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LEORNARD RUBENSTEIN
E-mail: lrubenst@jhsph.edu
Phone: 443.287.8749

Defying Expectations: Polio Vaccination Programs Amid Political and Armed Conflict

Summary

- Defying expectations, successful polio vaccination campaigns have taken place in well over two dozen armed conflicts, and continue today. Polio vaccination campaigns amid war have often succeeded in gaining the cooperation of anti-government forces such as Sendero Luminoso in Peru, multiple rebel groups in the Democratic Republic of Congo, and the Taliban in Afghanistan. Diplomatic means have also been employed to overcome severe political obstacles to such campaigns, even when the campaigns have become a flashpoint in places of political turmoil.
- Such campaigns face many challenges because vaccinators need to reach all villages without threats to their own lives or the programs' implementation. They require security for safe passage for immunizations and sometimes temporary cease-fires.
- The many successes of vaccination campaigns can be attributed to the programs' exclusive focus on the immunization needs of children; the use of interlocutors who are credible because they demonstrate neutrality; transparent discussions with opposition groups about the reasons for the campaigns; a role for opposition groups in facilitating the campaigns; limits on the number of days vaccinations take place; and the absence of any strategic or political goals for the effort beyond polio eradication.

> "While some people view engagement with violent anti-government groups, especially those that attack civilians, as reprehensible, vaccination campaigns have often succeeded because they operate on the belief that children, who are innocent victims of war, should not be further victimized by refusing to engage with groups that could help facilitate immunizations against polio and other childhood diseases."

Introduction

The disruption and targeting of health programs are two of the most pervasive features of modern armed conflict. Yet in more than two dozen conflicts spanning over 20 years, polio vaccination campaigns have successfully immunized millions of people, mostly children, against the disease—defying conventional wisdom. These campaigns have continued despite political chaos and violence and in some cases have gained the tacit or explicit cooperation of armed groups such as Sendero Luminoso in Peru and the Taliban in Afghanistan that launch attacks against civilians or civilian agencies. At the same time, even in nonconflict environments, polio vaccination campaigns can themselves become flashpoints during periods of political tension, and can require political means to resolve these setbacks.

To better understand the factors that have led to the successes of polio vaccination campaigns and the implications for governments, donors and nongovernmental organizations (NGOs) that

seek to advance health in the midst of conflict or political turmoil, the U.S. Institute of Peace Health and Peacebuilding Working Group held a panel discussion on the subject on June 29, 2010. Speakers included Ellyn Ogden, Worldwide Polio Eradication coordinator for the U.S. Agency for International Development, Jose Bastos, health coordinator in Afghanistan for the International Committee of the Red Cross, and Judith Kaufmann of Johns Hopkins University's School for Advanced International Studies. Leonard Rubenstein, coordinator of the USIP Working Group, moderated the discussion.

Polio Eradication Campaigns in War

Worldwide polio eradication, a potential triumph for global health, has become an achievable goal. Since the start of the global eradication initiative cases have declined by 99 percent. Nevertheless, the virus remains endemic in parts of four countries (Afghanistan, Pakistan, India and Nigeria), has reemerged in Angola, Chad and the Democratic Republic of Congo (DRC).[1,2] It is no coincidence that most of the countries where the polio virus survives are experiencing war or severe political conflict, both of which can disrupt vaccination programs and lead to new outbreaks.

Vaccination campaigns always pose significant logistical and political challenges. These include the needs for safe transport of vaccines, establishing and managing vaccination sites, assuring the protection of vaccinators, and gaining the trust of the local population and its leaders for an initiative that may not be the community's highest health priority. In extreme cases, the campaigns themselves can become pawns in political agendas. In Nigeria, which until recently had among the largest number of polio cases in the world, disparities in wealth and political power between the north and the more powerful south, combined with a failure to meet the north's need to address malaria, measles and other health priorities, led to deep mistrust and ultimately a boycott of a polio vaccination campaign. The boycott began in communities in the north but was taken over by political and religious leaders for their own political ends.

Such immunization challenges are exacerbated during war. Supply lines are easily disrupted, vaccinators become potential targets for attacks, and manipulation of vaccination programs to gain political advantage is tempting. Protection for vaccinators and, in some cases, temporary cease-fires must be negotiated among all combatant forces. These forces may include groups that do not respect the laws of war and may engage in terrorist acts.

"Days of Tranquility"

Starting in the 1980s, Dr. Ciro De Quadros and others from the Pan American Health Organization led vaccination campaigns during armed conflicts in El Salvador, Peru and elsewhere. One of the most notable initiatives was the "days of tranquility" in El Salvador, where the parties agreed to cease-fires for the purpose of vaccination campaigns, and rebel groups cooperated in the polio vaccination campaign. Over the course of five to six years, more than 250,000 people were vaccinated annually. Since then, defying expectations, successful polio vaccination campaigns have taken place in well over two dozen armed conflicts, and continue today.

In the DRC, for example, polio eradication campaigns began in 1997 throughout the country, but the violence in the eastern provinces hampered progress. By 2000, 36 factions and eight countries were involved in the DRC's war and the international community searched for an interlocutor to attempt to achieve "days of tranquility." With the support of the DRC government in Kinshasa and U.S. Ambassador William Swing, USAID used back-door channels to develop relationships with rebel leaders in the east and conveyed that eradication would be welcomed by parents, carried no monetary cost and would be supported by the international health community. Ultimately, groups

agreed to permit the vaccination initiative. Over the course of several vaccination days, more than 4.2 million children were vaccinated. Within 18 months, indigenous polio virus had been eliminated from the DRC, though periodic campaigns are still undertaken in response to a recent importation of the virus in 2008.

In Afghanistan, prior to the start of U.S. military operations in 2001, the Taliban had cooperated in polio eradication campaigns. After the U.S.-led invasion in 2001, vaccination campaigns continued but as the Taliban presence strengthened over time, the initiative was hampered by insecurity. In response, the United Nations, upon request of the Afghanistan Ministry of Public Health, approached the International Committee of the Red Cross (ICRC), which was known by the Taliban for its neutral stance and making its health programs accessible to Taliban fighters, to take the lead as interlocutor with the Taliban. The ICRC enlisted the Taliban leader, Mullah Omar, to lend his support. As a result, he signed a letter, carried by every vaccinator, urging local Taliban commanders to cooperate in polio vaccination campaigns and reassuring parents that the campaign was a humanitarian activity. This letter significantly helped facilitate the movement of vaccinators and increase access to children living in Taliban strongholds. Other military forces also agreed to allow safe passage. The campaign was administered by the Ministry of Public Health and supported by the World Health Organization (WHO) and UNICEF, and now reaches some of the most volatile areas of the country, though coverage remains far from complete. As of December 2009, more than 150,000 children, representing 12 percent of those living in southern parts of Afghanistan, could not be reached due to widespread security concerns.

Lessons Learned: Engagement and Neutrality

Several elements appear particularly important in successful polio vaccine campaigns during armed conflict. The first is convincing all military forces and local leaders, including rebel commanders and warlords who may control access to vaccinations or security for vaccinators, to allow the program to go forward. In successful talks, the emissaries provide each group with data about the global polio situation, the status of polio in the country and its neighboring countries, the impact of polio paralysis on children, and the nature of the immunization campaign. They also generally convey that because the vaccine is free and operational costs are supported by international organizations, the program would bring modest resources to their area. In Peru, such discussions were accompanied by a media campaign that helped convince Sendero Luminoso that communities would benefit from a vaccination program. Building support for the vaccination campaign must extend down to the community level, which in some cases could include rival leaders. For example, in Afghanistan, because Mullah Omar's letter is insufficient to gain cooperation from factions that do not follow the Taliban hierarchy, the ICRC approaches these groups directly, or local vaccinators try to reach agreement with them regarding dates for immunization.

The second element of best practices includes the participation of rebel groups, warlords and other anti-government groups in the vaccination process. In Somalia, Peru and Afghanistan such groups transported vaccines and provided security. In the DRC, rebel groups assured safe passage for NGO-operated planes and for vaccinators, assured protection for office space, supplies, equipment, vehicles and fuel, and even became involved in the surveillance system. Government military forces can also contribute to safe passage and refrain from attacks where campaigns are underway.A third element is ensuring transparency and neutrality throughout the vaccination process. In Somalia, Peru and Afghanistan, seeking support for a vaccination campaign from groups that may engage in terrorist acts has raised moral as well as political concerns. While some people view engagement with violent anti-government groups, especially those that attack civilians, as reprehensible, vaccination campaigns have often succeeded because they operate

on the belief that children, who are innocent victims of war, should not be further victimized by refusing to engage with groups that could help facilitate immunizations against polio and other childhood diseases. The benefits for children outweigh other moral and political considerations in planning vaccination campaigns, and the neutral stance is critical to assure opposition forces that they will not be disadvantaged or manipulated for political, intelligence or military gain. As a result, these groups, though approached individually, hear the same presentation, and are offered the same level of assistance and otherwise treated equally. In the DRC, for example, USAID avoided engagement in any discussions with rebel leaders on political or tactical subjects. Because aid workers limited their discussions only to polio eradication and health, maintained low visibility, and provided a consistent message, rebel leaders gained confidence that the emissary was there in good faith and for the stated purpose, without an ulterior agenda.

By the same token, entities not perceived as neutral in the conflict are encouraged to either stay away or maintain a low profile. In Afghanistan, neither police nor domestic or international military forces play any role in program support except to allow safe passage for vaccinators. Similarly, the ICRC has suggested that Afghanistan's Ministry of Public Health and the Afghan president not take credit for the success of the vaccination campaign to avoid jeopardizing the continued cooperation of the Taliban and splinter groups although it is widely known that the eradication program is a national effort.

Finally, because vaccinations are time limited, requirements for cooperation are not open ended and can be renewed at each stage.

One potential consequence of pursuing these elements of a successful polio vaccination program is that rebel groups may realize a political benefit by gaining support from the populations receiving vaccinations, promoting relationships with international organizations, or in effect, advancing their own reputation. Nevertheless, experience suggests that these consequences do not always occur. Another possible consequence is that governments seeking to show their citizens their capacity to provide key services have to forgo the opportunity to tout their role in the vaccination initiative.

Polio Campaigns and Peacetime Politics

Sometimes vaccination campaigns encounter obstacles amid peacetime politics. In August 2003, in response to claims by community leaders that the polio vaccine was laced with anti-fertility drugs to sterilize Muslim girls, governors of most northern Nigerian states banned federally sponsored polio immunization campaigns. In January 2004, the governor of the northern Kano state continued the boycott, which contributed to outbreaks in many other countries in Africa. While acceptance of the vaccine had declined even before the boycott, both religious and political figures in the north used the issue for their own political reasons.

The resolution of the boycott was aided by the use of political and diplomatic tools to show political and thought leaders both the health and political advantages to be gained by supporting a vaccination program. Well-coordinated diplomatic initiatives by WHO, the U.N., the United States and the Organization of Islamic States were successfully brought to bear on the boycott proponents, while providing face-saving means for the governor of Kano state, who was the last official holdout, to permit vaccinations. U.N. Secretary-General Kofi Annan, his senior Africa adviser Ambassador Ibrahim Gambari, U.S. Secretary of State Colin Powell, U.S. Secretary of Health and Human Services Tommy Thompson, and WHO Director General J.W. Lee, and his Special Envoy for Polio David Heymann, joined the Global Polio Eradication Initiative to convince the governor that his personal reputation and that of his state were being harmed, and to find other actors,

particularly the Organization of the Islamic Conference, the African Union, and religious scholars from elsewhere in the world, to help counter the misinformation being used to justify the boycott.

Conclusion

Polio vaccination campaigns have a record of success in areas of armed or serious political conflict far greater than could be expected given the conditions under which they are implemented. A number of factors likely contribute to success during war: the programs focus exclusively on the immunization of children; interlocutors with opposition groups gain trust by consistently demonstrating their transparency and neutrality; opposition groups have the opportunity to play a supporting role in the campaign; governments do not attempt to use the campaign for other political or strategic goals beyond polio eradication; and the campaigns take place in limited time periods. These factors were also at play in Nigeria, where an understanding of the political situation led to the employment of political and diplomatic tools, including trusted intermediaries, to achieve a successful health outcome.

Endnotes

1. World Health Organization. Polio Global Eradication Initiative. Annual Report 2009. Available at http://www.polioeradication.org/content/publications/AnnualReport2009_ENG.pdf.

2. World Health Organization. Polio in Angola and the Democratic Republic of Congo. September 8, 2010. Available at http://www.who.int/csr/don/2010_09_08/en/index.html.

About This Brief

This Peace Brief, based on a panel discussion convened by the U.S. Institute of Peace Health and Peacebuilding Working Group on June 29, 2010, was written by Leonard Rubenstein, coordinator of the USIP Working Group and a Senior Scientist at the Center for Public Health and Human Rights at the Johns Hopkins Bloomberg School of Public Health.

United States Institute of Peace
1200 17th Street NW
Washington, DC 20036
202.457.1700
www.usip.org

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