Observations and Suggestions on Polio Eradication

- IPI has carried out situation assessments in AfPak, Nigeria and Somalia in recent weeks – full reports to be shared in coming days;
- A few general observations:
- Security situation in all three affected areas (AfPak, Nigeria, Somalia) is getting worse, and new outbreak is reported in Syria (again, linked to instability). Local circumstances/actors need to be understood in each case;
- Little political will by de facto authorities (i.e. Taliban, Al-Shabab, Boko Haram, local officials) in the affected regions to assist in polio eradication, indeed active opposition in some cases;
- Lack of trust if eradication efforts are implemented by people of a different ethnicity/tribe/clan;
- Suspicion that health workers are gathering intelligence and that polio eradication is a foreign conspiracy of espionage (i.e. Bin Laden);
- Criticism that some health workers are not properly trained;
- Funds for polio eradication are significant in relation to poor local economies. In some cases this is creating dependency. Corruption is rampant;
- Continued misinformation (intended and unintended) about the polio eradication campaigns;
- In all affected areas, polio is part of a set of broader health, development and stability problems, and there are criticisms of an over focus and disproportionate funding on polio compared to other urgent problems.

Suggested remedial measures

1. **Accentuate the positive**: global campaign has been hugely successful – more than 99 percent eradication. If Gates initiative had not been made, polio would remain rampant, threatening the lives of children across the globe;
2. **Play down the target date of 2015** (which probably cannot be reached) – although the **goal remains the same**;
3. **Make the polio campaign part of broader health programmes and development projects** through an active cooperation and coordination

with donors and organizations who are working in these complementary fields. Such an approach will enhance the Foundation's image as a needed and welcomed instrument contributing to global stability, security and peace. This could also attract broader funding from donor countries, i.e. Norway;

4. Need for **local ownership**, respecting and making use of clan and tribal structures. Identify, empower and provide incentives to sympathetic and influential community leaders;

5. Ensure that all health officials have **proper training**;

6. Need for **evidence-based campaigns** – sometimes same children being vaccinated several times, while other kids are being missed. This means that proper data has to be collected and stored after each campaign, which will sometimes require longer intervals between eradication rounds;

7. Targeted, community-level **public information campaigns**.

Most of these issues are common challenges for Afghanistan, Pakistan, Nigeria and Somalia. However, implementing the above measures would have to take into account local differences. For example, in Pakistan, where the Gates Foundation is hugely successful despite the security conditions, it could be contemplated to involve the army more actively in the campaign. It is already using money from various donors for polio eradication campaigns in the tribal areas. The advantage of using the army is that corruption can be reduced dramatically: the officers already have a permanent income and will not be dependent on the campaign for their long-term livelihood – they will continue their army career in other fields. This has to be done in parallel with the civilian campaign where corruption is widespread. Another possible move is to have the army doing audits of the civilian campaigns in the tribal areas. This has the potential to reduce corruption and increase aid effectiveness tremendously. Such steps would require a meeting with, and subsequently close cooperation, with the new chief of the Pakistani armed forces, General Raheel Sharif.

Before the upcoming meeting in Seattle on 6 February between IPI and the BMGF, we will provide a full report on the situation and recommendations.