to, within the framework of its cooperation with BMGF.

In Pakistan, IPI has completed a **situation assessment** and, through fieldwork in the country, has initiated **facilitation** work in the country. No survey work was undertaken in Pakistan, as IPI believes the country has already been over-surveyed on polio. The Institute has planned for an additional field trip in late 2013 to focus on continued facilitation and outreach (eg. how to get the Taliban ban lifted, where and how the Pakistan Armed Forces can help in "danger zones", and monitoring concrete measures taken by government authorities to improve weak areas already identified). While Pakistan has an adequate national **communications plan**, IPI will also suggest areas of improvement for 2014, based on the research findings.

Afghanistan

Afghanistan's quest to eradicate polio is inextricably linked to that of neighboring Pakistan. Genetic analysis shows clear chains of transmission between the two countries. There are three chains of polio transmission in Afghanistan: two are from Pakistan, and the third is indigenous to Afghanistan, making the country endemic in its own right. Due to this closely intertwined relationship, future efforts to eradicate polio will likely require Pakistani and Afghani vaccination teams on either side of the border to coordinate strategy so that no child goes missing in between. As of now, vaccination coverage data suggest little improvement in the number of children reached with vaccination and there are indications that coverage levels in some districts are falling.

Inaccessibility is a challenge in implementing vaccination campaigns; however, the main challenge antipolio initiatives face in the country are basic leadership and management problems that are not properly addressed. In May 2012 it was reported that an Inter-Ministerial Task Force had been formed and would direct a whole-of-government approach to polio eradication. Five months later, this Task Force had yet to meet. At the same time, the President's launch of Afghanistan's Emergency Action Plan is welcome, but the slow pace of implementation is concerning. Additionally, District EPI Management Teams (DEMTs) need further strengthening and NGOs implementing the Basic Package of Health Services need to be held accountable for achieving higher coverage rates of routine immunization, including polio.

Permanent Polio Teams in southern Afghanistan have long been credited as the program's flagship innovation. They have provided polio drops to 146,000 children, including almost 9,000 who had never previously received a dose of the vaccine. Key to their success is their low visibility and step-wise introduction. However, their geographic coverage is limited, and they are active in only five of the 13 high-risk districts of southern Afghanistan.

IPI's initial focus is on the Pakistan-Afghanistan cross-border aspects, with transmission and re-transmission since countless children move regularly via unofficial crossings are missing out on scheduled anti-polio immunization on both sides of the border. Afghanistan's anti-polio programme is proceeding well, with a go-ahead from the Afghan Taliban's Mullah Omar; the Taliban provide a safe passage document for health teams (with the condition that no foreigners be involved).

However, a very important factor is how the post-2014 situation develops after the withdrawal of US/NATO troops and what impact this will have on polio eradication. In 2013, IPI will **monitor the situation to assess post-2014 threats**. A mapping exercise will be carried out in 2014.

Somalia

Somalia is highly prone to public-health crises, including outbreaks of cholera, typhoid, malaria, and measles. Recently the country has seen an outbreak of polio, which as of the end of July 2013 had paralyzed 105 children, where previously a case of polio had not been recorded in more than five years. Somalia is one of the countries in the "wild poliovirus importation belt"—a band of countries stretching from west Africa to central Africa and the Horn of Africa, which are recurrently re-infected with imported polio virus. Although the situation varies across Somalia, parts of the country have been torn apart by decades of conflict, chronic poverty, inequality, food insecurity, and public-health challenges. It was ranked 165th out of 170 in the 2012 Human Development Index in 2010, with 74% living on less than US$2 per day. Life expectancy across the country is a mere 50 years and the youth population of Somalia (14-29 years) is a disproportionately high 42% of the population. The country is highly prone to humanitarian emergencies, particularly drought and famine, due to very low rainfall, the on-going conflict, and increasing deforestation.

It is likely that the greatest challenge in implementing the polio vaccination campaign will be security concerns, as foreign aid organizations are unable to access parts of the country still prone to conflict or under Al-Shabaab control. Somalia is navigating the most promising landscape for peace and stability that the country has seen in more than two decades, but Al-Shabaab remains a major spoiler to all peacebuilding and development initiatives in the country. Al-Shabaab has splintered following a "coup" which resulted in the killing of one of the group's co-founders, Ibrahim al-Afghani, an Al Quaeda–trained fighter who also fought in Afghanistan, and two further leaders have been forced to flee in recent months. The splintering of the group has triggered a wave of fresh violence as different factions fight for control of power and territory. The recent spate of violence in Mogadishu, the June car-bombing of the UN compound, and the shooting at a Swedish diplomat in August are all examples of the risk posed by the group. The constant threat has a very real impact on aid and development efforts in the country; for example, *Medecins Sans Frontieres* announced in August 2013 it is closing all its programs in the country after a 22-year presence due to attacks on staff.

In 2013, IPI will conduct a **situation assessment** in Somalia, determining the local conditions, particularly those that make the affected communities vulnerable and will conduct **survey work** in the country to better understand attitudes towards polio eradication. This work will lay the foundation for continued work in 2014, including facilitation and creating a communication strategy to "turn" opinion in favor of anti-polio vaccinations.

Common Themes

The areas in which polio has been found may be geographically dispersed, but they share some significant common characteristics: they are comparatively small, difficult to access, and with little or no presence of the state that has allowed local power brokers to define the debate.

These regions have been subject to longstanding misinformation campaigns, whether intentionally or a by-product of a broader political or ideological agenda, and this has resulted in the health of children being put at risk. Local governments have been unwilling or unable to provide for the public health of their citizens. Non-state actors (i.e. religious, tribal, or community leaders, as well as armed groups) are filling this vacuum in a malign way, including by misinforming communities on the dangers of polio and the benefit of vaccination campaigns. In turn, in all of the regions families are seen avoiding or refusing to have their children vaccinated for polio.

Additionally, polio workers have been the targets of violence in these areas. In some cases, suspicion and misinformation are causing aggression, violence, and murder against those delivering vaccines. Other drivers of the violence stem from groups that profit (politically) from the instability created by going after "soft" targets, i.e. health workers. While polio is limited to these select regions, their environments are not unique, which highlights vulnerabilities that might be exploited in other regions, e.g. the Sahel, by groups benefitting from instability and insecurity.

2. Rationale

Specific Need

For future polio vaccination initiatives to be successful in these regions, it is necessary to identify entry points that will find support among the affected communities. While short-term intervention strategies might provide the surge required to impact the polio eradication campaign, in the long-term there needs to be a change in the perceptions that are triggering the resistance to the campaign. As such, it is essential to identify entry points that will change social paradigms, breaking down misperceptions and misinformation and circumventing security risks.

Why this project is an effective means to address this need

In order to move forward, a nuanced understanding of the perceptions and sources of long-term miscommunications that have led to families' failure to protect their children from polio is essential in identifying project entry points. A number of initiatives have been undertaken in the affected regions, but with limited success, and sometimes unforeseen results—as demonstrated by the award of bonuses to healthcare workers in Nigeria.

Lessons learned from eradicating polio in other countries have demonstrated that a prerequisite to a successful campaign is public information, communications, and community-level advocacy. This is also true in the remaining communities, but the messaging and delivery need to be adapted and customized to the prevailing misconceptions and the sources of those misperceptions in the specific communities. To be successful, it is essential to have a nuanced understanding of the local conditions, as well as the attitudes, perceptions, and experiences of the affected population.

Intervention at state level and with central government ministries or authorities is necessary but not sufficient to reach these communities and to change their views towards polio eradication. In encouraging a positive response to anti-polio campaigns, it is essential to understand why people are

reacting negatively to the anti-polio campaign, and to take steps to get them to support it and participate in it. In the process, it is essential to de-link the polio issues from all others, and thereby "depoliticize" it. Thus, a bottom-up approach is required. Without a better understanding of what the people in these communities believe about polio and an analysis of social and political dynamics in the target communities, it will be impossible to have impact. By understanding the perceptions, it should be possible to change perceptions, creating an environment more conducive to the successful implementation of the polio eradication campaign.
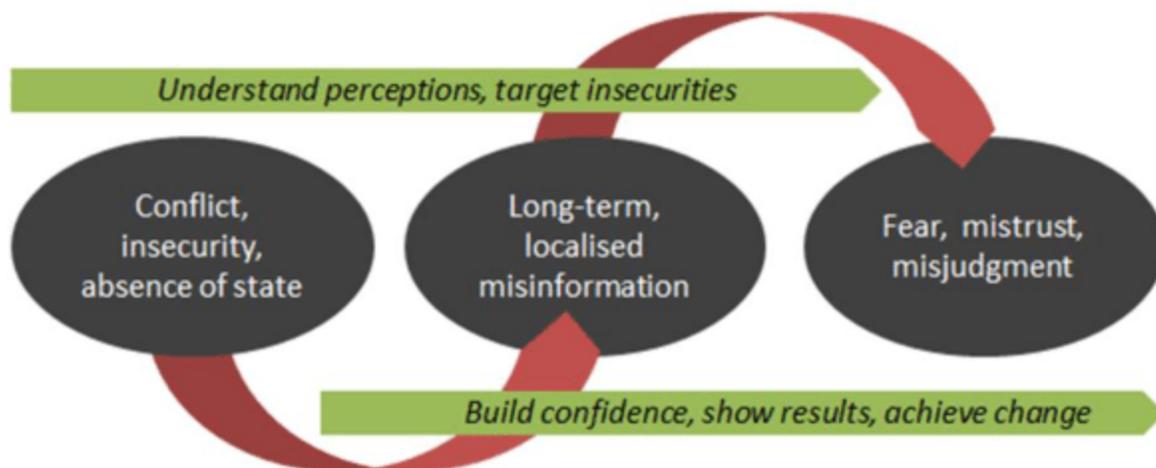
Geographic locations & the direct beneficiaries

Geographic locations will be limited to very specific ones in Somalia, Pakistan, Afghanistan, and Nigeria, identified through the situation assessments. It should be noted that within these countries, the danger of polio transmission exists not only in remote areas with inadequate health facilities but also in urban slums and "catchment" areas.

Direct beneficiaries will be mostly those children who are, for various reasons, currently excluded from cycles of polio-eradication programs: as a result of conflict and /or security issues which block access of health teams to the children; use of religion-based bans on anti-polio vaccines as part of larger security and development issues; remote areas which are difficult to access; under- or misreporting of immunization coverage; and corruption issues which affect parts of the chain which makes up the direct and correct delivery of anti-polio vaccines. Secondary beneficiaries would be all members of the affected communities who would benefit by greater stability, development, and better health.

Peace and Health

Instability and insecurity make people and communities more vulnerable to disease, and prevents them from living healthy and productive lives. Conversely, stability and peace foster an environment conducive to providing humanitarian and development assistance. IPI's peace and health initiative seeks to better understand the links between peace and health, and to generate policy support to reduce vulnerability, mitigate risks, and increase resilience to health-related problems that contribute to instability, and conversely, to mitigate sources of instability that threaten health. In addition to the polio eradication project, IPI's work on peace and health in 2013 includes:

Humanitarian Issues

Over the last two decades, the humanitarian sector has expanded considerably, in terms of the number and diversity of actors, staffing, funding, and scope of action. While the humanitarian system is growing and becoming increasingly complex, so are the needs of populations and the challenges the system faces due to global warming, population growth, increased economic and social disparities, geopolitical changes, and the global economic crisis. The humanitarian sector has also taken a more central role in world affairs. The interconnected nature of challenges and threats in a globalized world requires integrated solutions. Although the specificities of a principled humanitarian action have to be carefully safeguarded, the humanitarian system cannot work in isolation from other fields such as development, peace and security, statebuilding, and human rights. The importance of humanitarian affairs in global governance is underscored in the UN Secretary-General's 2012 Five-Year Action Agenda which gives, among other priority areas, a prominent place to building a more global, accountable, and robust humanitarian system.

IPI works to better inform the debate on humanitarian issues and to help build consensus toward policy development. IPI's **Humanitarian Affairs Program** provides a broad platform for the humanitarian community to exchange views outside of official fora, focusing in particular on engaging countries and humanitarian actors from the Global South, including practitioners, in reflections and discussions on humanitarian aid, thereby contributing to a more inclusive and universal system.

Following the publication of the program's flagship paper, *Rethinking Humanitarianism: Adapting to 21st Century Challenges*, published in late 2012, IPI has engaged experts in a conversation on how the field of humanitarian affairs has evolved and what principles, institutions, and policies need to be updated.

The program's Humanitarian Coordinators Series is the only program that hosts the UN humanitarian coordinators from the most troubled spots on the globe for an exchange with the New York-based UN community. So far in 2013, IPI has hosted Panos Moumtzis, UNHCR Regional Refugee Coordinator for Syrian Refugees; Antonio Donini, editor of *The Golden Fleece, Manipulation and Independence in Humanitarian Action;* and Peter Maurer, President of the International Committee of the Red Cross. The Series will host Ali Al-Za'tari, UN Humanitarian Coordinator in Sudan, in October and Philippe Lazarini, UN Humanitarian Coordinator in Somalia, in November.

IPI's **Middle East in Transition** project aims to address issues regarding the current humanitarian situation on the ground in and around Syria. As the Syrian conflict enters its third year, the enormous humanitarian crisis continues. New diseases or diseases that had long been eradicated, such as Leishmaniasis (a vector-borne disease that causes welts on the skin), and Scabies, are now developing; emergency vaccinations campaigns have been required, given the risk of measles and polio. Furthermore, these diseases are starting to spill across borders with the flow of refugees. Longer-term health consequences are potentially huge as well, with the conflict taking a heavy toll on mental health and causing permanent physical disabilities. Humanitarian agencies have begun taking preventive measures in response to these health risks. However, bureaucratic hurdles and difficulties in gaining access to populations in Syria, particularly in terms of delivering food, water and health programs, have led to an ever-widening gap between needs and resources. The Middle East in Transition project seeks to address the pressing need, expressed by humanitarian organizations, for a space to share information,

improve co-ordination, and think strategically in non-operational terms with senior actors amongst Syria's neighbors, the region and the international community.

IPI has conducted extensive consultations with senior government officials and representatives of international organizations, published a "lessons learned" paper on regionalism and regionalization in the Middle East, and held an expert-level retreat at the Greentree Estate in New York. In April, foreign ministers and heads or regional and humanitarian organizations were briefed of the findings at a Middle East dinner held in Luxembourg on April 21. A follow-up retreat was held in Geneva, Switzerland in June, and the findings will be presented to ministers in September, during a ministerial dinner in New York.

Conflict Management and Resolution

The field of international conflict management has greatly changed over the past ten years. New conflict drivers, such as terrorism, transnational organized crime, and climate change, have emerged alongside an increasingly crowded field of mediators and peacebuilders with specialized skills. These factors demand increasing attention in peace processes and coordinated engagement across a wider range of interventions. In addition, given the frequent use of proxy forces in contemporary conflict, as well as the transnational nature of today's threats to peace and stability, mediation and peacebuilding processes need to be informed by an understanding of the broader regional context in order to be successful. At present, the mandates and resources for conflict prevention, multilateral mediation, and peace operations are often inadequate to meet these challenges. IPI's work stream in this area aims to strengthen the full spectrum of tools at disposal of the international community to mitigate and resolve armed conflict and bring peace and stability.

Peacebuilding and State Fragility

IPI's work on peacebuilding and state fragility aims to improve policy, practice, and program implementation to support countries attempting to move out of conflict and achieve statebuilding and peacebuilding goals. As the fragile states debate moves from the aid effectiveness arena into the UN post-conflict intervention, IPI will support key stakeholders in tackling the implementation gap on fragile states.

Building upon IPI's previous work in supporting the UN peacebuilding architecture, IPI will continue to address gaps in the UN's own analytical capacity with behind-the-scenes, informal consultations with the UN Peacebuilding Commission's (PBC) member states and chairs, the Peacebuilding Support Office (PBSO), and other relevant UN Secretariat staff to provide confidential advice and assistance, and concise, published analysis. The program maintains flexibility in responding to PBC/PBSO and other UN needs by convening strategically relevant seminars, workshops, and policy retreats.

In addition to supporting the UN Peacebuilding Commission and Peacebuilding Support Office, in 2013 IPI supported the office of the UN Secretary-General's special adviser on post-2015 development planning, Amina Mohammed, with the organization of a workshop on Conflict, Violence, and Instability in the Post-2015 Development Agenda. The workshop offered an opportunity for the UN secretariat, agencies, funds and programs, with the assistance of outside experts, to bring together the lessons learned so far on the interrelationship between peace, security, health, and development and to consider strategies for including these issues in the post-2015 development agenda. The workshop also aimed to offer input into the final stages of the deliberations of the High-Level Panel of Eminent Persons on Post-2015 Development, as well as into the upcoming UN Secretary-General's report on the topic. IPI

provided key points from the workshop to the Secretary-General's special adviser and will draft a meeting report to inform the upcoming Secretary-General's report on the post-2015 development framework, as it relates to violence and armed conflict.

Policy thinking on fragility has evolved over the past few years. 2011 alone saw the launch of several landmark policy reports, from the OECD DAC's Supporting Statebuilding in Situations of Conflict and Fragility, to the World Bank's World Development Report 2011: Conflict, Security, and Development—both the culmination of years of academic and practical research. The policy and program ideas embodied in these reports were carried forward by participants in the International Dialogue on Peacebuilding and Statebuilding, and the "New Deal for Engagement in Fragile States" endorsed by more than 40 countries and organizations at the Fourth High Level Forum for Aid Effectiveness in Busan, South Korea, in December 2011. While much work lies ahead to implement the New Deal, it represents a substantial commitment to fresh approaches for tackling the complex challenges posed by state fragility. But translating these policy agreements into actual changes on the ground will be challenging. Both the 2011 independent survey of the Paris Declaration and the Fragile States Principles monitoring survey demonstrated that donors are falling short of their existing commitments. The challenge now is to ensure that the New Deal doesn't fall victim to the same disappointed expectations. Through a combination of analytical products, expert advice, and convening, IPI will assist multilateral and bilateral development organizations, and the g7+ countries themselves, in absorbing, adopting, and implementing the principles generated by these recent policy initiatives. In this work, IPI will also highlight the peace and health link.

In 2013, in pursuit of the objectives stated above, IPI will conduct an analysis of United Nations Security Council mandates relating to select g7+ countries. To support key stakeholders in New Deal implementation, including bilateral donors, the research will analyze the evolution of specific Security Council mandates related to g7+ countries and their relationship/synchronization and potential for advancing the five peacebuilding and statebuilding goals of the New Deal. It will highlight examples of synchronization and gaps between existing mission objectives and the guidelines coming out of Busan. Work on this track in 2013 will include desk interviews with relevant New York–based staff in the UN Secretariat, UN agencies, and selected permanent missions on the status, evolution, and impact of the Security Council mandates on statebuilding and peacebuilding goals. A policy brief with recommendations will be produced in 2013.

While it is widely acknowledged that local context is a key variable to consider when formulating policies, international policymaking mechanisms have yet to fully take into account existing local knowledge, expertise, and experience. IPI's **Leveraging Local Knowledge for Peacebuilding and Statebuilding in Africa"** project intends to address this gap by making African local knowledge and experience in peacebuilding more accessible across the continent and to the larger global community. The project will look at what kinds of local knowledge and experience exist—especially in local academic circles, but also within the practitioner community—and to transfer this knowledge and lessons learned from the bottom-up to better inform policy development and decision-making processes.

This project also expects to contribute to a better horizontal South-South dissemination of local knowledge at the sub-regional and continental level by highlighting best practices in a given context that may be adapted to other countries. Utilizing local knowledge on peacebuilding and statebuilding could contribute to a wider understanding of the underlying causes of conflict and, ultimately, play a vital preventive role. Creating stronger horizontal and vertical links between scholars, civil society,

practitioners, and policy-makers could enhance the effectiveness of early warning systems and inform the conflict prevention work of regional organizations, thereby contributing to more effective and timely peacebuilding efforts.

This broad objective will be achieved through three goals: (1) to facilitate dialogue among African scholars and practitioners on their experiences in peacebuilding and statebuilding on the continent; (2) to promote the dissemination of this local knowledge and experience to subregional and regional African institutions and to the wider global community; and (3) to inform, with these local insights, ongoing policy development and actions at the subregional and regional levels aimed at improving early warning systems and conflict prevention efforts.

In 2013, IPI will establish a Virtual Advisory Board comprised of African and international scholars and experts and commission four case studies focusing on (a) women- and youth-targeted initiatives contributing to inclusive peace- and statebuilding; (b) statebuilding and the eroding effect of transnational organized crime; (c) peacebuilding efforts in the aftermath of election-related violence; and (d) the use of new technologies to promote peacebuilding efforts.

Now that Resolution 1325 has been in place for more than a decade, it's time to look carefully at what has been accomplished, what has worked and what has not and, most importantly, what needs to be done to further protect women in conflict and support their role in the practices of peacekeeping and peacebuilding. To this end, IPI invites women actively engaged in preventing and resolving conflict to share with the UN community in New York their personal experiences. Speakers include practitioners, scholars, policymakers, and senior officials from international organizations.

Transnational Organized Crime
IPI's **Peace without Crime** project focuses on how the United Nations can take a more integrated approach to dealing with the problem of transnational organized crime (TOC). In 2012, the project published "Spotting the Spoilers: A Guide to Analyzing Organized Crime in Fragile States." In 2013, on the basis of this guide, IPI carried out a training course at the Austrian Study Centre for Peace and Conflict Research in Stadtschlaining, Austria. A longer course is planned during the first two weeks of December 2013 on "Organized Crime as a Spoiler for Lasting Peace." The goal is to develop a prototype training package that can be used for national training courses, as well as specialized induction courses for regional and international organizations.

In spring 2013, a second publication of the Peace without Crime project was launched in New York. The report is entitled *The Elephant in the Room: How Can Peace Operations Deal with Organized Crime?* It looks at the threat posed by organized crime in theatres where the UN has peace operations (including case studies of Guinea-Bissau, Haiti, and Kosovo), examines what the UN is doing to address this threat, and provides recommendations to improve the effectiveness of the international community's preparedness and response. Meetings are planned for the second half of 2013 in Vienna in order to feed the observations and conclusions of the report into relevant policy debates and organs. Furthermore, lessons that have been learned through the project will be applied to the Sahel, particularly Mali, in a study, meeting and report to be prepared in the last quarter of 2013, together with International Alert.

A third report will be produced in 2013, entitled "Peace without Crime: Toward a More Integrated Approach to Dealing with Transnational Organized Crime." This report is designed to contribute ideas to, inter alia, the UN Task Force on Transnational Organized Crime.

This year, IPI held its annual **Vienna Seminar** on the theme of "A Dangerous Nexus: Crime, Conflict, and Terrorism in Failing States" focusing on the dangerous nexus between crime, conflict and terrorism, particularly in failing states — a highly relevant topic due to the increased risk posed by organized crime and terrorism, for example in Afghanistan, the Horn of Africa, and the Sahel region.

IPI is also planning to carry out research on counterfeit medicine, as well as lessons learned from international efforts to combat piracy. Furthermore, IPI plans to produce a guidance manual for mediators who are working in environments and with actors impacted by illicit activities.

Peace Operations

Peacekeeping has proven to be one of the most effective tools available to the UN to assist host countries navigate the difficult path from conflict to peace. Today's multidimensional peacekeeping operations are called upon not only to maintain peace and security, but also to facilitate the political process, protect civilians, assist in the disarmament, demobilization and reintegration of former combatants; support the organization of elections, protect and promote human rights and assist in restoring the rule of law.

In the twenty-first century the UN has deployed an unprecedented number of peacekeepers in increasingly comprehensive and complex missions. But the need to sustain approximately 100,000 uniformed peacekeepers who must perform a wide range of tasks is outstripping the willingness and to some extent the capacity of the UN's Member States. Capacity constraints have forced UN operations to function at well below full strength or deploy troops and police with inadequate skills, training or equipment, imperiling those personnel as well as the goals of the mission.

IPI's main activities in the area of peace operations aims to help increase the number and improve the quality of troops and police available for UN peacekeeping. The "**Providing for Peacekeeping**" project will lead to a better understanding of the factors that encourage or discourage states from contributing to UN peacekeeping operations, thereby assisting the UN Secretariat to develop tailored outreach strategies for individual member states to meet current and future demands in this area. The project will examine ways to strengthen relations between the UN and select troop- and police-contributing countries, and will help clarify the UN's capability needs and develop a better understanding of what resources will be required to fill them.

In collaboration with the UN Department of Peacekeeping Operations, IPI will continue its "**Being a Peacekeeper**" series of high-level regional roundtable meetings aimed at broadening the base of troop and police contributors to UN peacekeeping. Following successful roundtables held in 2011 in Kuala Lumpur and in 2012 in Berlin, IPI will organize a Being a Peacekeeper roundtable in South America in 2013.

Mediation

In order to help multilateral organizations cope more effectively with crisis in the Organization for Security and Cooperation in Europe (OSCE) area, particularly to break the ice of the so-called frozen conflicts, IPI will carry out research to review the current situation (in Nagorno-Karabakh, Georgia, and Transdniestria) and consider alternative approaches to unblock current impasses. The project, entitled **Breaking the Ice**, will look at how the mediation and preventive diplomacy functions of the EU, the OSCE, and the UN can be strengthened. The project will map out latent conflicts in Europe, review mediation

efforts related to these conflicts, explain the issues at stake and the positions of the parties, and explore what steps can be taken to prevent the conflicts and/or enhance the mediation processes. On the basis of this information, IPI will encourage new thinking on the mediation processes and prepare a series of recommendations for each of the conflict situations. Expert level meetings on the Caucasus and Moldova will be held in the last quarter of 2013.

In recent years, important institutional and policy developments have addressed the numerous challenges affecting fragile and conflict-affected states. Despite these developments, there are particular areas where improvements are still needed. International actors are in constant need of new techniques and approaches to conflict mediation. Yet one possible source of fresh perspectives remains largely untapped: women. In the 13 years that have passed since the UN's landmark resolution on women, peace, and security, there has been little empirical research into women's approaches to high-level mediation, partly because of the continuing dearth of women occupying senior peacemaking positions. Building on its *Women, Peace, and Security* event series and its research and programming on mediation, IPI seeks to address the gap in current research through a project on **Women in Mediation.**

IPI's **Women, Peace & Security** event series focuses on the role of women in moving forward peace processes and contributing to sustainable outcomes, as well as the relationship between conflict, peace, and gender. While the UN Security Council Resolution on women, peace and security (Res. 1325) signified great progress toward recognizing the importance of women's participation in peace processes, more needs to be done to systematically include women in preventive diplomacy, mediation, and peacemaking efforts. Furthermore, women and peace and security issues tend to be addressed at a relatively late stage of the conflict resolution continuum when it is too late to ensure that their rights and needs are considered in peace agreements and political institutions.

To address conflict prevention and mediation support in 2013, IPI will conduct a project on **Lessons from Mediation**, for which IPI will commission case studies to identify lessons from the UN's and regional actors' engagement in Libya and Yemen. For the study on Libya, IPI seeks to analyze the role of the UN and its value added during the transition in Libya, and identify lessons that can be learned for future UN engagement in similar contexts. IPI's paper on Yemen will provide a critical analysis of the mediation process, and explore ideas and develop recommendations for mediation practices to arrive at sustainable solutions.

Sanctions and Incentives

Sanctions have long served as a tool in the multilateral tool kit to counter threats to international peace and security. Drawing on the lessons from the sanctions against Iraq and other countries and armed groups in the 1990s, the international community came around to the idea that "smart and targeted" sanctions were a better tool for achieving political objectives than the use of indiscriminate measures. In 2013, IPI is conducting an analysis of sanctions' effectiveness in **civil war situations in Africa**. The study assesses the UN Security Council's sanctions strategy in conflict situations, in order to consider the effectiveness of current sanction regimes under the aegis of the Security Council.

Peace and Stability in Africa

The past two decades have witnessed the emergence of more peaceful societies, relative democratic progress, and high—albeit uneven—economic growth rates in Africa. However, progress remains hindered by persistent armed conflicts, bad governance practices entertained by self-serving political elites, the utilization of natural resources to trigger and fund violent conflicts, as well as the politicization

of ethnic and religious identities. The expansion of "ungoverned spaces," the multiplication of transnational criminal networks, combined with states' weak governance and security structures, all contribute to creating a wide network of instability that gradually erodes African countries' ability to achieve sustainable peace, security and development for all.

Several of the countries in the "wild poliovirus importation belt" are located in the **Sahel-Sahara region**, which is in the midst of an ongoing humanitarian crisis. IPI is currently carrying out a project to devise appropriate strategies to tackle the political, security, developmental, and humanitarian causes and consequences of the crisis in the Sahel-Sahara. The complex and multifaceted crisis in the Sahel-Sahara region remains high on the agenda of the international community. While insecurity with the rise of radical Islamism and transnational criminal activities remains a serious concern, particularly in northern Mali, a combination of drought, flooding, and poor government capacities continues to fuel a humanitarian crisis. This crisis has thus far resulted in 18.7 million people facing food and nutrition insecurity and more than 1 million children under the age of five being at risk of acute malnutrition. In 2013 IPI convened a seminar on "Security and Development in the Sahel-Sahara Region" in Niamey, Niger. The seminar highlighted the challenges that state weakness poses to security and development in the region—namely, the impact of poor governance, corruption, political marginalization, and limited government legitimacy on already vulnerable economic and social contexts. Another key outcome of the meeting was to identify the challenges that have the potential to hinder the effectiveness and the coordination of the various national, regional, and international responses to the crisis in the Sahel.

IPI is also undertaking a project on **Peace and Security in the Gulf of Guinea**. Most countries in the Gulf of Guinea remain challenged by bad governance practices, inequalities, and corruption, as well as the politicization of ethnic and religious identities. Furthermore, due to lack of economic opportunities, weak policing structures and environmental degradation, the Gulf of Guinea increasingly forms part of Africa's "ungoverned spaces." Piracy, maritime poaching, and robbery have contributed to creating a wide network of insecurity, which facilitates drug, arms, and human trafficking. For the international community as a whole, piracy and maritime robbery in the Gulf of Guinea constitute a growing threat to regional and international peace and security. IPI's work in this area will aim to contribute to an analytical understanding of the challenges facing the Gulf of Guinea.

Although African issues remain high on the agenda of the United Nations, and in particular the Security Council, delegations in New York seldom have the opportunity to discuss in-depth current challenges and opportunities in Africa or to engage with actors from the region. In 2013, IPI's project, **"Support to Dialogue at the United Nations on African Issues,"** aims to help fill this gap by providing a forum for knowledge and experience-sharing between policy-makers, scholars and practitioners from African institutions and organizations, and the UN community, including Africa's major donors and strategic partners in New York.

Data Lab

IPI is mapping global trends and compiling information on areas of vulnerability, drawing on IPI's strategic assessments, its Global Observatory, and mapping skills. It is also looking at how technology can be used to reduce threats and enhance resilience. This work is being done through IPI's new Data Lab. The lab's main goal is to incorporate data science techniques like data mining, visualization and machine learning into IPI's ongoing areas of research. IPI Data Lab's first projects are the following:

IPI Peacekeeping Database

This project involves data mining PDF documents released by DPKO, converting them to structured data, and incorporating them into a database covering who gives how many personnel to which missions on a monthly basis. The project resides on the Providing for Peacekeeping website, created by the Peacekeeping and Data Lab teams. Updating is a semi-automated process that also generates a number of up to date graphics, as well as a map to visualize geographically the distribution of contributions.

Compliance with UN Security Council Resolutions Addressing Civil Wars

IPI has developed the first methodology to determine the level of compliance of warring parties to the UN Security Council's demands issued in resolutions since 1989. In order to determine correlates of compliance, values for more than fifty variables have been gathered in a database with more than 1,000,000 data points, including variables relating to:

- characteristics of the civil war addressed by the demand;
- contextual activities of the United Nations related to the conflict;
- circumstances of the drafting and adoption of the resolution containing the demand;
- substance of the resolution and of the demand;
- characteristics of the demand addressees; and
- follow-up, monitoring, and enforcement mechanisms.

A series of data maps have been produced: **The Compliance Map** gives the user a geographic navigation interface. The heat map can also be used to filter specific country cases and mousing over a country gives specific details of compliance and the Council's activities. Additional filters control the time frame on view as well as limiting to specific resolutions. **The Trends in Compliance** shows trends in compliance over time. **The Carrots and Sticks** shows the breakdown of demands that include sanctions, incentives, and threats and a breakdown of monitoring mechanism used by the Security Council to gauge compliance. **The Field Presence** shows the number of demands that are adopted in the presence of various types of field presence. Additionally, we show the correlation to peacekeeping force sized (both UN and non-UN) and compliance, as well as a breakdown of the types of thematic requests contained in Security Council demands.

Overlapping Crises

The overlapping crises map is an interactive world map that uses available data from the World Bank, UNDP, WHO, FAO, and Transparency International, to visualize the most extreme cases of youth bulge, poverty, inequality, lack of education, poor public health, corruption, and food and water scarcity. Users can overlap layers of various crises to get a sense of the challenges facing each country. The map is updated annually as new data are available.

Conflict Indicators and Forecast

Catalogue of Indices – The use of indices to measure changes in countries across different policy areas is becoming increasingly frequent. From human rights to conflict, from governance to gender, many organizations have invested in developing statistical models that derive data from multiple sources and rank countries according to their score. The IPI's Data Lab provides the first list of country indices available in open-sources. It reviews thirty indices and provides a description of the methodology and results. The indices are organized in six categories: 1) Conflict, Fragility, and Instability 2) Environment 3) Freedoms and Rights 4) Gender 5) Governance 6) Socio-Economics. In addition, the Data Lab has

prepared an interactive world map that shows data from all thirty different indices. Users can also see results from combined indices in different thematic categories.

Machine Learning and Conflict Prediction – This involved our first attempt at aggregating global subnational statistics for the application of machine learning predictive algorithms. The initial run aggregates a number of sources of satellite derived, national governance and geographical data to the district level. A subset of this data (continental Africa) was then used to apply a predictive algorithm of conflict for a feasibility and performance test. The outcome was highly feasible but not particularly predictive (25% variance explained) due to constraints with test data. Future iterations will focus on making data collection and aggregation more efficient and increasing the data used for performance gains. The results write-up is being reworked for an article in Stability Journal.

List of key partner organizations, sub-contractors, and sub-grantees that are critical to this project's successful implementation; description of the history and current status of these relationships

IPI will draw upon its extensive network of contacts within multilateral organizations (particularly the UN family), regional organizations, senior officials at various levels of government, specialized health agencies, experts, and representatives of civil society. IPI will also seek to partner with the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), and the International Committee of the Red Cross (ICRC), as well as other relevant NGOs and civil society.

Over the years, IPI has established a network of representatives from humanitarian and health organizations, who frequently participate in and contribute to IPI's events and meetings, as well as its policy and research outputs. For example, IPI's Humanitarian Affairs program has worked closely with the ICRC Delegation to the UN in New York, conducting consulations and outreach on the Institute's program matters and outputs. In particular, IPI's flagship humanitarian affairs publication, "Rethinking Humanitarianism: Adapting to 21st Century Challenges," acknowledges the contribution of a representative of the ICRC delegation who provided invaluable substantive comments and contributions to the report. Most recently, IPI and the ICRC co-organized a policy forum in New York on March 19, 2013 to commemorate the ICRC's 150 years of humanitarian action and to discuss lessons learned and experiences acquired in the course of ICRC's years in the field.

The Institute is also working closely with the ICRC in implementing its project on "The Middle East in Transition" (see Annex)—consulting often with ICRC's President and Strategic Adviser on the conceptual development, scope, and progress of the project. IPI is also working with UNICEF and WHO on the project, as well as other relevant humanitarian and health organizations, who have participated in meetings and provided input on the project from its inception.

III. ALIGNMENT WITH STRATEGY

Aligns to BMGF goal to eradicate polio as part of Global Development Program

The BMGF has a proven track record of promoting strategies that aid in the fight to eradicate polio. The IPI project aligns to these strategies most closely in the areas of the polio vaccination campaigns and legacy planning. The project has the potential to be a pivotal tool in achieving the BMGF priority of improving the quality of campaigns in Nigeria, Afghanistan, Pakistan, and Somalia, as well as other areas of Africa that are at risk of polio importation. Specifically, it can improve the BMGF's understanding of

local social, cultural, political, and religious barriers to improving vaccination coverage, and identifying entry points to overcome these obstacles, engaging local stakeholders and communities. Also, IPI supports the sanctuary model, emphasizing quality over quantity in vaccination campaigns. This is also important in order to avoid vaccination fatigue. Some children are immunized again and again, until the families cease to believe it does any good—and then they start refusing. The small number of polio cases requires mapping exercises and immunization campaigns to pinpoint which children are not being vaccinated (and why), and adopting implementation strategies that are tailor-made to the specific local conditions.

While polio eradication is the focus of this project, like the BMGF IPI is looking to the future and the impact that polio vaccination campaigns can have on future healthcare initiatives. Therefore, IPI will make an in-depth study (particularly of fragile states) to better understand the links between peace and health, and to generate policy support to reduce vulnerability and increase resilience to health-related problems that negatively impact stability, and to mitigate sources of instability that negatively impact health. Work on this will begin in 2013, with the aim of finalizing the study in 2014. The project will build on both the BMGF and IPI's already substantial capabilities, developing a wide range of assets, including detailed knowledge of high-risk groups and vulnerable regions, effective planning and monitoring procedures, and highly trained technical staff, as well as local and regional technical advisory bodies.

Furthermore, in line with the BMGF's strategy that taking risks and making non-traditional investments can lead to valuable program improvements, the project works by the philosophy that risky investments are sometimes essential to ensure that hard-won healthcare gains can be capitalized upon and sustained. Yet over the long-term, such investments can reduce risk.

How this Project fits into events & developments in the field and/or relevant geographic area to address the identified need

In the case of Somalia, this project presents an unprecedented opportunity to collect data on and address the challenges posed to polio vaccination campaigns, as well as healthcare in general, as a consequence of insecurity and quickly evolving community conditions. In Somalia, the attitudes towards polio vaccination initiatives are the newest and freshest, representing the opportunity to study how community perceptions regarding polio are developed and how they can be shaped to support vaccination campaigns. It also allows for changing these misperceptions and reversing the trend before it becomes too entrenched. As such, it is imperative to act quickly. By getting in on the ground at an early stage and implementing a project driven by data and in-depth community insight, there is a better chance of stemming the tide of negative propaganda and advance the anti-polio campaign.

Insights gained in Somalia may also be transferable to countries such as Pakistan, Afghanistan, and Nigeria that are part of the existing campaign. It may also allow a shift towards a **preventive approach** in countries where similar conditions of underdevelopment, poor reach of government service delivery, and growing international terrorist movements may pose a further threat to the global polio eradication campaign. In particular, the Sahel countries of Mali, Niger, Mauritania, and Burkina Faso may become vulnerable to similar campaigns, as the influence of Al-Quaeda in the Islamic Maghreb (AQIM), which shares institutional links with Boko Haram and Al-Shabaab, is growing in the region.

As a result of massive international and national efforts and funding, Pakistan was on the verge of complete polio eradication. However, a number of factors conspired to complicate the situation and

increase resistance to the eradication campaign. These included external circumstances like political-military instability, terrorism, drone attacks and resulting anti-US sentiment, a Taliban-imposed ban on the polio-eradication program, and the May 2013 elections which led to changes in government and staff. There were also internal factors, including religion-based and traditional factors, as well as corruption, poor infrastructure, mis- or under-reporting, and rivalries and jealousies over how polio-related funds were to be allocated.

In the case of Afghanistan, the Project will initially focus on the Pakistan-Afghanistan transmission and re-transmission aspects, with countless children moving regularly via unofficial crossings, thus missing out on scheduled anti-polio immunization on both sides. The project will also consider how the withdrawal of ISAF/NATO troops could impact polio eradication.

IV. IMPLEMENTATION & RESULTS

Description of how IPI will achieve the Outcomes & Milestones, including Coordination and Sequencing

To carry out the polio-eradication project, a project plan will be employed consisting of four phases:

- **Situation assessment:** IPI will conduct a situation assessment determining the local conditions, particularly those that make the affected communities vulnerable. Who are the powerbrokers and what are their incentives to either support or block the polio-eradication campaign? What are the risks involved?

- **Survey:** Survey work is an instrumental component in overcoming cultural barriers. Where existing information is insufficient, quantitative surveys of representative samples in target communities will be conducted to build community understanding, providing a greater and more in-depth knowledge of what communities believe about polio and an analysis of social and political dynamics. Questions that may be asked include: what do respondents know about polio, its transmission, its stages, it effects and the campaign to respond? Have respondents been offered the vaccine? How did they respond? Are they aware of the polio campaign? Who gives them their information about polio? What aspects of it have they witnessed and how did this affect their knowledge and understanding? Who takes the decisions in the households regarding healthcare and child-rearing? Would respondents give the vaccine to their children? What would encourage them to do so? How does polio rank against other health concerns? Would they choose to vaccinate their children? Women will be the greater focus of this study as it is expected that mothers will be those prepared to resist prevailing cultural norms to protect the health of their children. Due to the sensitivity of the topic, questions will be couched within a broader context of public-health issues, such as maternal and child health, nutrition, and well-being.

- **Facilitation:** On the basis of the information provided by the situation assessment and survey, we will determine the drivers (particularly key individuals) and entry points for changing perceptions and attitudes. As required, IPI will also mobilize high-level contacts between the Foundation and relevant government, multilateral, and business leaders.

- **Communications strategy:** IPI will work with the BMGF and key players in affected communities to develop an advocacy campaign that can "turn" opinion in favor of anti-polio vaccinations. The campaign will be designed to promote social mobilization in a comprehensive and sustained way to break down longstanding misperceptions and misinformation, to highlight the risks of polio, and to encourage parents to bring their children forward for vaccination. At this time recommendations for enabling implementation of the anti-polio campaign in the affected communities, through existing delivery mechanisms, will also be made

We believe that these objectives are reachable under the current, albeit difficult, prevailing conditions. However, the timelines and "deliverables" would have to be reviewed if there were major negative changes in the external environment.

IPI's work on **peace and health** will focus on the following outcomes:

- Mainstreaming the issue of health into IPI's core activities devoted to **conflict prevention, mediation, and peacebuilding**, particularly in fragile states;

- Planning for a high-level meeting on **peace and health**, to be held in 2014;

- Supporting centers of excellence and international networks on disaster risk reduction to better prepare for and respond to **mega-disasters**;

- Developing projects designed to create a virtuous cycle between improved healthcare and sustainable development, particularly as part of the **post-2015 Development Agenda**;

- Enhancing cooperation among humanitarian actors responding to the crisis in Syria in order to more effectively address the needs of internally displaced persons and refugees.

To carryout its work in this area, IPI will:

- Carry out research and analysis on the dynamics, trends, and linkages of key challenges to human and international security and on the gaps in response capacities;

- Produce publications, including books, policy papers, meeting reports, issue briefs, and web-based analysis;

- Hold meetings and provide forums for policymakers' discussions and engagement, consensus building, and strategy development to generate policies and initiatives for enhanced multilateral responses and institutional effectiveness;

- Deliver real-time support to the UN, regional organizations, and their member states on specific policy processes;

- Conduct outreach to key decision makers on the program's findings to disseminate and promote findings and policy recommendations, via web and hardcopy disseminations, IPI events, participation in conferences and seminars, in-person and video briefings, and training opportunities.

- Conduct mapping exercises involving the collection, analysis, and assessment of information contained in multiple primary and secondary sources, from reports to meetings and interviews, to

synthesize and communicate knowledge and experiences on a specific issue or theme. A mapping exercise is not an end in itself. It remains a preliminary exercise that leads to the identification of gaps and needs to foster policy development and effectiveness on the topic at hand.

Implementation Timelines and Phasing

The polio eradication project will take a phased approach in each of the four countries, following the steps of situation assessment, survey, facilitation, and communications strategy, with lessons learned from one country to be shared with others. A detailed overview of Outcomes and Milestones is provided in Appendix A.

IPI will collect the lessons learned from the polio eradication project, and build on these to look at other situations where there is a link between peace and health. Over a period of five years, the Initiative will launch a series of projects that relate to peace and health, including: natural disasters (and humanitarian affairs); development; sustainable urbanization; food and water security; conflict prevention; and organized crime.

The re-emergence of polio in conflict-prone regions underlines the need to address polio as part of a wider and holistic set of interventions that looks at peace and health. Focusing on polio alone will not address the underlying conditions of vulnerability. It may also divert resources and attention from other problems and health issues, risking a backlash against the polio campaign and workers. Therefore – as the examples of Pakistan, Nigeria and Somalia illustrate – it is impossible to eradicate poverty without addressing the underlying, broader issues of which security, peace and stability are essential.

Any External Factors or Significant Challenges that would hinder implementation of the Project and proposed Steps to address or mitigate them

See section VII on Risks.

V. ORGANIZATIONAL CAPACITY

Description of IPI's strengths & capacities to implement, manage & monitor progress, including:

IPI Mission Statement

The International Peace Institute (IPI) is an independent, international not-for-profit think tank with offices in New York, across from United Nations headquarters, in Vienna, and a Middle East regional office in Manama, Bahrain. IPI is dedicated to promoting the prevention and settlement of conflict by strengthening multilateral institutions. It sees peace and security as prerequisites for poverty eradication and development. To achieve its purpose, IPI employs a mix of policy research, strategic analysis, publishing, and convening.

The Institute was founded in 1970 as the International Peace Academy (IPA), which focused on training military officers and diplomats for United Nations peacekeeping operations. In 2008, the organization changed its name to the International Peace Institute to reflect its current identity as a research institution that works with and supports multilateral institutions, governments, civil society, and the

private sector on a range of regional and global security challenges. IPI also carries out work in and on Africa, the Middle East, Europe, and Central Asia.

With a staff from more than twenty countries and a broad range of academic fields, IPI partners with regional organizations, think tanks, universities, and NGOs to conduct research, produce publications, and convene meetings in many parts of the world.

Missions/goals and current activities related to the Project

"Polio Eradication and Peace and Health" would in many ways be an extension of other IPI projects, allowing IPI to introduce the health perspective into its work and analyze new links. For example, IPI has an established track record of work on conflict prevention, mediation, and peacebuilding, but IPI will now explore how these tools can be used to reduce the impact of conflict on health and development, particularly in fragile states. Similarly, IPI will be able to enhance its work on humanitarian issues and transnational threats, respectively, by looking at their relationship to health as well.

How the Project furthers the specific mission/goals of IPI

A new workstream focused on peace and health, starting with polio eradication specifically, will be an essential new piece in IPI's work to promote the prevention and settlement of conflict and to reduce risk and vulnerability. IPI will carry out analysis on the link between peace and health, and present its research findings, with recommendations, to policymakers. This will position IPI to expand its work to build the capacity of international institutions—a core component of IPI's mission—to address peace and health issues also.

Description of IPI's leadership, management & operational structure

IPI is governed by a board of directors who convene biannually to address organizational issues and to review and approve IPI's annual budget. IPI's President sits on the board of directors and heads IPI's management team, who collaboratively oversee IPI's three offices. In addition, two non-governing Advisory Boards provide input to IPI's New York and Vienna offices, respectively, as needed.

Similar types of projects IPI has undertaken in the past, including the goals of those projects and success in relation to those goals

Since 2006, IPI's flagship research program, *Coping with Crisis, Conflict, and Change* (CWC), has provided policymakers with analyses of conflict management tools and transnational threats to peace and security and offered a platform for decision makers to build consensus on ways to strengthen multilateral response capacity. CWC will serve as a model for the work IPI will conduct on peace and health, which will involve exploring new linkages and trends and putting forth recommendations for international institutions to address them.

In recent years IPI's Middle East Program has carried out numerous survey projects with similarities to the one proposed on polio eradication. Through these projects, IPI gained experience with field-based, in-person polling, as well as phone banks. The surveys aimed to develop portraits of key groups, issues, and motivators in the region in order to better understand the current situation and produce up-to-date and relevant policy research. The polls received wide, international media coverage. Using the polling data, plus fresh analysis on the issues, IPI developed visual presentations to describe trends and

challenges in the region. IPI's polling results and related presentations have been given at its ministerial dinners and to constituents in New York, Washington, DC, and in European and Asian capitals.

For IPI's current project on the humanitarian situation in Syria, IPI has formed an informal, strategic working group as a starting point for greater and more effective regional cooperation in the Middle East. The project involves mapping the humanitarian landscape, i.e. identifying the global and regional humanitarian initiatives that aim to address the particular humanitarian dilemmas pertaining to maintaining and obtaining access to the populations in besieged areas, other areas of the country and refugees in and outside of camps; as well as discussing security and protection issues.

Additionally, as part of its *Arab Youth Project,* IPI conducted interviews in Egypt in 2012 to develop an understanding of the shifting aspirations and activism of the youth. Through the publication of the project's findings and related convening, IPI is providing policymakers with an insight into the youth's priorities and their role as influencers within the Arab world's new political landscape.

IPI's *Peace without Crime* project has developed a methodology for analyzing organized crime in fragile states and IPI staff members have experience as a result of this, and other projects, with operating in difficult environments.

Unique characteristics/activities of IPI that make it particularly well-suited to implement this Project

IPI's niche lies in its ability to generate cutting-edge research, policy analysis and recommendations, and to reach and influence policymakers at all levels. These qualities would be fully leveraged for the benefit of the project.

Through the publication of policy papers, meeting notes, issue briefs, and books, as well as analyses published on IPI's website, **www.theglobalobservatory.org**, IPI continually delivers timely policy recommendations to policymakers.

IPI's work is also disseminated through the organization of more than 100 events in New York and Vienna each year, including conferences, workshops and roundtable meetings; and two ministerial working dinners on the Middle East at the opening of the UN General Assembly each September. Through its convening activities, IPI enjoys direct and frequent access to policymakers, with the UN secretariat and member states making up more than two thirds of participants. The purpose of these meetings is to promote a better understanding of issues as well as the emergence of common ground.

IPI has also played a more direct role in advising and supporting the UN secretariat by preparing or commissioning policy papers for UN decision makers, and seconding staff to the UN secretariat to assist in specific tasks.

Furthermore, while IPI's work has a global perspective, it is able to act locally through its operational experience, particularly in fragile states.

Changes foreseen to IPI's current organizational budget

Current program work related to peace and health would absorb a significant portion of the proposed funding, while new program work and activities—a substantial new project on polio eradication,

together with the additional staffing and activities entailed for a major initiative on peace and health—would result in a material increase in IPI's current budget. It is anticipated that IPI's latest forecast for 2013 of approximately $8.3 million would increase by an estimated $2–2.5 million.

Steps IPI would need to take to increase its capacity to successfully implement this Project, its plan for doing so, and for maintaining that capacity once funding for this Project is complete

IPI will, where possible, tap into existing resources for this project. Several current staff will participate in carrying out the project, particularly those knowledgeable about the relevant geographical and thematic areas. IPI will also utilize current administrative and grants management resources.

In addition, IPI will engage in consultant capacities, an expert on Pakistan and an expert on Somalia and Nigeria. The contracted experts will be retained for the duration of the project. Once funding is complete, IPI will assess the need to continue retaining the consultants, as well as their availability.

IPI's proposal includes the hire of a full-time (100% FTE) policy analyst or senior policy analyst for polio eradication. In addition, IPI will plan to hire two new full-time staff (100% FTE)—a policy/senior policy analyst and a public-health expert—for the broader body of work on Peace & Health.

Potential financial impact or risk to IPI associated with implementing this Project

IPI maintains the highest level of prudence and transparency in its accounting of funds. A prominent risk of operating in these countries is the high level of institutionalized corruption, which can complicate the disbursement of funds in country. However, by identifying trusted local partners and through the proper accounting of project disbursements, IPI expects to minimize the financial risks involved.

Any prior BMGF grants IPI has received that are relevant to this Proposal and the result of those grants

None; not applicable.

Description of key partner organizations, sub-contractors and sub-grantees previously identified by IPI and reason IPI is comfortable with their capacity to perform as necessary for the successful execution of this Project

IPI will sub-contract some of its survey work to specialized consulting firms with expertise in fragile states and proven records of success.

How IPI will administer & manage funds for this project, directly or through a third party

IPI will administer and manage funds for this project directly through its Finance Department.

VI. PROJECT BUDGET

How Outcomes & Milestones are supported by the proposed budget

The proposed budget supports the outcomes and related milestones—for both polio eradication and peace and health—with funding for additional staffing, consultants, meetings, publications, travel, and other program activities.

Factors that could significantly affect IPI's ability to operate within the proposed budget and how IPI proposes to manage or mitigate those factors:

As noted earlier, the project—and in particular the initiative on peace and health—is an ambitious, long-term undertaking requiring significant organizational capacity, including additional staffing, to support the achievement of Outcomes and Milestones. The budget includes contingencies in most categories to cover unexpected costs associated with the significant scaling-up of human and other resources and capacity. IPI expects to manage the uncertainties involved with the project scale through the ongoing monitoring—and donor reporting and review—of project expenditures relative to budget and to available funding, with any midcourse adjustments proposed in timely manner for donor consideration and approval.

To the extent that IPI relies on additional funding to make this grant successful: (proposed sources of funding, grant from another organization, or earned revenue generated by this project); status of those funding sources; assumptions used to generate any estimates; strategies & timeline for securing the necessary additional funding)

The funding requested would provide substantially for the resources required for successful project implementation.

VII. RISKS

Significant Challenges (if not previously addressed) to the success of this Project, including IPI's ability to achieve the intended results within the planned timeframe:

One challenge of the polio-related work is that the project may run into security and access issues resulting in not being able to achieve the necessary level of penetration and broad reach proposed in the project, thereby compromising results. However, IPI's implementing partners are already embedded at the community level in Pakistan, Afghanistan, and Somalia and will engage with community leaders in a sensitization process, employing local surveyors and local NGOs who can move freely in the local communities. Furthermore, the project has been framed to be broadly non-political and will be implemented in such a way as to present positive benefits for engagement at the community level, thereby reducing the likelihood of the study being targeted.

Another challenge is that the project has the potential to reinforce suspicions rather than dispelling them. Therefore, local interviewers will be used to reduce perceptions of a Western intrusion. Also, female interlocutors will be employed, possibly employing alternative entry points, such as maternal health or other non-confrontational health issue to breach a discussion on polio vaccinations. Presenting the consultations as training or workshops will further reduce suspicions of the motivations behind the project.

Specific, country-related external factors and significant challenges are as follows:

Pakistan

While the security situation in Pakistan can be volatile, improving health and healthcare in the country is an important step to achieving long-term stability in the country. The project has been framed to be broadly non-political and will be implemented in such a way as to present positive benefits for engagement at the community level, thereby reducing the likelihood of the study being targeted. Relationships with communities and key stakeholders have already been established and effective strategies are in place to overcome security challenges.

Nigeria

Challenges in Nigeria are two-fold: the high-levels of community antagonism seen in some areas and the threat of Boko Haram. Nigeria has the highest non-compliance rates (refusal) rates of any country where polio persists. Refusal to take medicine stems from a fear of Westerners and Western medicine, as there is the perception in some communities the vaccination campaign is a Western plot to kill Muslim Africans or to make Muslim children sterile. Additionally, polio workers have been the victims of attacks by Boko Haram, although it is not clear if polio workers are targeted, or if the healthcare sector as a whole is targeted. Project staff and consultants have experience conducting survey work in West Africa and overcoming both community based and security based challenges.

Somalia

Insecurity will likely be the greatest challenge to implementing the programme in Somalia as foreign aid organisations are unable to access parts of the country still prone to conflict or under Al Shabaab control. Al-Shabaab still has considerable capacity to trigger violence and instability as the recent spate of violence in Mogadishu, and the June car-bombing of the UN compound has demonstrated. Specifically in regards to healthcare, *Medecins Sans Frontieres* announced in August 2013 it is closing all its programmes in the country after a 22 years presence due to attacks on staff.

Additionally, the evolving political and military context in Somalia also continues to present challenges for development partners to ensure concrete and measurable impacts on the lives of ordinary people. The structure of the state remains incomplete, with little progress on formalizing the constitution and establishing the electoral process, and a number of major points of contention remain, including the constant challenge of managing relations between the central and regional governments.

In the highly volatile programming environment of Somalia, flexibility and innovation in a dynamic context are essential. In such an environment, investments must be predicated upon the best possible assessment of the ways in which initiatives influence the progress in Somalia in the direction of a sustained peace. Project staff and consultants have proven capabilities in working in the country, overcoming political and security challenges to initiatives and delivering results. Relationships with communities, local non-profit and community organisations and key stakeholders in Government have been previously established and effective security strategies are in place.

Afghanistan

Inaccessibility is a challenge in implementing vaccination campaigns. The southern provinces of Hilmand and Kandahar are well known for their insecurity. Inaccessibility caused by insecurity can have severe consequences – as demonstrated by Maiwand District, Kandahar. In Maiwand District, a small geographical area, unreached by vaccinators for three years, reported six polio cases in 2012. At the same time, local negotiations have allowed for the vaccination of vulnerable children, a clear demonstration that insecurity does not automatically have to equate to inaccessibility.

The timing of engagement in Afghanistan is a critical consideration. As ISAF troops prepare to withdraw, interventions that focus on sensitive topics, particularly polio, for which there has been a longstanding suspicion of the covert involvement of Americans, must move carefully. While the project will apply the usual cautions in not exacerbating existing tensions, it is proposed to commence operations in Afghanistan later on in the project so as to be confident of the programming environment.

Factors (describe each, and how it might be overcome or addressed, plus those that cannot be wholly overcome or addressed, and why IPI remains confident in achieving the intended results in a timely manner)

Liaison with government authorities on the security situation; outreach to certain groups, organized in a discreet and sensitive manner; however, it must be emphasized that many of the external factors are connected to other issues (eg. terror attacks) over which IPI will have no control except to wait for the earliest opportune moment.

VIII. MEASUREMENT, LEARNING & EVALUATION

IPI Plan for assessing and documenting progress and lessons learned

IPI believes that capturing the lessons learned from a project leads to stronger methodologies and processes in future projects. For this project, IPI will devise a formal lessons learned document in the project planning phase. The document will detail what went well and why; and what problems occurred, how they were handled, and recommendations for avoiding them in the future.

Throughout the project's lifecycle, all staff working on the project will document their lessons in a shared project journal. Two IPI policy analysts (one working on peace and health and the other on polio eradication) will be responsible for inputting the information from the project journals into the lessons learned document. The document will be distributed to appropriate staff and remain available in IPI's archives for use in future, similar projects. Upon completion of the project, IPI program directors will review, approve, and implement the recommendations in the lessons learned document.

IPI Mechanisms (existing or anticipated) to evaluate results of this Project

IPI has several monitoring and evaluation tools and processes in place that will be useful for this project.

First, IPI's Development Department is responsible for keeping track of evidence of impact using five specific indicators that could relevant for the "peace and health" component of this project:
1) Requests by the United Nations and member states for IPI to partner on initiatives that support the priority issues on their agendas.

2) Evidence that policy analysis and policy recommendations generated by IPI have been useful in informing the work of the UN and member states.
3) Cases where the UN, member states, and the media have solicited and relied on the knowledge and expertise of IPI staff.
4) Demand for IPI to convene meetings to promote the better understanding of an issue or to facilitate political consensus.
5) Ability to reach increasingly broad and diverse audiences through the dissemination of IPI's research, policy analysis, and meeting outcomes.

Second, IPI maintains a "publications impact tracker" for compiling information on the impact of IPI publications. This tool consolidates quantitative data (e.g. on a publication's web performance) and qualitative information (e.g. references to the publication and source and date, as well as any policy implications), helping to capture indications of impact that fall under indicators 2 and 5 above.

Third, IPI routinely distributes evaluations at its events. Project staff will tabulate event questionnaire results and submit them to the Directors of Research, Programs, and to Development, who will then suggest modifications to activities based on results, if needed.

Regarding the polio eradication component in particular, IPI will assess the project results in relation to the projected Purpose, Goals, Anticipated Outputs and Results stated in the above Project Description. These will be based on the information in Appendix A Outcomes and Milestones, which will be a valuable tool for tracking the project's progress.

IPI plans to evaluate the project using only internal resources, as it generally does not bring in external evaluators or contractors unless suggested by a donor.

IX. SUSTAINABILITY:

IPI plans for sustainability of this Project after the grant period has ended

As mentioned above, IPI is both mobilizing current staff resources and developing additional capacity in order to carry out this project. IPI intends for the project to be a catalyst for integrating a broader, long-term "peace and health" program into its core activities. IPI aims to establish itself in the "peace and health" field over the course of the grant period.

As the BMGF works with the Global Polio Eradication Initiative (GPEI) to figure out how innovations developed for polio eradication efforts can be used to support other health initiatives and immunization programs, IPI will build and sustain its expertise on peace and health issues. IPI's work to help understand local barriers to access, for example, may prove valuable to efforts to strengthen the comprehensive immunization programs of other vaccine-preventable diseases, including diphtheria, tetanus, whooping cough, and measles.

X. GENERAL DUE DILIGENCE:

IPI is neither a commercial nor a for-profit entity.

Project activities in countries where US embargoes (Cuba, Sudan, Iran) or significant economic restrictions (eg. North Korea, Myanmar, Syria) apply

None.

XI. PROPOSAL SUBMISSION CHECKLIST:

- **Proposal narrative;**

- **Completed Appendix A, Outcomes & Milestones Chart;**

- **Summary Budget, 2013 (detail per template to come);**

- **Most recent financial statements (2012 audited)**

- **Board of Directors List;**

- **Annex:**

    - **Middle East in Transition: Meeting Note**

    - **IPI Policies on Child Protection, Background Check, Ethics, and Risk Management**

END