



Civil Society Forum

29-30 March 2010

**Centre de formation du comité international de la Croix-
Rouge (ECOGIA)**

Geneva, Switzerland

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SUMMARY AND INTRODUCTION

Following the Civil Society Meeting in Hanoi in November 2009, Civil Society Organisations¹ requested to meet again as a group with the GAVI Secretariat to agree on the structure of the GAVI CSO constituency, provide input into GAVI policy and strategy development, and chart a way forward for joined-up advocacy.

Close to 40 participants from GAVI-eligible countries as well as donor countries participated in the 29-30 March 2010 CSO Forum. Participants achieved agreement on a structure for the GAVI CSO network and support for the CSO Board member, as well as charting next steps for policy and advocacy engagement with GAVI. The meeting marked another milestone in strengthening civil society engagement with the GAVI Alliance, and the structure that was set up to facilitate this will enable independent civil society discussions and input into GAVI policy and programme implementation – as well as hold GAVI to account at the country and the global levels.

A number of concrete follow-up actions and next steps were agreed upon, and these are listed under the relevant sections in this report.

I. CSO Forum Opening Session - Helen Evans, Deputy CEO, GAVI Secretariat

CSOs are a key partner in the GAVI Alliance. CSOs already contribute greatly to GAVI's mission to save children's lives and protect people's health. In practice, CSOs are often at the forefront of delivering health services, including immunisation, especially to marginalised and hard to reach populations. Furthermore, in policy development, CSOs bring a unique perspective to policy debates; perspectives that others do not see, or perhaps do not want to see.

While CSOs have been an important partner for GAVI, GAVI hopes that the voice of CSOs will be heard more loudly. With the Call to Action issued in Hanoi in November 2009, GAVI and CSOs set forth a new path for strengthening engagement, with CSOs driving and deepening their participation in the GAVI Alliance and the Secretariat facilitating this process. GAVI remains very supportive of this approach. Indeed, this CSO Forum was convened and developed in this spirit: to take stock of the Call to Action and move towards firm decisions on the structure and organisation of the GAVI CSO network.

What the Secretariat aspires towards is a stronger CSO voice in the areas of programme delivery and policy development. This Forum also provides an additional opportunity for CSOs to help shape GAVI's 2011-2015 strategy as well as key GAVI policy and programme initiatives.

There is, nonetheless, another area where CSOs can contribute to the success of the GAVI Alliance mission: advocacy. Essentially, this means holding the Secretariat and Alliance partners accountable for commitments and outcomes; in-country advocacy of appropriate immunisation and other health programmes and policies; and, at the global level, attention to the health challenges and policies that matter to all of us.

¹ GAVI defines civil society organisations as nongovernmental organisations, community-based organisations, professional associations, and technical and academic institutions.

Over the next five years, with the support and collaboration of CSOs, GAVI has the opportunity to save an additional 4.2 million lives. The resource needs to accomplish this task amount to an extra US \$2.6 billion between now and 2015, as highlighted at the GAVI High Level Meeting in The Hague earlier this year, where several CSO Forum participants were present. Resource mobilisation is therefore a very important area where GAVI also looks to CSOs for their voice, engagement, support, and expertise.

GAVI welcomes the opportunity to work more closely with CSOs and looks forward to continued collaboration and engagement into the future.

II. Follow-Up from Call to Action - Alan Hinman, GAVI CSO Board Alternate

The Call to Action urged the GAVI Alliance to:

- Facilitate civil society engagement as a constituency in the governance of the GAVI Alliance, including allocation of two seats for CSO representation on the GAVI Board – one each for northern and southern CSOs.
- Require a meaningful role for civil society in all GAVI funding to countries, including health system strengthening, with a specific focus on linking communities to the formal health system.
- Create an application process to provide direct funding to CSOs at national and sub-national levels.
- Fully involve civil society in the development of all aspects of the 2011-2015 GAVI Strategic Plan and the joint GAVI-Global Fund-World Bank health systems strengthening platform.

Thus far, progress on these items has included:

- A consultation by GAVI Secretariat Deputy CEO, Helen Evans, with CSO Board member Faruque Ahmed and Alternate Alan Hinman on GAVI's 2011-2015 strategy;
- Placing the issue of a 2nd CSO Board seat on the Agenda of the June 2010 GAVI Governance Committee meeting; and,
- CSO input into Type A redesign at the GAVI Policy and Programme Committee meeting held in February 2010.

Many of the items in the Call to Action will be discussed throughout this CSO Forum.

Next Steps:

- GAVI Secretariat to provide the working group (see below) with (i) names and contact information of all GAVI Board members and the members on the Governance Committee; and (ii) information on what the by-laws stipulate in terms of possibility of having more than one representative on the Programme and Policy Committee (PPC).

- Establishing a Working Group to:
 - Support Board Alternate Alan Hinman for the Governance Committee discussion in June 2010 on a 2nd CSO Board seat;
 - Drafting a standard letter to enlist the support of all GAVI Board members, as well as relevant international organisations, for a 2nd CSO Board seat;
 - Encourage and support CSO Forum participants in their efforts in their home countries and constituencies for a 2nd GAVI CSO Board seat; and,
 - Look into the possibility of nominating a second CSO representative for the Programme and Policy Committee (PPC).
- Working Group members include: Jane Schaller, Elaine Ireland, Regina Keith, Robert Steinglass, Kate Elder, and Daniel Berman. The group will constitute itself, the Secretariat can help set up conference calls, and materials will be circulated by the group members on the GAVI Constituency Google group.

III. CSO Constituency Development

CSOs have worked to create a structure that will facilitate a strengthened civil society voice as a partner in the GAVI Alliance. This structure will help to promote consistent inputs from civil society into GAVI processes and encourage active participation in governance and other bodies. CSOs have also looked at ways to increase both input into policy development and serve a watchdog function at the country and global levels.

Building on previous discussions and decisions, this meeting finalised the structure of the CSO constituency, deciding on (i) a two-tiered structure consisting of a 15-20-person *Steering Committee* where members are selected based on set criteria and the ability to commit at least 10% of their time, and (ii) a *Civil Society Forum*, with open membership, and communication through a listserv.

Both the CSO *Steering Committee* and *Civil Society Forum* will seek to generate CSO inputs that lead to more effective GAVI decisions, policies, funding allocations and strategic developments. Communication will be facilitated by a *Communications Focal Point* in a 50% Full-Time Equivalent (FTE) position, hosted by a CSO (not the GAVI Secretariat). The updated Constituency concept note (Annex 3) lays out the structure in further detail.

Expectations of the Secretariat (to be discussed and finalised with the Secretariat):

- Organisation of two Face-to-Face meetings a year and civil society participation at Board meetings and teleconferences;
- Funding of a 50% FTE Communication Focal Point (i.e. 50% job, 100% funded by GAVI);
- Organising and paying for travel to Board and other meetings for Board member, alternate, communications focal point, and two observers; and,
- Working with the Communication Focal Point.

Next steps:**1. Communication Focal Point**

- Develop and circulate TOR (Alan Hinman, Faruque Ahmed, Joan Awunyo-Akaba, with Secretariat support for circulation). Two parallel processes: (i) identify a short-term (maximum 6 months) Communications Focal Point person who will set up the mechanism and establish processes, including working with the Secretariat and the CSO constituency to raise funds for the longer-term position; and, (ii) identify a longer-term person through application process who will then serve as the Communication Focal Point;
- GAVI to check whether funds are available for a 6-month (temporary) Communications Focal Point position;
- All CSO participants to consider whether they could host the Communications Focal Point, and communicate expressions of interest to the GAVI Secretariat and to the broader group [by 8 April 2010](#); and,
- Actual selection process to be discussed; however, the Communication Focal Point will have a contract with the host agency (i.e. not be employed by GAVI), and be managed by the Steering Committee, and work closely with the Secretariat.

2. GAVI Constituency communication

- CSOs to join GAVI Constituency Google listserv to facilitate effective communication and sharing of information.

3. Steering committee

- Working group to establish selection process for Steering Committee: Elaine Ireland, Kate Elder, Tobias Luppe, Abdul Majeed, Faruque Ahmed, Alan Hinman Joan Awunyo-Akaba. The group will constitute itself, and the Secretariat can help set up conference calls. Materials will be circulated by the group members on the GAVI Constituency Google group.
- Some criteria were decided upon: the Steering Committee will include Board member, alternate, and Board Committee members (currently, Faruque Ahmed, Alan Hinman, and Joan Awunyo-Akaba), and the Communications Focal Point. The rest of the Steering Committee will be selected to reflect a balance of gender, geography (including North – South), and skills/areas of work (e.g. should involve experience in immunisation). Candidates ‘apply’ for membership following an open solicitation process (call for interest on listservs etc), and should be able to prove organisational approval for time commitment of at least 10%. The final selection will be done by Faruque, Alan and Joan.

Working groups also discussed strengthening CSOs at country level in GAVI eligible countries through coalition building, as well as the role of northern CSOs. Outcomes of these working groups are charted here.

i. Southern coalition building

Discussion outcomes (Francophone and Anglophone working groups, and plenary discussion):

- Civil society coalitions are central to effective working and strengthening of civil society voices at the country level;
- Coalitions should not be GAVI-specific or MDG 4/5-focussed, but be broad health coalitions;
- There is a need to build confidence in coalitions – this can be achieved by publishing a code of conduct (to prevent potential conflict). There is also a need to build bridges and trust with the Ministry of Health through meetings and participation in groups etc.;
- Southern CSOs will play a key role in generating and disseminating credible evidence-based knowledge and communication products;
- Don't try to include everyone from the beginning; start with a 'coalition of the willing' and build from there;
- External funding can help coalitions get started, but to be effective, there has to be strong commitment by the CSOs involved to work together regardless of funding;
- Available pots of money include GAVI Type A (selected countries), IHP+ Civil Society Health Policy Action Fund (IHP+ countries), the World Bank's MAP programme, the European Union at country level, and USAID title II funds for capacity building; and,
- CSOs themselves need to establish coalitions at the national and regional levels. GAVI Alliance partners can be called on to support coalition building, but the GAVI Secretariat has no operational role at country level.

The two Southern Coalition Working Groups had the following recommendations for the GAVI Secretariat:

- Funding to strengthen CSO coalitions in-country;
- Linking southern CSOs with global CSO networks and development debates;
- Support and recognition of southern CSOs in advocacy.

Next steps:

- A Working Group on establishment of national coalitions, to circulate experiences, funding opportunities, and other useful information, consists of: Jane Schaller, Paul Nampala, Mette Kjaer, Princess Nikky Onyeri, Sabrina Kitaka, Lola Dare, Joan Awunyo-Akaba, Rozina Mistry, and Cecilia Bentsi. The group will constitute itself, the Secretariat can help set up conference calls, and group members will circulate materials on the GAVI Constituency Google group.

ii. The role of Northern CSOs

Discussion outcomes (Working Group and plenary discussion):

- Northern CSOs have a key role to play in advocacy and policy/strategy development, and commit to and request active engagement by GAVI Secretariat. Historically, the GAVI Secretariat is not perceived as responsive to CSOs, but GAVI is now on the right track;

- Northern CSOs will also play a watchdog role, in particular for GAVI's implementation of the Paris Declaration and adherence to Global Health Partnership principles;
- Northern CSOs can support gathering of evidence for Southern coalition building (which would require GAVI support) and can provide capacity building and technical support for southern voices, including task forces;
- Northern CSOs will advocate for 'GAVI issues' if not necessarily for GAVI, and support resource mobilisation within a continuum of MNCH and HSS; and,
- Northern NGOs active in service delivery can crucially contribute to the evidence base of immunisation programmes due to their presence in many countries and resources for operational research.

Next steps:

- Advocate for second Board seat, increase communication (Google group, have pre- and post- GAVI Board stakeholder meeting), and set up skills database collating different CSOs/individuals skill sets (with Communication Focal Point).

IV. CSO Input into GAVI Strategic Plan

Presenter: Helen Evans, Deputy CEO, GAVI Secretariat, supported by Nina Schwalbe, Managing Director, Policy and Performance, GAVI Secretariat, and Ciara Goldstein, Project Officer, GAVI Secretariat

The current GAVI Alliance Strategy, approved by the GAVI Boards in 2006, covers the timeframe 2007- 2010. A GAVI Alliance Strategy 2011-2015 is being developed for implementation commencing in 2011. As a result of the governance changes, GAVI is for the first time in the position to develop a single consolidated and integrated strategy. It was agreed at the November 2009 Board meeting that the process would be undertaken by the GAVI Secretariat under the coordination of the Deputy CEO and oversight of the Executive Committee acting on behalf of the Board.

The two key deliverables include:

- **June 2010:** a draft strategy document presented to the Board for outlining the overall mission, strategic goals, operating principles, roles/responsibilities and key objectives for the period 2011 - 2015
- **December 2010 :** A comprehensive business plan presented to the Board on how to achieve the strategy with clear activities, specific key performance indicators (KPIs) with established targets for objectives/activities, accountabilities and indicative budget

Consultations with all Board constituencies took place between November 2009-April 2010, including the civil society Board member and alternate. Written feedback from these constituencies, where provided, also informed the strategy development process. One of the discussion points raised during the consultation with the CSO Board representatives included the idea of a civil society forum in which broader civil society input on the strategy could be captured.

Two expected outcomes from the strategy discussion at the CSO Forum included: refining the objectives for the new strategy and providing potential KPIs related to objectives (including KPIs around CSO engagement).

Points raised by CSOs in the discussion:

- There was discussion on the need to stress national capacity (health information systems, data collection and analysis, packaging and dissemination of information to relevant audiences, and national investments in vaccine and systems) rather than focus solely on the supply side (delivery of vaccines);
- The group supported the idea of having an objective related to civil society (under Strategic Goal 2), and an initial suggestion was *'Promoting civil society engagement in the health sector'*;
- The group questioned the rationale of having a specific objective related to gender, since studies show that gender is not a primary issue of concern in terms of vaccination rates. Thus, an explicit focus on gender could distract from other more pressing equity issues such as rural / urban and poverty related inequities. Therefore the group suggested to phrase the objective "Increase equity in access to services" which would be open enough to include all sorts of equity issues; Regarding the two options proposed for the wording of the HSS goal (Strategic Goal 2), nearly unanimous support was demonstrated for option 2 (*'Contribute to strengthening the capacity of health systems to deliver immunisation as part of integrated health services'*);
- For the objective 2 under Strategic Goal 3, the word 'contribution' was suggested to replace 'commitment' as a donor can be 'committed' without actually 'contributing' funds. An initial suggestion was *'Increase donor and private contributions to GAVI'*;
- It was suggested that the linkage of the strategy to the aid effectiveness agenda should be further highlighted;
- The group was generally supportive of the new Strategic Goal 4 (*'Shape vaccine markets'*). It was noted that the objectives under this goal should include the themes of affordability, sufficient and secure vaccine supply, market stability and product introduction and sustained use; and,
- It was suggested that under the objectives of Strategic Goal 4, the word 'appropriate' vaccines should be defined as *'formulated, presented and packaged for introduction and use in low income settings'*.

Next steps:

- CSO collective input will be communicated at the Board retreat by the CSO representative (Alan Hinman); AND.
- A Working Group, led by Joan Awunyo-Akaba, will collect indicators by which to assess civil society impact and value. These should be sent to the Secretariat in mid-April. Other members of the group include Mette Kjaer, Robert Steinglass, Alan Hinman, Christian Acemah, Elaine Ireland, Erin Baldrige, Rozina Mistry, and Maziko Matemba. The group will constitute itself, the Secretariat can help set up conference calls, and materials will be circulated by the group members on the GAVI Constituency Google group.

V. Type A CSO Funding Window

Presenters:

- **Nilgun Aydogan, Senior Programme Officer, Programme Delivery, GAVI Secretariat**
- **Abdul Majeed Siddiqi, Head of Mission, HealthNET Afghanistan**
- **Joan Awunyo-Akaba, Executive Director, FUGI, & Volta Region Chairperson, Ghana Coalition of NGOs in Health**
- **Rozina Mistry, Director, Aga Khan Health Services Pakistan**

In response to a number of challenges faced with the Type A programme window as well as CSO concerns on the programme structure, the Type A CSO funding window is in the process of being redesigned. The Programme Delivery team, which is tasked with the redesign of the Type A funding window, noted that current thinking on a redesign of the Type A CSO funding window includes direct funding to support CSOs (to be approved by the in-country Ministry of Health), a focus on a fewer number of GAVI-eligible countries, and refining the definition of CSO (e.g. should technical institutes and academic institutions still be included in the definition?). However, given that this is still a work in progress, areas for CSO consultation in the Type A redesign include:

- Development of objectives, outputs and outcomes for the new design;
- Refining the definition of CSOs;
- Use of support: Determine what kind of activities can be or cannot be funded under this support;
- Development of country selection and funding allocation per country; and,
- Application process

Country-level experience with GAVI-supported CSO programmes were also presented.

Points raised by CSOs in the discussion:

- There is still a need for further clarity in the objectives of the new Type A programme – it seems as if Type A and Type B are getting mixed up;
- Support for CSO mapping exercises should remain an important component of the Type A programme; however this cannot just focus on CSOs that are working in immunisation but should also include CSOs working in other health related programmes;
- More thought is required on the eligibility criteria (including retaining the current definition of CSOs) as well as proposed areas not covered by Type A funding (e.g. Information technology support, office utilities, personnel, etc); and,
- Lack of Government endorsement of GAVI-supported CSO programmes has the potential to cause further challenges to effective CSO engagement.

Next steps:

- A dedicated group of CSO Forum participants will work with the GAVI Secretariat Programme Delivery team on the redesign of the CSO Type A Funding window. This Working Group will consist of: Rozina Mistry, Filimona Bisrat, Ngoma Miezi Kintaudi, Lola Dare, Cecilia Bentsi, Abdul Majeed Siddiqi, Kwami Dodzi Kpondzo, and Clarisse Loe Loumou. The group

will constitute itself, the Secretariat can help set up conference calls, and materials will be circulated by the group members on the GAVI Constituency Google group.

VI. Prioritisation, Co-financing, and Supply Strategy

Presenters:

- **Nina Schwalbe, Managing Director, Policy and Performance, GAVI Secretariat**
- **Santiago Cornejo, Senior Programme Manager, Programme Delivery/Country Finance, GAVI Secretariat**
- **Rozina Mistry, Director, Aga Khan Health Services Pakistan**
- **Daniel Marc Berman, Deputy Director - Access to Medicines Campaign, MSF**
- **Maziko Hisbon Matemba, Executive Director, Health and Rights Education Programme**

The presentations from the Secretariat focused on the following:

- How to prioritise should GAVI not have the resources to meet country level demand for vaccines?;
- Reviewing and revising GAVI's vaccine co-financing policy based on the experience to date;
- Ensuring vaccine supply security and related matters (e.g. price reductions).

There are three Task Teams of the GAVI Programme and Policy Committee looking into each of these issues (prioritisation, co-financing, and supply) separately. CSO Forum participants who are members of each task team were asked to share updates.

Points raised by CSOs in the discussion:

- DALYS should not be the ultimate driver of prioritisation, as there are challenges associated with how one calculates DALYS;
- The importance of thinking about the discussion on co-financing as one of *financial sustainability* (as opposed to just "sustainability"). This is key because financial sustainability enables the discussion on co-financing to also consider the dimension of vaccine price reduction and shaping markets;
- Equity is a critical parameter to consider in co-financing, particularly around expectations of countries who are more able to pay for vaccines and those less able to;
- Discussions of co-financing should not sideline discussions on building capacity for countries to deliver immunisation and health services (i.e. health systems strengthening and the Joint Platform); and,
- GAVI should consider strategies to balance accelerated demand and access to new vaccines and whether co-financing is the best way to help counties make the best decisions about introductions.

Next steps:

- Task team members are requested to continue to share information updates from their Task Teams with the wider CSO Forum through the listserv; and,

- CSO Forum participants are encouraged to share their feedback with CSO representatives on the Task Teams.

VII. Health Systems Strengthening Platform

Presenter: Carole Presern, Managing Director, Special Projects, GAVI Secretariat, and Craig Burgess, Senior Specialist, Programme Delivery, GAVI Secretariat

Since May 2009, The World Bank, GAVI Alliance and The Global Fund to Fight AIDS, Tuberculosis and Malaria, facilitated by the World Health Organization, have been developing joint approaches to health system strengthening (HSS) based on the principles of greater aid effectiveness agreed in Paris and Accra and reflected in the International Health Partnership. This work is in response to a call by the High Level Task Force on Innovative International Financing for Health Systems to get 'more health for the money' in part through establishing a Health System Funding Platform (HSFP).

The HSFP is NOT a new initiative; it is an approach to try to simplify access to health system funding and reduce transaction costs for countries. This approach is still being developed, and recognising that each country is different, the approach is being rolled out in a few countries in 2010. Experiences made will be used to refine the approach.

Countries are divided in two groups, each with a different approach to funding:

- **Track one:** countries that already receive health system strengthening support. HSFP means moving towards one M&E framework, one financing plan, and one system for programme oversight;
- **Track two:** countries that will receive new funding. These countries can opt to develop one proposal for health system strengthening and be reviewed through one review process (option 1) or be funded through inclusive national health plans (with World Bank and other partners at country level (option 2)).

The platform aims to shift current practices from agency and contract-driven to country-driven, from multiple deadlines to flexible support which is aligned to the country budget cycle. The anticipated benefits are reduced transaction costs and better coordinated funding for HSS through aligned partners support to national plans and strategies, through an inclusive process. Ultimately, this will result in greater value for money and improved outcomes for health MDGs.

Points raised by CSOs in the discussion:

- Ensure sector wide design process of national plans (not just Ministry of Health) to include civil society;
- The platform should include a separate funding track for civil society. If funding goes through the Ministry there are delays or civil society does not access funding at all;
- The WHO 'building blocks' definition of health system is inadequate, as it does not adequately include the demand side to health services (i.e. there is a focus on supply) and the role of civil society; therefore, there is a need to have a clear definition that can be interpreted to include CSOs;

- This is very similar to SWAPs and other previously tried approaches, which stranded on the lack of donor commitment. Are the donors really committed to making this work this time?;
- Where is the baseline of current transaction costs, to know what the platform will make a difference?; and,
- Countries ask for reduced transaction costs and better coordination – not a platform which may increase fragmentation.

More information is available at:

<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/0,,contentMDK:22299073~menuPK:282516~pagePK:148956~piPK:216618~theSitePK:282511,00.html>

VIII. Advocacy and Resource Mobilisation

Presenters:

- **Rozina Mistry, Director, Aga Khan Health Services Pakistan**
- **Geoff Adlide, Director, Advocacy and Public Policy, GAVI Secretariat**

A brief report of the High Level Meeting (HLM) in the Hague was provided by Rozina Mistry. Key highlights from the HLM of relevance to CSO Forum participants included the following:

- There was strong overall support for the Joint Global Fund, GAVI, and World Bank Platform on Health Systems Strengthening;
- Agreement that the documents produced for the HLM, including the GAVI Evidence Base, were of high quality;
- The major future cost drivers for GAVI are vaccines for pneumococcal, rotavirus, and pentavalent vaccines;
- Investment in GAVI is good value for money; and,
- The importance of CSOs to achieving GAVI's mission was a recurrent theme throughout the meeting.

Geoff Adlide responded by raising two main points:

- The HLM resulted in a number of key outcomes: underlining GAVI's resource need of US \$2.6 billion over the next six years to meet country demand, the production of materials such as the Evidence Base and other documentation, and agreement to hold a replenishment-type meeting after the UN MDG summit in September 2010; and,
- GAVI is enthusiastic to support CSOs in their advocacy and policy making efforts in child health, maternal health, immunisation, and health in general.

Points raised by CSOs in the discussion:

- CSOs require additional supporting documentation from the Secretariat;
- Using the opportunity of major international events to work on joint GAVI-CSO advocacy efforts (e.g. Women Deliver & Count Down to 2015 on Child Survival – Princess Nikky; AU

MDG Summit – Maziko; Global Health Council – Princess Nikky; World Health Assembly – Princess Nikky, Regina, etc.);

- The importance of Champions/Goodwill ambassadors and country-level visits by delegations for advocacy and resource mobilisation;
- Using the mass media more effectively;
- Making available documentation in at least English and French;
- Harmonising communication between GAVI, IHP+, Global Fund, to standardise messaging on child health, immunisation, etc.
- CSOs will monitor closely IHP+ signatories' follow-up, including Global Funds, with IHP+ Results
- Regional bodies and institutions provide policy advice to countries;
- Making GAVI documents succinct by including: (i) how many deaths have been averted up to now and how many remain (e.g. tetanus – need to sustain, historically); (ii) measles reduction – what about routine immunisation reduction sustained coverage (2/3 of mortality); and, (iii) split under-5 mortality graph in VP pneumonia and diarrhoea;
- GAVI and CSOs collectively need to work better on bringing community voices to policy formulation;
- There is a need to reassess ways of involving CSOs in non-GAVI eligible countries and meaningful ways of engaging CSOs in general; and,
- GAVI is not well known, and should ramp up efforts to both make donors and countries aware of GAVI and GAVI's work.

Next Steps:

- GAVI Secretariat to make available links to the documents referenced in the Evidence Base;
- Create and make available slides as resource for CSO advocacy;
- CSOs to hold Board members to account for HPV commitments;
- Participants to get overview over who is where by informing GAVI Secretariat and through the listserv; Secretariat commits support for outreach (materials can be shipped, info booth, etc.): Key events include Women Deliver, MDG summit, Global Health Council, World Health Assembly; and,
- A dedicated group of CSO Forum participants will work to define “meaningful participation of civil society in the GAVI Alliance”. Working Group will consist of Christian Acemah, Rosemary Anderson Akolaa, Alan Hinman, Regina Keith (Chair), Robert Steinglass and Sarah Williams. The group will constitute itself, the Secretariat can help set up conference calls, and materials will be circulated by the group members on the GAVI Constituency Google group.

ANNEXES

I. Agenda

GAVI Alliance Civil Society Meeting

29-30 March 2010

Agenda

Meeting objectives

- Decide on steps needed to follow-up on Call to Action
- Increase understanding of key issues on prioritisation, supply strategy, co-financing
 - Begin crafting CS positions
- Assist in revising selection criteria to prioritize certain high-needs countries for CSO Type A support
- Explore innovative mechanisms by which CSOs could receive funding directly from GAVI in countries selected for the HSS platform funding, understand current status of new HSS platform, formulate position on CSO role
- Reach agreement on organisation, membership, and functions/processes of GAVI Civil Society constituency
- Reach agreement on CSO involvement in resource mobilisation
- Get updated on GAVI strategic plan progress, key decision points regarding strategic objectives
- Develop Key Performance Indicators (KPI) for CSO involvement in GAVI Strategic Plan

Sunday 28 March

1800h – 2100h Program planning committee meeting

- finalize activities/assignments for the meeting

Monday 29 March

Chair: Mette Kjaer

0900h Welcome – Helen Evans

0915h Call to Action

- Overall follow-up – Alan Hinman
- Selection and TOR of second Board representative – Daniel Berman, Kate Elder

For decision: How will CSO representatives pursue a second Board seat? Through lobbying governance committee members, Board members, and other opportunities?

1000h Direct GAVI CSO support – Nilgun Aydogan

- Revision of Type A funding criteria
 - Criteria formulation
 - Country selection/reduction
- Experience with GAVI CSO funding in Afghanistan (Majeed Sidiqi), Ghana (Joan Awunyo-Akaba), Pakistan (Rozina Mistry)

For decision: Do CSO representatives support the proposed Type A revision? What other funding windows GAVI/Non-GAVI are needed.

11:00 – 11:15 Coffee break

1115h CSO input on prioritisation, supply strategy, co-financing – Nina Schwalbe

- Report on prioritisation meeting – Rozina Mistry
- CSO representation in other teams – Supply Strategy – Daniel Berman, Co-financing – Maziko Matemba

For discussion: Initial reactions, questions, concerns. How will the CSO constituency follow this process, what can they expect from CS members?

1215h Resource mobilisation

- Report on resource mobilisation meeting – Joan Awunyo-Akaba, Faruque Ahmed, Daniel Berman, Rozina Mistry
- CSO involvement in resource mobilisation – Geoff Adlide

1330h Lunch

Chair: Daniel Berman or Alan Hinman

1430h CSO constituency development – Jacqueline Wittebrood (ICSS)

- Models for organisation – ICSS, CIVICUS
 - Experience of building constituencies
 - Governance representation models

1600h Working groups

Groups I & II - Governance – constructing the constituency

- 1) review background paper on constituency change recommend validation of TOR; decide upon definition of two Board members
- 2) Discuss support to board members, committee and task team members
- 3) Discuss and decide on communications focal point
- 4) How do we develop positions?
- 5) Expectations of Secretariat

Groups III & IV – Creating & supporting strong Southern CSO national networks

- 1) Define challenges of creating and sustaining CSO networks
- 2) How to increase active membership?
- 3) What can the role of GAVI be?
- 4) What are the means needed to be successful: funds, technical assistance, other?
- 5) How do we feed the policy process in governance committees/board?
- 6) Which other institutions can support this process?

Group V – Role and activities of Northern CSOs

- 1) Define role in respect of GAVI and CSO objectives
- 2) How to increase active membership ?
- 3) Priorities for action
- 4) How do we feed the policy process in governance committees/board?
- 5) What do we want from secretariat?

1800h Adjourn

19:00-21:00 **RECEPTION – GAVI office (shuttle bus)**

<u>Tuesday 30 March</u>	(facilitation – Peter van Rooijen, ICSS)
0830h	Closed session for entire CS constituency
0930h	<p>New HSS platform – Carole Presern</p> <ul style="list-style-type: none"> • Feedback from Hague joint Global Fund/GAVI meeting with donors – Joan Awunyo-Akaba, Sabrina Bakeera-Kitaka, Daniel Berman, Kate Elder, Rozina Mistral • Secretariat update on progress, GAVI objectives and synergy with CSO direct funding • Geneva CSO HSS consultation (Faruque Ahmed) • GFATM CSO response to HSS (Jacqueline Wittebrood) • CSO support through existing and new HSS envelopes
1030h	<p>CSO input to GAVI strategic plan – Helen Evans</p> <ul style="list-style-type: none"> • Feedback on initial positions taken by CS regarding Strategic Objectives • Update on debates taking place on strategic objectives, what points of differences need to be resolved • CSO-specific KPIs, GAVI Strategic Goals –Joan Awunyo-Akaba
1230h	Lunch
1330h – 1615h	<p>Constituency development</p> <ul style="list-style-type: none"> • Reports back from workgroups, discussion
1615h – 1630h	Coffee/tea break
1630 – 1730	<p>Constituency development</p> <ul style="list-style-type: none"> • Decisions on constituency structure and way forward
1730h	<p>Conclusions – Faruque</p> <ul style="list-style-type: none"> • Summary of decisions taken • Next steps
1800h	Adjourn

II. List of Participants

CSO FORUM 29-30 March 2010, Geneva. PARTICIPANT LIST 1/2					
No	Name	Last Name	Organisation	Job Title	Country
1	Christian	Acemah	ASADI/Insititue of Medicine	Senior Associate	USA
2	Faruque	Ahmed	BRAC Health Program	Director, Health	Bangladesh
3	Rosemary	Akolaa Anderson	OXFAM Ghana	Health Advocacy Coordinator	Ghana
4	Joan	Awunyo-Akaba	Ghana Coalition of NGOs in Health	Executive Director	Ghana
5	Sabrina	Bakeera-Kitaka	Department of Paediatrics, Mulago Hospital	President	Uganda
6	Erin	Baldrige	Catholic Relief Services	Business Development Specialist	USA
7	Cecilia	Bentsi	Ghana Coalition of NGOs in Health	Board Chairman	Ghana
8	Daniel Marc	Berman	Médecins Sans Frontières	Deputy Director, Access Campaign MSF	Switzerland
9	Filimona	Bisrat	CRDA / Core Group Ethiopia	Coordinator, CORE group	Ethiopia
10	Lola	Dare	Centre for Health Sciences Training, Research and Development (CHESTRAD)	Chief Executive Officer	Nigeria
11	Abeyeta	Djenda	Union des ONG du Togo (UONGTO)	Executive Director	Togo
12	Katharine	Elder	International Federation of Red Cross and Red Crescent Societies	Senior Health Officer	Switzerland
13	Leah	Hasselback (Barrett)	VillageReach	Program manager	USA
14	Alan	Hinman	Public Health Informatics Institute	Senior Public Health Scientist	USA
15	Elaine	Ireland	International AIDS Alliance/IHP+	Global Health Advocacy Officer	UK
16	Regina	Keith	World Vision International	Global Senior Health Advisor	UK
17	Ngoma Miezi	Kintaudi	ECC/SANRU	Medical Director (ECC) and Projects Director (SANRU)	DRC
18	Mette	Kjaer	African Medical and Research Foundation	Country Director	Kenya
19	Yaya Zan	Konaré	FENASCOM	President	Mali
20	Kwami Dodzi	Kpondzo	Fédération des ONG au Togo (FONGTO)	Executive Director	Togo
21	Sanath P.	Lamabadu suriya	Asian Pacific Pediatric Association		Sri Lanka
22	Clarisse	Loe Loumou	Alternative Santé / Member of CCAM	Paediatrician / President founder Alternative Santé	Cameroon
23	Tobias	Luppe	OXFAM	Global Health Advocacy	Germany

CSO FORUM 29-30 March 2010, Geneva. PARTICIPANT LIST 2/2

No	Name	Last Name	Organisation	Job Title	Country
24	Maziko Hisbon	Matemba	Health and Rights Education Programme (HREP)	Executive Director	Malawi
25	Rozina	Mistry	Aga Khan Health Service	Director	Pakistan
26	Paul (Michael)	Nampala	Uganda National Academy of Science (UNAS)	Executive Director	Uganda
27	Leila	Nimatallah	Global Action for Children	Policy Director	USA
28	Princess Nikki	Onyeri	Princess Nikky Breast Cancer Foundation	Executive Director	Nigeria
29	Halfousseyni	Sangare	Groupe Pivot, Santé Population Mali	Directeur Adjoint	Mali
30	Jane	Schaller	International Pediatric Association	Executive Director	Canada
31	Sidiqullah	Shinwari	Afghanistan Centre for Training and Development (ACTD)	Director General	Afghanistan
32	Jyoti	Shrestha	Mother and Infant Research Activities	Coordinator	Nepal
33	Abdul Majeed	Siddiqi	HealthNet	Head of Mission	Afghanistan
34	Robert	Steinglass	JSI/MCHIP	Immunization Team Leader	USA
35	Peter	Van Rooijen	International Civil Society Support (ICSS)	Executive Director	Netherlands
36	Sarah	Williams	Save the Children UK	Health Policy and Programme Advisor	UK
37	Jacqueline	Wittebrood	Developed Country NGO Delegation to the Global Fund Board / International Civil Society Support (ICSS)	Communications Focal Point	Netherlands

Background Paper and Terms of Reference

GAVI Alliance Civil Society Organisation Constituency

1. Background:

Civil society organisations - defined as nongovernmental organisations, community-based organisations, faith-based organisations, professional associations, and technical and academic institutions - are critical members of the GAVI Alliance.

Civil society plays multiple roles including service delivery, watchdog function, policy and advocacy. Although governments hold the ultimate responsibility for deciding on vaccine policy and on increasing rates of coverage, CSOs deliver immunisation and other health services in most GAVI eligible countries.² **Fragile states** and **countries in crisis** are even more dependent on CSO-mediated delivery of critical health and social interventions. CSOs often bring services to the hardest to reach families, those who are often unable to access government services due to geographic, social, political, or economic barriers. Such families suffer disproportionately from vaccine preventable diseases as well as maladies preventable or treatable if primary health care were more available.

CSOs also play an essential role in supporting Polio Eradication, Measles Elimination, and similar global health initiatives through their expertise in social mobilisation, community-level engagement and presence in areas under-served by government-based public services. On the whole, CSOs often greatly enhance national capacities to deliver public health services³.

Civil society (CS) aims to strengthen its voice as a constituency through the development of a more active GAVI Alliance CS body. The purpose is to strengthen its voice as a partner in the GAVI Alliance and to promote consistent inputs from civil society into GAVI governance bodies, processes, and policy development.

The work to enhance functioning of the CS constituency with the GAVI Alliance has been in development since 2007 and has received feedback from a wide group of civil society actors⁴. Most recently, the proposed new organisation was reviewed at the 4th GAVI Alliance Partners' Forum held in Hanoi (November 2009), where a civil society-specific meeting was held to solicit

² *A Review to Identify the Role of Civil Society Organizations In Immunization*, Prepared for the GAVI Secretariat and the GAVI CSO Task Team, By Allan G. Bass, Health Systems Consultant, 22 May 2006; GAVI. 2007.

Civil society success on the ground Community systems strengthening and dual-track financing: nine illustrative case studies, International HIV/AIDS Alliance (Secretariat), 2008,

³ *Developments in immunization planning in Cambodia - rethinking the culture and organization of national program planning*. Soeung S, Grundy J, Kamara L, McArthur A, Samnang C.; Rural and Remote Health 7 (online), 2007: 630. Available from: <http://www.rrh.org.au>

⁴ Previous versions of the Civil Society Organization Constituency ToR were reviewed during broad CSO meetings hosted held in Geneva in November 2007 and October 2008.

final feedback on the constituency terms of reference (ToR)⁵. The CS constituency is now at the final stage of reform.

It has been agreed that the priority rests with developing two layers of the civil society constituency:

1. Core *Steering Committee* (15-20 people)
2. Broad *Civil Society Forum* (open membership)

Additional work to develop regional and country level GAVI CS participation will be explored both through support by the partnership as well as support from development agencies, international NGOs and Foundations.

The multiple levels of engagement will permit a more organized and effective way for civil society to engage with the GAVI Alliance. It will also provide additional channels for two-way dialogue between GAVI partners and CSOs, as well as stimulate knowledge sharing among the various CSO partners. The proposed mechanisms would provide more representative and consistent civil society inputs into the discussions of the GAVI Alliance Board, Committees, Task Teams and other GAVI-related entities.

2. Rationale:

1) The *CSO Steering Committee* will be a small group (15-20 people), which will work to support members of the various GAVI Alliance governance bodies (Board, committees, time-bound task teams, etc) and develop CS position papers/responses/etc for the GAVI Board and related bodies.

The *Steering Committee* will be selected based on commitment to follow issues and available time, technical expertise, and representation of the broad and diverse CSO spectrum. Northern CS members will be fully supported by their organisations while Southern CS members may require external untied financial support. In addition, a communications focal point will be selected to support the work of the CS constituency and also serve as a member of the *CSO Steering Committee* (see below).

2) The *Civil Society Forum* will be the second group. At the broadest level, this encompasses all civil society organisations and members to represent a diversity of CS perspectives, positions and experiences.

Managing this group will require an email listserv, along the lines of SIGN-Post or TechNet21. The communications focal point may also help guide conversations, provide summaries of important discussions and points raised, maintain the website (post reference documents, maintain archives, etc.) and work on knowledge management (e.g. encourage CSOs to share experiences and lessons learnt, which the moderator will periodically summarize into case studies and briefings).⁶ The email listserv will permit rapid dissemination of information about GAVI Alliance latest events and discussion points, and how CSOs are involved in these proceedings.

⁵ See report on Hanoi GAVI CSO Meeting, 21 November 2009.

⁶ For a discussion specific to managing a listserv for health, See Robert D. Robison; *Managing a LISTSERV, CLSEUDUC-L*; Clinical Laboratory Science, Winter 2000; http://findarticles.com/p/articles/mi_qa3890/is_200001/ai_n8886710

Both the CSO *Steering Committee* and *Civil Society Forum* will seek to generate CSO inputs that lead to more effective GAVI decisions, policies, funding allocations and strategic developments with the aim of enhancing universal and equitable access to a continuum of maternal and child health care.

Tobias Luppe 4/7/10 2:13 PM

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To manage the various levels and communications of the CSO constituency the GAVI Secretariat will be asked to finance a *CSO communications focal* point at 0.50 FTE. This will either be an independent group contracted to manage CSO communications, meeting planning, etc, or an existing civil society organisation that is willing to host this function. The communication focal point will be provided with resources to maintain pages of the website as well as manage telephone meetings and facilitate activities of the constituency. Additionally, the communication focal point will be expected to attend GAVI Board meetings as an observer.

Additionally, the GAVI Secretariat will be expected to help facilitate physical meetings through provision of administrative and financial support.

3. Responsibilities:

Responsibilities of *CSO Steering Committee* members include:

- a) Work with CSO representatives to various GAVI governance bodies to write policy papers/position statements/briefings/responses/etc., and input into the development of other relevant papers;
- b) Represent (or arrange representation) at various meetings, such as the Global Immunization Meeting (GIM), IHP+ meetings, financing meetings, etc, and feed back results to broader CSO group;
- c) Work to support CSO contributions to GAVI Alliance policies, strategies and activities, at global, regional and national levels;
- d) Assure CSO representatives effectively represent CSO constituency in various GAVI Alliance bodies by providing input and assistance to CSO board and committee members and discussing their feed-back after the respective meetings;
- e) Track GAVI's adherence to globally agreed principles such as the Paris Agreement and the Global Health Partnerships Principles, and other relevant agreements;
- f) Act as a communication channel to relay country concerns to relevant GAVI Alliance bodies;
- g) Nominate CSO representatives to GAVI Alliance bodies (ongoing governance mechanisms and time-bound work groups).

Responsibilities of *Civil Society Forum* members include:

- a. Communicate ideas, concerns and activities between the CSO community and the CSO Steering Committee;
- b. Provide viewpoints on various GAVI Alliance policies, programs, and strategic or policy decisions to be taken by the Secretariat, Board, and other GAVI Alliance entities, as appropriate;
- c. Advocate for the role of CSOs in immunisation, child health and health system strengthening;
- d. Actively support country efforts to achieve high immunisation coverage levels and the effective use of GAVI funds.

Responsibilities of *Civil Society Communications Focal point* include:

- a. Facilitate communications among Steering Committee members and between Steering Committee and Forum members, and Steering Committee and Board representatives;
- b. Attend GAVI Board meetings as an observer and report upon to CSO Forum;
- c. Participate in contacting civil society organisations to seek input on specific issues and topics of relevance to the GAVI Alliance mandate and work of the CS constituency;
- d. Communicate about GAVI Alliance activities and decisions back to the CSO community, governments and the public in various fora;
- e. Facilitate debates within the wider constituency on critical issues;
- f. Ensure communication of constituency views to appropriate Steering Committee members and parts of the GAVI Alliance (Secretariat, Board, etc.);
- g. Assist in organizing meetings/teleconferences, etc., of Steering Committee and Forum;
- h. Assure timely completion of CS constituency member tasks.
- i. Develop and maintain a database of CSO resources (available technical assistance on various areas such as logistics, health financing, health policy, social mobilisation, vaccine management, etc.; grants; training and partnership opportunities, etc.)