

## Grant Proposal Cover Page

Date 9 September 2013

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Project Title Polio Eradication and Peace and Health

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Organization Name  
International Peace Institute  
(IPI)

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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.)	\$5,002,500
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Organization's revenue from last audited Financials in Dollars (U.S.)	\$9,151,315	Organization's Fiscal Year- End Date	December 31, 2012
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U.S. Tax Status (*see Tax Status Definitions*) 501(c)(3) Public Charity

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Geographic Location(s) of Project

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

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# IPI PROPOSAL: POLIO ERADICATION AND PEACE & 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.

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.

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. Peace and health interact in many different ways, the most significant, and malign, of which is the fact that people are killed, injured, or disabled, abused 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: impeding access of health professionals and humanitarian agencies to populations in need; lack of supplies and basic equipment in hospitals and clinics; decrease in government expenditure on healthcare; sharp decline in basic childhood immunization; increased incidence of infectious diseases.

These factors create a vicious cycle; greater instability endangers health, while greater vulnerability (including disease) breeds instability. While armed conflict and instability undermine health goals, the opposite is also true. Investments in health, conflict resolution, and statebuilding can be mutually reinforcing. Moreover, evidence 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.*

## **II. PROJECT DESCRIPTION**

### **Polio Eradication**

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.

### **Nigeria**

Nigeria has the highest rates of polio, accounting 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

noncompliance (refusal) rates. 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.

In 2013, IPI will conduct a **situation assessment** in Nigeria, determining the local conditions 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.

### **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 has banned polio vaccinations until American drone strikes end, after it was disclosed that the CIA had staged a hepatitis vaccination campaign in its hunt for Osama bin Laden. 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.

In Pakistan, IPI has completed a **situation assessment** and has initiated **facilitation** work in the country. IPI 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 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.

IPI’s initial focus is on the Pakistan-Afghanistan cross-border aspects. Currently, Afghanistan’s anti-polio program is proceeding well, with the Taliban providing 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**.

### **Somalia**

Somalia is highly prone to public-health crises. Recently the country has seen an outbreak of polio, 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. The greatest challenge in implementing the polio vaccination campaign will likely be security concerns, as foreign aid organizations are unable to access parts of the country.

In 2013, IPI will conduct a **situation assessment** in Somalia, determining the local conditions and will conduct **survey work** 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.

### **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**

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. 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 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. 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 children who are, for various reasons, currently excluded from cycles of polio-eradication programs. Secondary beneficiaries will 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. 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 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.

IPI works to better inform the debate on humanitarian issues and to help build consensus toward policy development. IPI’s **Humanitarian Affairs Program** 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 also provides a 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, thereby contributing to a more inclusive and universal system. 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.

IPI's **Middle East in Transition** project aims to provide space for informal strategic dialogue on access, security, protection and cross-border movement related to the humanitarian crisis in and around Syria. Among other issues, 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. 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 have led to an ever-widening gap between needs and resources. This project seeks to address the pressing need, expressed by humanitarian organizations, for a space to think strategically in non-operational terms with senior actors amongst Syria's neighbors, the region and the international community. In September 2013, IPI will hold a ministerial dinner in New York, on the margins of the opening of the General Assembly, to further discuss the issue.

### **Conflict Management and Resolution**

The field of international conflict management has greatly changed over the past decade. 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. 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 in this area aims to strengthen the full spectrum of tools at the 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 relevant UN agencies and staff to provide confidential advice and assistance and published analysis.

IPI will assist multilateral and bilateral development organizations, and the g7+ countries themselves, in absorbing, adopting, and implementing the principles outlined in the "New Deal for Engagement in Fragile States." To support key stakeholders in New Deal implementation, including bilateral donors, IPI will also conduct an analysis of UN Security Council mandates relating to select g7+ countries and their potential for advancing the five peacebuilding and statebuilding goals of the New Deal.

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

### **Transnational Organized Crime**

IPI's **Peace without Crime** project focuses on how the UN can take a more integrated approach to dealing with the problem of transnational organized crime. In 2013, the project launched a new report that looks at the threat posed by organized crime in theatres where the UN has peace operations. Lessons learned through the project will be applied to the Sahel, particularly Mali, in a study and report to be prepared in the last quarter of 2013.

This year, IPI's annual **Vienna Seminar** focused 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. The UN now deploys an unprecedented number of peacekeepers in increasingly comprehensive and complex missions. But the need to sustain approximately 100,000 uniformed peacekeepers is outstripping the willingness and 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.

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. IPI will also 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.

### **Mediation**

In order to help multilateral organizations break the ice of the so-called frozen conflicts, IPI will carry out research to review the current situation 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.

IPI's **Women, Peace & Security** event series focuses on the relationship between conflict, peace, and gender. While the UN Security Council Resolution on women, peace and security (Res. 1325) signified great progress, more needs to be done to systematically include women in preventive diplomacy, mediation, and peacemaking efforts. 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. 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 on women's approaches to high-level mediation through a project on **Women in Mediation**.

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.

### **Sanctions and Incentives**

Sanctions have long served as a tool in the multilateral tool kit to counter threats to international peace and security. 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 economic growth rates in Africa. However, progress remains hindered by persistent armed conflicts, bad governance practices, and 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 erodes African countries' ability to achieve sustainable peace, security and development.

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. 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 and increasingly form part of Africa's "ungoverned spaces." IPI's work in this area aims to contribute to an analytical understanding of the challenges facing the Gulf of Guinea.

Although African issues remain high on the agenda of the UN, 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.

### **Data Lab**

IPI's Data Lab 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. The lab's main goal is to incorporate data science techniques like data mining, visualization and machine learning into areas of research.

**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.

**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.

**Overlapping Crises:** An interactive world map that uses 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.

**Conflict Indicators and Forecast:** IPI's *Catalogue of Indices* provides the first list of country indices available in open-sources. It reviews thirty indices and provides a description of the methodology and results. IPI's *Machine Learning and Conflict Prediction* will focus on making data collection and aggregation more efficient and increasing the data used for performance gains.

### III. ALIGNMENT WITH STRATEGY

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

IPI's 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.

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.

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

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. Insights gained in Somalia may also be transferable to countries such as Pakistan, Afghanistan, and Nigeria. It may also allow a shift towards a **preventive approach** in countries where similar conditions of underdevelopment and growing international terrorist movements may pose a further threat to the 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-Qaeda in the Islamic Maghreb (AQIM), which shares institutional links with Boko Haram and Al-Shabaab, is growing in the region.

### IV. IMPLEMENTATION & RESULTS

#### **Description of how IPI will achieve the Outcomes & Milestones, including Coordination & 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.

- **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.
- **Facilitation:** On the basis of the information provided by the situation assessment and survey, we will determine the drivers 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. Recommendations for enabling implementation of the anti-polio campaign in the affected communities will also be made.

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 policy ideas for the **post-2015 Development Agenda** to address violence, conflict, and instability, which inhibit access to, and improvements of, health care;
- Enhancing strategic dialogue among humanitarian actors responding to the crisis in Syria and providing policy ideas with the potential to more effectively address the needs of internally displaced persons and refugees.

To carry out its work in this area, IPI will: conduct research and analysis on 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, consensus building, and strategy development to generate policies for enhanced multilateral responses and institutional effectiveness; and conduct outreach to key decision makers on the program’s findings to disseminate and promote findings and policy recommendations.

### **Implementation Timelines and Phasing**

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. 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**

See section VII on Risks.

## V. ORGANIZATIONAL CAPACITY

### **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. 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.

### **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**

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. 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. 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. Through its publications and online analyses, 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. 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. 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. 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**

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 (see attached **Summary Budget: 2013**) 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**

As noted earlier, the project 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**

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

## **VII. RISKS**

**Significant Challenges to the success of this Project**

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 broad reach proposed in the project. 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 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.

The project also 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. Presenting the consultations as training or workshops will further reduce suspicions of the motivations behind the project.

**Factors**

Liaison with government authorities on the security situation and outreach to certain groups, organized in a discreet and sensitive manner, should ensure access; 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 to continue with the project.

## **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.

**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 specific indicators. Second, IPI maintains a "publications impact tracker" for compiling information on the impact of IPI publications. Third, IPI routinely distributes evaluations at its events. 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.

## **IX. SUSTAINABILITY:**

IPI intends for the project to be a catalyst for integrating a broader, long-term “peace and health” program into its core activities. 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 apply**

None.

## **XI. PROPOSAL SUBMISSION CHECKLIST:**

- **Proposal narrative;**
- **Completed Appendix A, Outcomes & Milestones Chart;**
- **Budget Summary: 2013 (budget template to come);**
- **Most recent financial statements (2012 audited);**
- **Board of Directors List;**
- **Annex:**
  - **Middle East in Transition: Meeting Notes**
  - **IPI Policies on Child Protection, Background Check, Ethics, and Risk Management**

**END**