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# GWoT, FATA & Non-Traditional Security Threat: A Case Study of Polio in NWA



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## Theoretical framework

Advocates of different security paradigms define the concept of security from their own perspectives. Broadly speaking, there are two major security paradigms, i.e., traditional and non-traditional security paradigms. Among traditional security paradigms, the realist security paradigm centres on power politics and security of state.<sup>(1)</sup> Paul R. Viotti and Mark V. Kapuri say:

*The concept of state is overemphasised in realist paradigm. The significance of the state in world politics cannot be relegated. The realist thinkers paid no heed to other important actors and outrightly neglected those actors. They kept out the non-state actors such as transnational organizations, financial institutions, terrorist organizations, and global institutions from the realist world view.*<sup>(2)</sup>

The theoretical framework exploring security changed following the end of the Cold War. In the post-Cold War era, strategic thinkers and policy makers developed a new discourse that took into account non-military security issues like lack of healthcare, poverty, illiteracy, unemployment, poor food, poor sanitation system, poor governance and environmental issues as non-traditional security issues. This innovative paradigm shift has helped expand the horizon of security studies. The contribution of Copenhagen School is noteworthy in this connection. Buzan and Hansen from The Copenhagen School note that;

*The leading concept of security in International Security Studies has been the one of 'national'/'international' security, it has been the concept of Realist Strategic Studies. This concept of security regards the state as the referent object, the use of force as the central concern, external threats as the primary ones, the politics of security as engagement with radical dangers and the adoption of emergency measures, and it studies security through positivist, rationalist epistemologies.*<sup>(3)</sup>

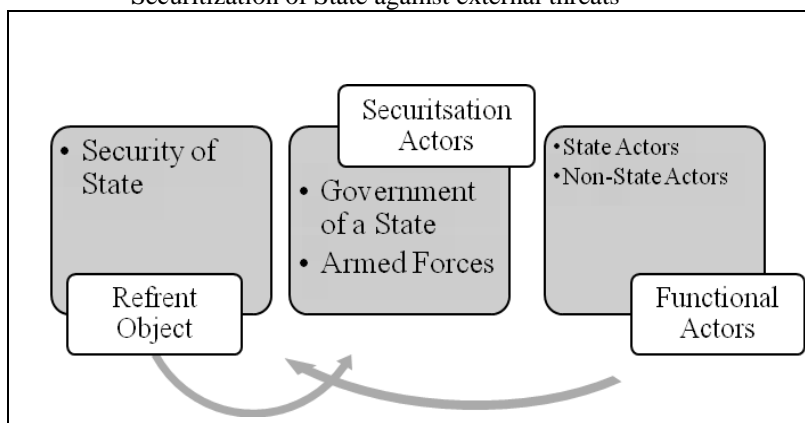
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They criticize the traditional school of International Security Studies on the ground that it views security issues as predominantly military in nature and pays attention only to the “state’s use of military force,” the external threats a state is confronted with, conflicts and tactics of employment of military power. (See Fig. 1)<sup>(4)</sup>

**Figure-1**

Securitization of State against external threats



Both Buzan and Hansen have discussed the concept of security from different perspectives, including objective, subjective and discursive viewpoints. Wolfers has elaborated these concepts. He argues that “security, in an objective sense, measures the absence of threats to acquired values, in a subjective sense, the absence of fear that such values will be attacked.”<sup>(5)</sup> He further states that it is never possible to measure security ‘objectively’, and that subjective evaluations played an inevitable part in states’ assessments.<sup>(6)</sup>

To Barry Buzan, Wolfers’ formulation illustrates well the tension between an objective conception of security (the absence/presence of concrete threats) and a subjective one (the feeling of being threatened or not). It is worth noting that in an objective sense, threats are viewed as existential threats which are in material or physical shape. In subjective sense, threats are viewed as psychological feelings of being under threat. More precisely, subjective approaches to security emphasize the importance of history and norms, of the psychologies of fear and (mis)perceptions, and of the relational contexts (friends, rivals, neutrals, enemies) within which threats are framed. The objective/subjective debate has remained a focal point in the International Security Studies during the pre- and post-Cold War eras, while Strategic Studies focused largely on assessing supposedly objective security threats.<sup>(7)</sup>

In addition to objective and subjective aspects of security, it may also be understood in discursive context. The discursive context of security studies is connected with ‘Speech Act Theory’ of linguistics. According to Copenhagen School, security is a speech act and ‘by saying “security,” a state representative declares an emergency condition, thus claiming a right to use whatever means<sup>(8)</sup> are necessary to block a threatening development.’<sup>(9)</sup>

To understand the Copenhagen School's concept of security, it is essential to understand Ole Wæver's famous 'Speech Act theory'.<sup>(10)</sup> Original idea of a 'speech act' was conceived by J. L. Austin, who defined words as 'performatives', i.e. types of action, not simply statements. Ken Booth, quoting Ole Wæver, says:

*The process of securitisation is what in language theory is called a 'Speech Act'. It is not interesting as a sign referring to something more real. Security utterance is a special kind of communicative activity concerned to produce a particular effect on the listener. To name something 'security' is to give what is proposed the particular significance attached to dealing with 'existential threats' and 'extraordinary measures'.<sup>(11)</sup>*

In simple words, Copenhagen School considers security as a 'self-referential practice'.<sup>(12)</sup> This does not imply that anything can be covered as 'security'; first, because not all political issues can attain 'security importance' at the same time, and, secondly, because the discursive construction of 'security threats' will be influenced by a state's history, its geographical and structural position, and the (discursive) reactions it generates from others, internationally and domestically. For security speech acts to be successful, they also need to convince their relevant audiences.<sup>(13)</sup>

The Speech Act Approach to security requires a distinction among three types of units involved in security analysis.<sup>(14)</sup>

1. **Referent Objects** — the objects that need security or whose security is held prime by the securitizing actor.
2. **Securitizing Actors** — the actor or actors that are responsible for provision of security to referent object/s.
3. **Functional Actors** — those actors who affect the dynamics of a sector,<sup>(15)</sup> or actors that influence decisions.<sup>(16)</sup>

Barry Buzan has introduced a multi-sectoral concept of security, deviating from the traditional security paradigm. To him, there are other referent objects apart from the state. The 'non-traditional' security issues, i.e., non-military threats on the security agenda, have gained currency since the late 1980s. It is also noteworthy that before Buzan's multi-sectoral concept, three-level concept of security analysis was predominant in international relations.<sup>(17)</sup>

Barry Buzan attaches importance to security sectors by deviating from traditional military sector. He states that, "If a multi-sectoral approach to security was to be fully meaningful, referent objects other than the state had to be allowed into the picture."<sup>(18)</sup> To Buzan, sectors might identify distinctive patterns, but they remain inseparable parts of the complex whole. The purpose of selecting them is simply to reduce complexity to facilitate analysis.<sup>(19)</sup> Buzan has categorized the issue areas for a broadened security agenda in relation to five 'sectors', each identifying 'specific types of interaction':<sup>(20)</sup>

- a) Military sector ('relationships of forceful coercion')
- b) Political sector ('relationships of authority, governing status, and recognition')

- c) Economic sector ('relationships of trade, production, and finance')
- d) Societal sector ('relationships of collective identity')
- e) Environmental sector (relationships between human activity and the planetary biosphere).

In support of Barry Buzan's referent object concept, Ken Booth states:

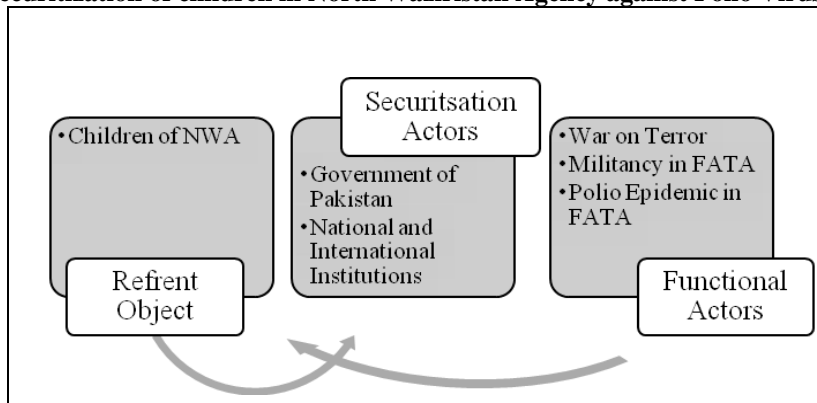
*Human beings are the ultimate referent objects for a theory and practice of politics (including security). They are the basic units of human society. They are alpha and omega of an agency. The status of any society can be determined by the status of its citizens living in it. In simple words, they are the litmus test of the health of a society.*<sup>(21)</sup>

### Doctrine of securitization and polio epidemic in North Waziristan

Within the Copenhagen School's security framework and Securitization theory, the children in the Federally Administered Tribal Areas (FATA) can be seen as the referent objects in need of health security against the polio virus (a functional actor). It is the responsibility of the Government of Pakistan, and other national and international organizations to ensure their health security. This is illustrated through Figure 2.

**Figure-2**

**Securitization of children in North Waziristan Agency against Polio Virus**



### Global war on terror and non-traditional security threats

The 11 September 2001 terrorist attacks on Twin Towers, the World Trade Centre in New York and the Pentagon led to a complete transformation of global, regional and national politics in various states. Pakistan could not escape the ramifications of this event. The government of Pakistan initially had to support the United States in the war on terror as a key ally. General Pervez Musharraf, then president of Pakistan, succumbed to immense external and

internal pressure.<sup>(22)</sup> September 17, 2001, was a turning point in the history of Pakistan when Gen Musharraf agreed to providing generous logistic support to the United States. On 19 September 2001 Gen Musharraf said:

*Let me say that I am concerned about Afghanistan and the Taliban. I have tried my best, but sadly without much success... I have done everything for Afghanistan and Taliban when the world is against them....In the present situation we have been trying to convince the Taliban to be wise. We have also asked the US for evidence about Osama bin Laden. Also how do we best serve Afghanistan's interests? By going against the world community or by working with the international community, I am sure you will agree with me that we can only do the latter.<sup>(23)</sup>*

The former American president, George W. Bush, in the midst of post-September 11 security strategizing, publicly said that "Either you are with us, or you are with the terrorists."<sup>(24)</sup> One of the key American diplomats, Secretary Powell held that the United States had to make it clear to Pakistan, Afghanistan, and the Arab states that the time to act was now.<sup>(25)</sup> In his address at the 58<sup>th</sup> United Nations General Assembly session, Gen. Musharraf said,

*The tragedy of 9/11 transformed security policies and geopolitical calculations. Pakistan took a strategic decision, based on the principles of humanity and our national interests, to support the war on terror... Pakistan will remain in the forefront...it is a decisive moment in history. We must decide whether to flow with the currents that threaten confrontation and the collapse of our civilization, or muster the collective will to chart the course of history towards a peaceful and cooperative global society.<sup>(26)</sup>*

Despite Pakistan's official support for the war, and the position as a key ally, various measures from the United States security forces have brought into question the authenticity of this alliance. One of the prime examples of such measures are the American drone attacks in Pakistan and its North Waziristan Agency, the focus area of this research study, that has remained the prime target of American drone warfare. The divergence of Pak-US interests in FATA is greater than the convergence of interests in those areas.<sup>(27)</sup>

During the Cold War and in subsequent Afghan Civil War, Pakistan helped the US and the Kingdom of Saudi Arab supported warlords against the communists. Muslim youth from across the globe rushed to Afghanistan to participate in the war against communism.<sup>(28)</sup> The collapse of the Soviet Union was a satisfactory end for the United States, but the US and its allies lacked a post-Communist-collapse strategy. This left Afghanistan, the state used for proxy war, in an extremely volatile state. Additionally, neighbouring countries and other states started to seek their objectives in Afghanistan. Prof. Dr. Taj Muharram Khan in this connection says:

*The power politics at global level and Pakistan's struggle for seeking defence of traditional security, several inter-connected non-traditional security threats came to surface. This gave rise to militancy, drug-mafia, influx of Afghan refugees in Pakistan, exploitation of religion*

*for ulterior motives, unemployment, poverty, residential issues, environmental issues, and above all the health issues like polio. All these threats have been revisited by taking sides with the US in the September 11, 2011 war against terrorism.”<sup>(29)</sup>*

The Government of Pakistan plunged into the Global War on Terror without making proper strategic assessments of its repercussions. It has taken only the traditional or military security into consideration, i.e., the security of the state. The government seems to have paid no heed to non-military threats, and so non-traditional security threats do not feature at all in the security doctrine. In this connection Muhammad Amir Rana says:

*Civility perishes when people are confronted with imperious necessity and the government has often been the target of popular rage for failing to prevent destruction and loss of human life. Such large-scale discontentment creates space for non-state actors, mainly militant organisations, who have regularly showed keen interest in the void left by the failure of state’s institutions.<sup>(30)</sup>*

So, it can be inferred that the grey areas in the political system of the country and failure of both political and security institutions in Pakistan have led to the uprising and militancy in FATA. The militancy and the counter military operations have severely jeopardised health security in FATA particularly in North Waziristan Agency (NWA).

## **Mechanism for the implementation of anti-polio campaign**

Before highlighting the prevailing threat of the spread of Polio virus in FATA, it is essential to study the mechanism adopted for the implementation of anti-polio campaign. The government of Pakistan has designed a proper mechanism to control and eradicate polio with financial and technical assistance from various agencies, donors and organisations. The polio eradication campaign consists of three main phases.<sup>(31)</sup> These are as follows:

### **1. Pre anti-polio campaign phase**

In this stage, officials are engaged to make an implementation roadmap by taking into account the security situation, and financial and human resources. It consists of the following steps:

#### **a. Micro plan**

A micro plan identifying areas for vaccination is prepared. The target population and their vaccination requirements are researched and finally the polio teams along with side-area in-charge are recruited.

#### **b. Union Council Polio Eradication Committee (UPEC) meeting**

The UPEC is mainly composed of area in-charge, local Ulema (religious scholars), teachers, and influential personalities of the locality. The committee is chaired either by a doctor or Expanded Programme on Immunisation (EPI) technician. Its meeting is held 15 days before the campaign.

#### **c. Agency Polio Eradication Committee (APEC) meeting**

The APEC is mainly composed of area Political Agent, army colonel/local commandant, agency surgeon/field supervisor (doctor), and nominees or representatives of various departments in the Agency.

**d. Civil-Military Coordination Committee (CMCC) meeting**

The CMCC is mainly composed of area Political Agent, army colonel/local commandant, and agency surgeon. Its meeting is held 10 days earlier to ensure accessibility of the target areas and population.

**e. Team training & area in-charge training (TT & AIT)**

Four days before launching the campaign, training is imparted to the participants and area in-charge.

**f. Inauguration of campaign**

The inauguration ceremony is launched by an influential local figure two days before the operationalization of the campaign.

**2. Operational phase of the campaign**

The campaign runs for three days. Every evening, meetings are held under the auspices of the Political Agent. In these meetings, daily activities are evaluated.

**3. Post-campaign phase**

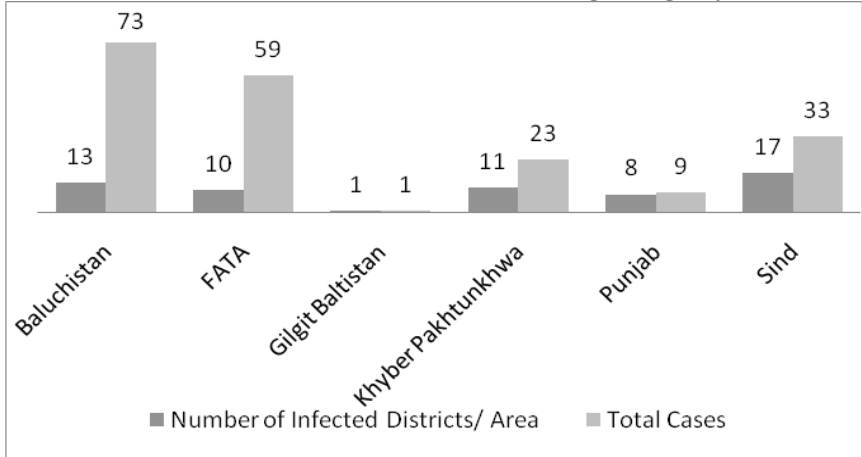
On the fourth day of the campaign, data tracking phase starts, which lasts for 15 to 20 days. Market survey is conducted in which kids are questioned so as to ascertain whether polio vaccines were administered or not. In addition to this, Lot Quality Assurance Survey is conducted. It is held by World Health Organization through independent monitors to analyze the execution of the programme.

## **Polio virus in NWA: A non-traditional threat**

Polio virus has proved to be a severe threat in Pakistan, particularly in those areas which are affected by the GWoT. Taliban-imposed ban on polio vaccination in NWA, the virus had already affected various areas in the country. Polio virus is found in the environment of Khyber Pakhtunkhwa and FATA because these are the frontline areas in GWoT.

During 2011, 59 polio cases emerged in 10 agencies frontier regions (FR) in FATA, one in Gilgit-Baltistan, 23 in 11 districts of Khyber Pakhtunkhwa, nine in eight districts of Punjab, and 33 in 17 districts of Sindh. A total of 198 confirmed polio cases were diagnosed in 60 affected districts of Pakistan as shown in Figure 3.<sup>(32)</sup> Here it is worth noting that in Balochistan, 73 polio cases occurred which was a higher ratio than the rest of the areas. These were mainly due to vaccination refusal on the part of children's parents or guardians.<sup>(33)</sup>

**Figure 3**  
**Confirmed Polio Cases, 2011 — Province/ Region/ Agency-wise.**



The Figure below shows that 2012 proved comparatively less disastrous year with respect to the occurrence of confirmed polio cases. In Balochistan, four cases in two districts, 20 in six areas of FATA, 27 in 13 districts of Khyber Pakhtunkhwa, two in two districts of Punjab, four in four districts of Sindh and one in Gilgit-Baltistan were reported. The total, 58, confirmed polio cases occurred in 28 affected districts of Pakistan during 2012 as shown in Figure 3.<sup>(34)</sup>

**Figure 4**  
**Confirmed Polio Cases (2012)**

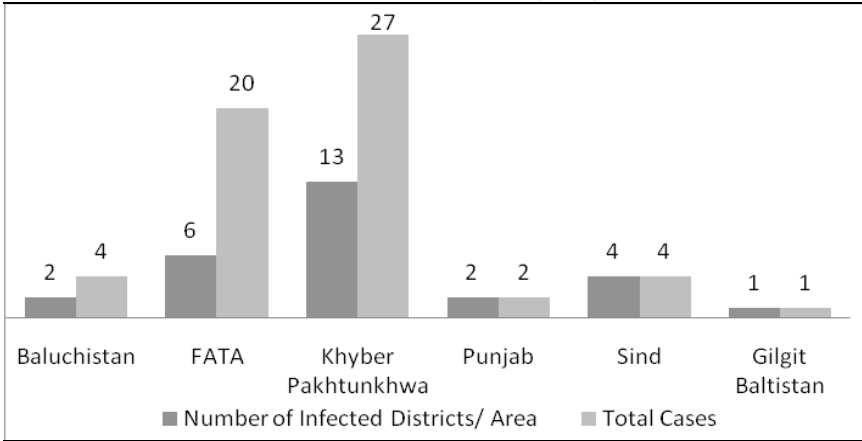
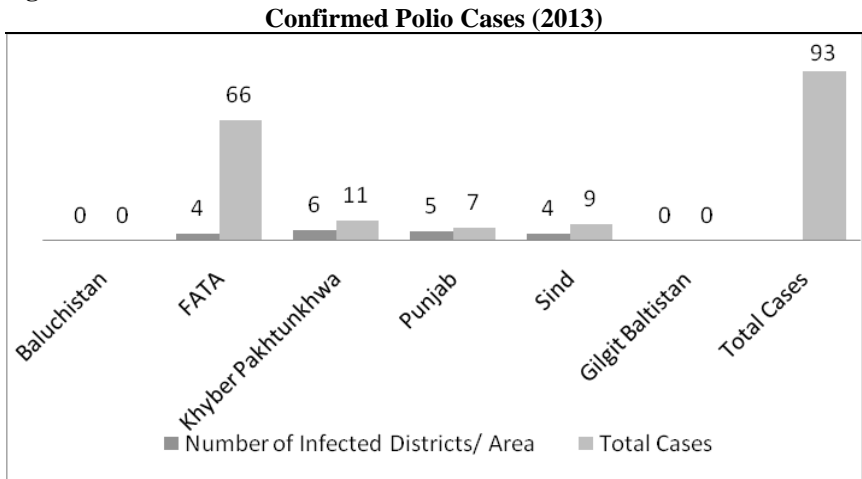


Figure 5 shows that no case was reported from both Balochistan and Gilgit-Baltistan. However, 66 in four areas of FATA, 11 in six districts of Khyber Pakhtunkhwa, seven in five districts of Punjab, and nine in four districts



of Sindh were reported. The total 93 of confirmed polio cases occurred in 19 affected districts of Pakistan during 2013. The data reflects that both FATA and Khyber Pakhtunkhwa were health security risk areas of Pakistan during 2013 in contrast to the rest of the country.<sup>(35)</sup>

Figure 5

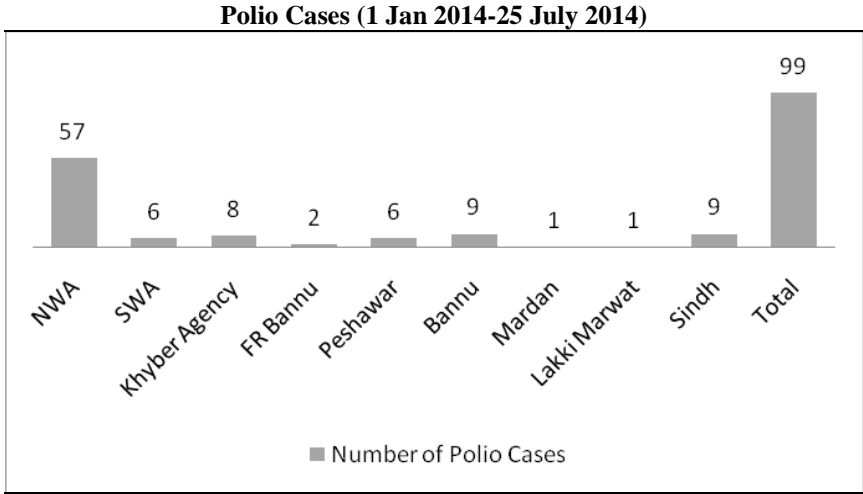


It is a great achievement on the part of the agencies involved in polio eradication from Pakistan that the number of cases has been reduced in various parts of the country. However, children in Khyber Pakhtunkhwa and FATA are still at risk.

The year 2014 has taken a start with severe polio risk in Pakistan. By 6 June 2014, a total 74 confirmed polio cases were reported from various parts of the country. The highest number — 57 — occurred in FATA. Eleven cases were reported in Khyber Pakhtunkhwa and six in Sindh.<sup>(36)</sup> In FATA, 48 cases in NWA and five cases in South Waziristan Agency (SWA), two cases in Khyber Agency and two in the Frontier Region of Bannu (FR Bannu) have been reported. In Khyber Pakhtunkhwa, there were four cases in Peshawar and seven in Bannu. In addition to these, six cases occurred in Sindh.<sup>(37)</sup>

Figure 6 shows the number of polio-infected children rose to 99 from 74 in a short period from 6 June 2014 to 25 July 2014. Among these, 17 were reported in Khyber Pakhtunkhwa (six from Peshawar, nine from Bannu, one from Mardan and one from Lakki Marwat), 73 cases from FATA (57 from NWA, six from SWA, eight from Khyber Agency, and two from FR Bannu). Two cases reported recently, on each from Sheikh Muhammadi (a suburban area of Peshawar) and Zakha Khel area of Khyber Agency.<sup>(38)</sup> The ongoing proliferation in polio cases in both FATA and Khyber Pakhtunkhwa reflects that these areas are highly at health security risk.

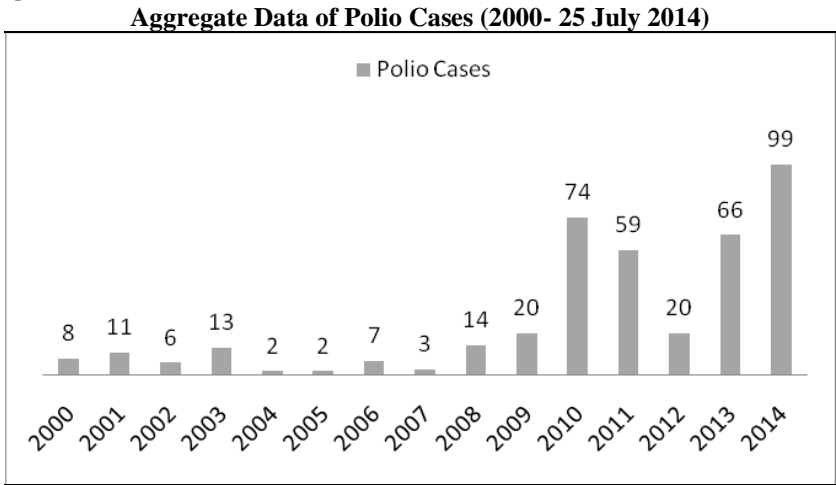
Figure 6



Source: Polio Control Cell, FATA Secretariat, Peshawar.

The cumulative data shows that FATA, particularly NWA, is always found to be a reservoir of polio virus. There were fluctuations in reported cases in different years since 2000. However, years 2010, 2013 and 2014 happened to be the most lethal years due to highest number of occurrence of cases in tribal areas, especially in NWA. It is noteworthy that before the self-imposed ban on anti-polio vaccination in North Waziristan,<sup>(39)</sup> 209 polio cases were reported during 2000 to 2011. Figure 7 shows that 185 polio cases have been reported in two and half years since 2012 up to 26 July 2014.

Figure 7



Source: Polio Control Cell, FATA Secretariat, Peshawar.

The year 2014 dawned with 19 polio cases in FATA. North Waziristan Agency is the declared reservoir of polio virus.<sup>(40)</sup> In 2013, a total 93 cases were reported. Now by July 25, 2014, 99 cases including nine cases from Sindh province have been reported.<sup>(41)</sup>

World Health Organization has declared North Waziristan Agency as the most vulnerable place in FATA where the largest numbers of polio-affected children have been observed. These children have fallen prey to poliovirus (both wild and cVDPV2).<sup>(42)</sup>

## **Impediments in polio eradication**

Polio is considered at all tiers of government as an existential threat to people of Pakistan and particularly to the people in NWA. Despite this realisation, polio virus has proved very deadly. Several factors have been observed as the main obstacles in the way of eradication of this deadly virus. These can be broadly categorised under four main headings, i.e., militancy, politico-cum-administrative, infra-structural, and environmental.

### **A. Militancy**

The major impediment in the way of polio eradication from NWA is militancy post-September 11, 2001. The ongoing militancy has given birth to several interlinked problems which have been proven obstacles in the global war against polio virus.

#### **1. Anarchical situation**

Militancy has generated an anarchic environment in FATA in general and NWA in particular. It has drastically affected international and national efforts for polio eradication from NWA. This has halted anti-polio campaigns to be implemented in letter and spirit.

#### **2. Security risks**

The anarchic situation has created severe security risks for officials engaged in battling polio virus. They are very much reluctant to operate in the tribal areas where the government has launched polio eradication campaigns in tribal areas. However, it is restricted to some areas with lesser security risk. The security forces and political administration in tribal areas have extended assistance to polio eradication teams. Yet North Waziristan has remained deprived of polio vaccination due to security risks.<sup>(43)</sup> Polio officials have faced different incidents in tribal areas including torture, kidnapping and death. In some areas of Frontier Region of Bannu like Jani Khel, Hindi Khel and Sin Khel, the officials often receive security threats.<sup>(44)</sup> Recently, there were two bomb attacks on polio workers and tribal militia which claimed the lives of seven security personnel in Jamrud, Khyber Agency.<sup>(45)</sup> Fear of local militants on the part of parents has severely sabotaged the anti-polio campaign in FATA and particularly in North Waziristan Agency.<sup>(46)</sup>

#### **3. Ban on polio vaccination**

The ban on anti-polio campaign in NWA further aggravated the situation. The Taliban faction led by Hafiz Gul Bahadur banned polio immunization in June 2012 in North and South Waziristan.<sup>(47)</sup> In

reaction to American drone strikes the local population in North Waziristan has stopped getting their children immunized. This self-imposed ban has severely jeopardized the life of more than 350,000 children.<sup>(48)</sup> No doubt the government has established 22 vaccination points on the Pakistan-Afghanistan border. However, it is feared that a considerable section of kids in Bara Tehsil of Khyber Agency and South and North Waziristan will not have access to vaccine.<sup>(49)</sup>

#### **4. Inaccessibility to children**

Security risks have generated inaccessibility to children in NWA. It has affected the anti-polio campaign in FATA. Consistent administration of polio vaccine drops is required up to five years of age to build up children's immune system.<sup>(50)</sup> It is observed that most polio cases have been reported in NWA where children have no periodic access to polio vaccine. A recent *Lancet* research shows:

*Majority of the kids have no access to sufficient doses of vaccine to wipe out polio in Pakistan and Afghanistan. The findings of the research further revealed that Bivalent Oral Poliovirus (BOP) vaccine is essential to eradicate polio in these countries provided sufficient numbers of children get access to polio vaccine drops. The research also declared FATA, specially North Waziristan, and some areas in South Afghanistan as the reservoir for the virus. This has severely affected the global polio eradication programme.*<sup>(51)</sup>

### **B. Politico-cum-administrative issues**

Political and administrative issues also hampered the efforts for curtailing polio in the country and particularly in the NWA. These issues seriously aggravated health governance in NWA. Poor health governance and the anarchic situation in FATA severely eroded health security.

#### **1. Misappropriation of funds**

Malpractices and misuse of funds allocated for polio eradication are also hampering the campaign. Saira Afzal Tara, State Minister for National Health Services, Regulations and Coordination, said: *The misappropriation of funds donated by international and national donors to combat the diseases under the auspices of Expanded Programme on Immunization (EPI) has been observed.*<sup>(52)</sup>

#### **2. Lack of political will**

Additionally, insincere efforts on the part of officials also hamper the campaign.<sup>(53)</sup> The efforts made for polio eradication in FATA are found to be unsatisfactory. Nobody did ever bother to hold regular meetings of the National Steering Committee on Polio Eradication. The federal government has placed Prime Minister's Polio Monitoring and Coordination Cell under the Expanded Programme on Immunization (EPI).<sup>(54)</sup>

### 3. Lack of monitoring system

The structural factor is a hindrance in the way of eradication of polio from FATA. There is lack of a proper checks and balances system. Saira Afzal Tara observed:

*It is very ironic that there is lack of proper monitoring mechanism to ensure the execution of vaccination campaigns in their true spirit.*<sup>(55)</sup>

### 4. Weak government writ

Militancy has severely weakened political administration in NWA. It is also said that the militants and influential people in North Waziristan have shown their loyalty to Maulana Nazir (a warlord), and the political administration works through that prism.<sup>(56)</sup> Militants, in turn, often accommodate the political agent (PA) provided he does not undermine their interests. Political agents (PAs) and assistant political agents (APAs) are even known to have channelled development funds and contracts to the militants.<sup>(57)</sup> The political administration is restricted to its office. It cannot move freely. Consequently, it was unable to conduct polio vaccination campaigns in NWA.

## C. Environmental issues

Unhygienic environment of NWA cannot be ignored as one of the reasons for the growing polio threat. The overall environment in North Waziristan is not up to the mark. Unlike like metropolitan cities, there is no concept of municipalities. Poor sanitation, and lack of drinking water supply further aggravate the situation.<sup>(58)</sup>

## D. Infrastructural issues

### 1. Poor quality of vaccine

Poor quality of polio vaccine is another obstacle in the way polio eradication from the country. United Nations Children Emergency Fund (Unisef) has declared that the polio vaccine in Pakistanis of poor quality.<sup>(59)</sup> It is observed that this vaccine changes its colour. Category-B vaccine is used, which instead of eradicating polio, has a poisonous effect.<sup>(60)</sup>

### 2. Poor health facilities

Poor health facilities in FATA, shortage of staff, absence of staff from duty, lack of trained laboratory technicians have further exacerbated the polio risk in North Waziristan. This is proved by a recent report that said in the Pakistan-Afghanistan border region polio vaccine was not available. Ironically, Indian vaccine was administered to children due to the unavailability of Pakistani vaccine.<sup>(61)</sup> Table 1 reflects the overall picture of health facilities in FATA.

Table 1

**Poor Health Governance in FATA (Health Institutions)<sup>(62)</sup>**

Agencies/FRs	Hospitals		Rural Health Centres		Dispensaries	F. B. Clinics/Hospital	Basic Health Units	Mother Child Centres	Community Health Centres	Total		Population Per	
	Health Institution	Beds	Health Institution	Beds						Health Institution	Beds	Health Institution	Beds
FATA	32	1605	8	80	295	34	173	19	97	2343	1685	1849	2571
Bajaur	2	373	2	32	8	3	20	0	7	447	405	2445	2698
Khyber	4	192	0	0	12	3	13	2	10	237	192	4003	4941
Kurram	4	302	0	0	49	3	22	3	1	384	302	1663	2115
Mohmand	2	118	1	1	11	5	25	0	14	182	126	3351	4840
N. W	9	360	1	31	6	15	10	28	28	467	368	1096	1391
Orakzai	3	88	2	2	25	4	25	0	2	169	106	1820	2901
S. W	4	140	0	0	51	1	17	2	18	236	140	2402	4049
F. R. Bannu	0	0	0	0	48	1	11	1	3	64	0	418	0
F. R. D. I. Khan	1	8	0	0	5	1	2	0	2	19	8	2799	6648
F. R. Kohat	1	8	0	0	8	1	9	1	0	28	8	4558	15952
F. R. Lakki	0	0	0	0	8	1	3	0	4	16	0	596	0
F. R. Peshawar	1	8	1	1	3	1	7	0	3	32	16	2305	4609
F. R. Tank	1	8	1	1	36	1	4	0	5	62	14	599	2652

Source: Bureau of Statistics (FATA Cell)<sup>(63)</sup>

**E. Socio-cultural issues**

Militancy has severely damaged the social and cultural fabric in NWA. The GWOt and militancy in FATA have severely eroded the legitimacy of maliks.<sup>(64)</sup> They have been replaced with the local militants. The militants have consolidated their power by killing several hundred maliks, while others have been forced to adjust their loyalties. Many now accept the authority of local militant leaders.<sup>(65)</sup> Militants have also dismantled or hijacked tribal forums such as *jirga*<sup>(66)</sup> and *hujras* (tribal councils), exposing the state's weaknesses in depending on individuals, proxies and informal processes to govern, rather than strong institutions. FATA has turned into a no-man's-land for government officials and civil society. These traditional local elites could play an active role in the polio immunization and eradication campaign in the NWA. The erosion of their role also indirectly affected the global efforts in this campaign.

**F. PM cell's inadequacy**

The number of polio cases in Khyber Pakhtunkhwa and FATA is multiplying day by day due to the ongoing militancy and local insurgency, while the effectiveness of the Prime Minister's Polio Monitoring and Coordination Cell is found not up to the mark.<sup>(67)</sup>

**Ramifications of unabated polio epidemic**

The prevailing polio situation in North Waziristan and other areas has serious global, regional and national implications.

**1. Global implications**

The growing numbers of polio cases in Pakistan has forced the World Health Organisation (WHO) to impose travelling restrictions and make

it mandatory that its citizens show vaccination certificates before they could leave the country. In response to the WHO's recommendations, the government has set up mandatory immunisation counters at all airports, seaports and border crossings.<sup>(68)</sup> Pakistani travellers going abroad have begun queuing up at these special counters, which do not have enough resources to make the required arrangements for implementing WHO's recommendations.<sup>(69)</sup> The federal government has refused to provide funding for polio vaccine on the ground that health is now a provincial subject under the 18<sup>th</sup> amendment to the Constitution. The provincial governments will require 11.8 million polio vaccines, which will mean an extra burden on their exchequers.<sup>(70)</sup>

WHO in Pakistan operates through a large network of partners, including governments of member states, civil society organizations, academic research institutions, donor agencies, national stakeholders and the international community.<sup>(71)</sup> Beside Syria and Cameroon, Pakistan is in the spotlight. It is being seen as posing the greatest threat of exporting the virus and undermining a UN plan to eradicate it by 2018. If the war against polio fails then all the efforts made at international level will go in vain and the funds allocated for it will be wasted.<sup>(72)</sup>

## 2. Regional implications

The outbreak of polio has also severe regional implications. Pakistan has its borders with Iran, China, India, and Afghanistan. There are frequent migrations of the citizens among these countries. Even the people in Pakistan on borders have relationships across the border with Iran, Afghanistan and India. They have trade relationships too. There are huge chances of transmitting of polio virus from Pakistan to other neighbouring countries and vice versa. Afghanistan and FATA with respect to polio epidemic pose grave threats to the entire region. This is evident from a *New York Times* report where Rod Nordland states:

*Afghanistan is one of only three countries where polio is still endemic and it has been inching closer to its goal of eradicating the disease. But it is next door to Pakistan, where polio is much more widespread, especially in the tribal areas along the border, and most of Afghanistan's remaining polio cases are traceable to Pakistan.*<sup>(73)</sup>

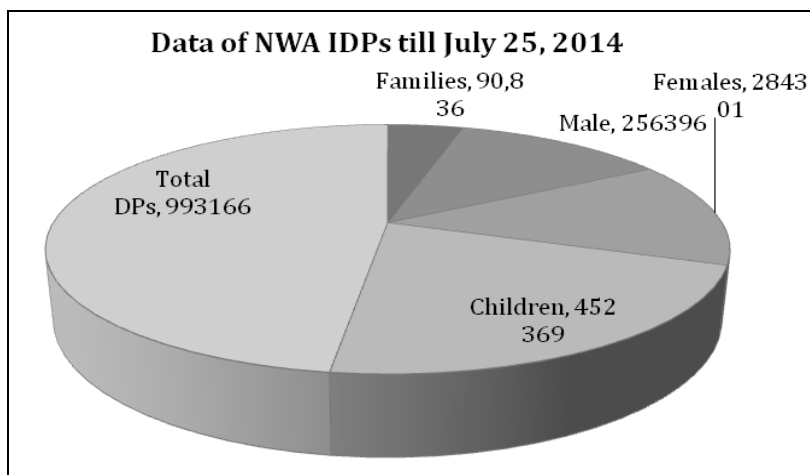
It is very alarming that India has imposed the first ever travelling restrictions on Pakistani visitors.<sup>(74)</sup>

## 3. National ramifications

The spread of polio virus is a looming threat to the rest of the country. This will endanger the nation as a whole generating severe socio-economic problems. Displacement of the local population<sup>(75)</sup> also increased the chances of non-traditional security threats. FATA residents are the main victims of an ongoing cycle of violence and the region has produced few counter-insurgency successes. The conflict has previously displaced and affected 3.5 million people. According to FATA Secretariat, in July 2009, 550,000 people were displaced from

Bajaur and Mohmand; 80,000 from Kurram; 50,000 from North Waziristan; and 250,000 from South Waziristan, more than half of this agency's population, with ongoing military operations rapidly increasing their numbers.<sup>(76)</sup> Fresh military and paramilitary operations in Khyber Agency in September 2009 have caused an estimated 56,000 to 100,000 IDPs.<sup>(77)</sup> According to World Health Organization report, *The geno-typing results of over 85 polio cases during 2013 have shown that the active poliovirus strain type 1 circulating in Peshawar is spreading the cases to other parts of the country including North Waziristan.*<sup>(78)</sup>

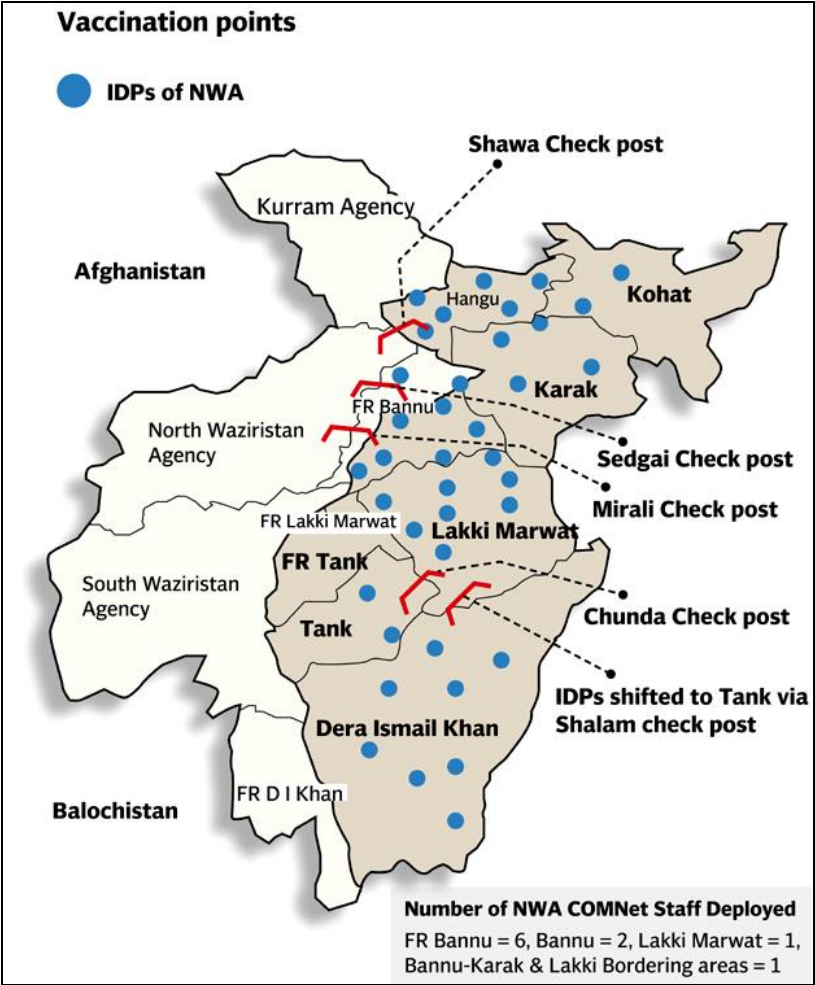
The federal government in its meeting held on 25 February 2014 has made talks conditional on ceasefire on the part of Taliban. It also gave approval for surgical attacks against the hideouts of banned Tehreek-e-Taliban Pakistan (TTP).<sup>(79)</sup> Now limited military operations have been launched in different parts of tribal areas, especially in NWA. The surgical strikes will generate different problems. The Hafiz Gul Bahadur group distributed pamphlets among the people of NWA to vacate the area so that they could retaliate against the ongoing military operations.<sup>(80)</sup> The growing mass migration in the form of internally displaced persons (IDPs) will pose serious non-traditional threats, particularly health security threats. According to Federal Disaster Management Authority (FDMA), 90,836 families have migrated from North Waziristan. The total number of displaced persons reaches up to 9,93,166. Among this, 2,56,369 are males. Displaced females and children are 2,84,301 and 4,52,369, respectively.<sup>(81)</sup>



The data shows that children constitute the majority of the displaced persons. It is significant to mention that the Ministry of States and Frontier Regions (Safron) working in collaboration with the Khyber Pakhtunkhwa health department has launched polio vaccination campaign after the launch of the Zarb-e-Azb operation in NWA. It is reported that a total of 76,565 children have



been vaccinated at the permanent transit points established at FR Bannu, 13,500 are immunized at the transit points at Hangu/Thal while 1,648 children are vaccinated at DI Khan. While in Bannu and Lakki Marwat, 3,500 IDP children and 1,274 children have been served with oral polio vaccine (OPV) respectively. The federal government is engaged in vaccinating these displaced children under the Emergency Vaccination Plan (EVP) for internally displaced persons (IDPs).<sup>(82)</sup>



Source: Prime Minister’s Polio Cell.<sup>(83)</sup>

There is already scarcity of health facilities and shortage of medical staff in areas of Khyber Pakhtunkhwa (Bannu, Lakki Marwat, Dera Ismail Khan, Karak, Hangu, and Tank) where NWA people migrated.<sup>(84)</sup> There is shortage of doctors, paramedical staff, laboratory assistants, nurses, etc in District Headquarters Hospital Bannu. Medicines are also not available in the hospital.

The displaced children are exposed to various diseases like diarrhoea, malaria, dehydration, and skin infections.<sup>(85)</sup> These people are exposed to various diseases and will also carry various diseases to adjacent areas including district Bannu. This forced mass migration will pose health security threats to the local people of Bannu.<sup>(86)</sup>

The failure of the government to eradicate polio has severely tarnished the image of the country in the comity of nations. It is also evident from the fact that Dr. Ghulam Qadir (Director General, Health, Khyber Pakhtunkhwa) and Dr. Fahim Marwat (in charge, Malaria Control Programme) have been stopped at Bacha Khan Airport, Peshawar, due to lack of polio certificate. Both officials were scheduled to pay an officials visit to Egypt.<sup>(87)</sup>

## Policy recommendations

The federal government in collaboration with the provincial government of Khyber Pakhtunkhwa and other organizations engaged in anti-polio drive needs to design short-term and long-term policies to stop the possible outbreak of polio in the country.

### A. Long-term policy recommendations

1. The current military operation against terrorists needs to be completed at the earliest. The federal government should design a long-lasting solution for the ongoing insurgency in FATA. By addressing the militancy and anarchic situation, the aforementioned issues will be resolved as these are the offshoots of militancy and the consequences of GWoT.
2. As an integral part of its peace efforts, the government should take concrete sincere steps to introduce political and administrative reforms in FATA. The legal and judicial system of FATA should be revised. The authoritative power of the political administration needs to be curbed and democracy introduced. Democratic institutions, particularly local government institutions, need to be introduced and strengthened. An official of the FATA Secretariat stated:

*Democracy is a far cry in FATA. Since the inception of Pakistan, FATA is run under the colonial framed laws. The Frontier Crimes Regulations (FCR), 1901, provide both legal and judicial frameworks for the people of the tribal belt. This document has been declared a draconian legal instrument by the residents of FATA. It has established authoritarianism in FATA by empowering the Political Administration with unbridled powers. There is no concept of audit of the financial resources. Lack of auditing means lack of financial accountability.<sup>(88)</sup>*

3. The growing militancy in FATA has destroyed most health facilities institutions. The government should take rebuilding initiatives. Basic health units should be established in the far-flung areas of NWA.

4. The government should take initiatives to modernize those institutions including laboratories manned by trained laboratory technicians. There is also need for an efficient surveillance mechanism to have an eye on health officials in the tribal areas.

#### **B. Short-term policy recommendations**

1. The federal and provincial governments should declare 'Health Emergency' in areas where people of NWA have migrated on large scale. Competent doctors and paramedical staff should be deputed in those areas. There is an urgent need to proclaim health emergency particularly in Bannu, Dera Ismail Khan, and Tank districts and adjacent areas because majority of IDPs have taken shelter there.<sup>(89)</sup>
2. There should be special medical cells or units in hospitals of Bannu district and other areas where tribal people are expected to migrate. That would ensure proper medical facilities to them. These IDPs should be vaccinated against various diseases and their children safeguarded with polio vaccines to ensure success of polio eradication initiatives.<sup>(90)</sup>
3. The availability of vaccines must be ensured. The migrants should be vaccinated while entering these areas.
4. The government needs to adopt a follow-up vaccination programme for the IDPs so as to reduce the chances of polio eruption due to inaccessibility.

### **Conclusion**

Put simply, in the light of the above data North Waziristan Agency is the epicentre of polio virus. The GWOt has intensified militancy in NWA which consequently gave birth to non-traditional threats. These include the weakening of the social fabric, unemployment, personal insecurity, poverty, psychological problems and, above all, environmental and health problems. The growing militancy and countermilitancy actions have made the people of North Waziristan very vulnerable in health security.

In a nutshell, a 'new social contract' is needed to wipe out the sense of alienation and abhorrence from the minds and hearts of the tribal people and to make them part of an integrated whole. Regarding coping with the health problems and biosecurity threats, Robert E. Antosia and John D. Cahill stated:

*Training for work in a complex emergency environment is essential before deployment. Rapid assessments provide for quick identification and analysis of vulnerable populations, setting priorities requiring immediate aid, which is then followed by more detailed surveys and ongoing surveillance and monitoring of the populations at risk. Research suggests that certain health-related issues should be the focus of assistance to minimize mortality and morbidity. Endemic disease control is always a priority. Surveillance, outbreak investigation, and preventive control measures — such as ensuring adequate quantity and quality of water and sanitation facilities, food and shelter, and*

*immunizations for measles, tetanus, diphtheria, and polio, as well as vector control for malaria — are priority measures, especially in the developing and smouldering country models.*<sup>(91)</sup>

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