

## FOR DECISION

Because of the important role that civil society plays in immunisation and the GAVI Alliance, the CSO constituency believes that there should be two civil society seats on the GAVI Alliance Board – one representing Northern (industrialised country) CSOs and the other representing Southern (developing country) CSOs.

The Governance Committee will consider this request during its meeting on 15 June 2010 so it can advise the Board. Should the Governance Committee recommend a new seat be created, there may be implications for the GAVI statutes and by-laws, which the Secretariat understands some Board members may need to consult on within their organisations and constituencies. To facilitate this, the paper for the Governance Committee is also provided for the Board. It contains the following:

- A letter from Faruque Ahmed (CSO board member) and Alan Hinman (CSO alternate board member) requesting that there be two Civil Society seats on the Board – main text
- An outline of the activities the Secretariat is engaged in with CSOs. This was requested by the Board Chair during discussion of this issue at the 17 March Governance Committee – Annex 1.
- Advice from General Counsel on adding a second CSO seat – Annex 2.

## Civil Society Constituency Representation on the Board

### Letter from the civil society constituency

Dear GAVI Alliance Governance Committee Members,

On behalf of the GAVI Alliance Civil Society Constituency, we wanted to apprise you of recent activities of Civil Society with respect to the GAVI Alliance and its mission.

Civil Society is playing a major role in immunisations around the world and in the activities of the GAVI Alliance. Civil Society delivers a high proportion of rural health care (including immunisations) in the developing countries with the greatest challenges; Civil Society has unique connections with the community and the population at large, particularly those who are hard to reach; and Civil Society Organisations (CSOs) can be important advocates in resource mobilisation at national and international levels. In addition, as GAVI has no official country presence, CSOs can provide important feedback about the situation on the ground that can inform discussions on key policy issues such as prioritisation, co-financing, supply strategy, etc.

1. Case studies have been carried out in 4 countries receiving Type B CSO funding: Afghanistan, Democratic Republic of Congo, Ethiopia, and Pakistan.<sup>1</sup> In Afghanistan, the Health Systems Strengthening Coordinator in the Ministry of Public Health said that “It is the CSOs who are the only ones operating at the field and in the rural areas. While in the beginning each CSO had its own coping mechanism and way of solving problems, under the

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<sup>1</sup> [http://www.gavialliance.org/resources/GAVI\\_CSO\\_case\\_studies\\_20.04.2010.pdf](http://www.gavialliance.org/resources/GAVI_CSO_case_studies_20.04.2010.pdf)

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leadership of the MoPH all stakeholders are working together. There are formal and informal ways for the NGOs to identify and share problems and concerns from the field back up to the central level. This is sometimes the only way that MoPH and donors know what is really going on.”

In Pakistan, the Ministry of Health has now formally given membership to 3 Civil Society Organisations in the Health Sector Coordination Committee and acknowledges that only by working together can the country achieve Millennium Development Goals.

In the Democratic Republic of Congo, the case study found that “It is particularly important for fragile states to recognise the importance and role of CSOs and ally themselves with CSOs through formal partnerships during political or social unrest (e.g. strikes or uprisings) and for longer term sustainability and service delivery (e.g. in areas where government services are weak or unavailable).”

The case studies also highlighted some problems in implementing the Type B grants that are now being addressed.

2. The experience with the Type A CSO grants has not been so favourable – only 2 countries applied who were not eligible also for Type B funding. Reasons given were the small amount of grants (\$10,000 - \$100,000 maximum), short duration, and cumbersome process of application through the Ministry of Health. CS representatives have been working closely with GAVI Secretariat staff to revamp Type A projects.
3. At the November 2009 Hanoi GAVI Alliance Partners’ Forum and Civil Society Meeting, CS representatives issued a Call to Action urging the 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.
4. The GAVI Alliance Civil Society constituency has recently developed an organisational and functional structure to allow it to participate more fully in GAVI activities, including advocacy and resource mobilisation. The CS Forum met at Ecogia (outside Geneva) 29-30 March 2010. Nearly 40 representatives of CS from both the North and the South held intensive discussions about the structure and functioning of the constituency as well as having in-depth discussions with Secretariat staff about the strategic planning process, the re-casting of CS Type A funding, prioritisation, etc.

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5. Terms of reference and a description of activities have been developed for a 15-20 member Civil Society Steering Committee and the broader CS Forum. A call for nominations for the Steering Committee has been disseminated widely; it is anticipated the Steering Committee will be constituted before the June GAVI Alliance Board meeting.
6. CSO Communications Focal Point. The Ecogia meeting recommended that, for more active engagement of CSOs, there is need for a CSO Communications Focal Point. The Secretariat has agreed to provide financial support for 6 months for a half-time communications focal point for the CS constituency, which will be hosted by the International Federation of Red Cross and Red Crescent Societies. A call for applications has been issued (more than 90 have been received) and it is anticipated that a small number of finalists will be interviewed in the next two weeks.
7. Workgroups have been formed and are addressing defining meaningful role of CS in GAVI grants as detailed in the Call to Action from the Hanoi meeting, formation of Southern CS coalitions, providing further input on Type A funding, and developing CS-specific Key Performance Indicators (KPIs) for the GAVI 2010-2015 Strategic Plan. Recommendations on “meaningful role” and KPIs will be provided to the Programme and Policy Committee. In addition, Terms of Reference for Southern CSO Coalitions have been developed. There is ongoing input into the Type A revision.
8. Civil Society is now represented on three GAVI Alliance Committees – Programme and Policy (Joan Awunyo-Akaba – Ghana Coalition of NGOs in Health), Governance (Alan Hinman – Task Force for Global Health, USA), and Evaluation Advisory (Stanley Foster – Rollins School of Public Health, USA). In addition, CS is represented on the Task Teams on Prioritisation (Rozina Mistry – Aga Khan Health Services, Pakistan), Co-financing (Maziko Matemba – Health N Rights Education Programme, Malawi), performance based financing (Joan Awunyo-Akaba), and Supply Strategy (Daniel Berman – Medecins Sans Frontieres, Switzerland). We are anxious to be even more fully involved in the entire range of GAVI Alliance activities.

It is because of the important role that Civil Society plays in immunisation and the GAVI Alliance that we believe it is appropriate for there to be two Civil Society seats on the GAVI Alliance Board – one representing Northern (industrialized country) CSOs and the other representing Southern (developing country) CSOs. Northern and Southern CSOs have differing but complementary perspectives - Northern CSOs are likely to have activities in many countries, focus on international advocacy, and have more specialised staff; whereas Southern CSOs are likely to be smaller and more oriented to national/sub-national needs. We have received messages in support of our proposal from the NGO Delegation to the UNAIDS Programme Coordinating Board and the Developed Country NGO Delegation to the Global Fund Board. Additionally, more than 30 individuals and/or organisations have endorsed our proposal to date. A complete updated list will be provided at the time of the Committee Meeting.

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Our progress in the past several months has been encouraged and facilitated by GAVI Secretariat staff, and we are most appreciative of their support. Secretariat staff have also researched whether and what administrative/bylaws changes might be needed to accommodate a second Civil Society seat on the Board. Their findings are summarised in an accompanying message.

We hope you will consider our request favourably. Please feel free to contact us if you have any questions.

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## ANNEX 1

### **GAVI Secretariat engagement with civil society**

At the Governance Committee meeting of 17 March 2010, the Board Chair asked the Secretariat to provide an outline of the activities it is currently engaged in with civil society.

The GAVI Alliance's engagement with civil society organisations (CSOs) reflects an appreciation of CSOs critical role in advocacy, public policy, and the provision of immunisation services. The Board at its June 2009 meeting emphasised the importance of strengthening engagement with CSOs and advised the Secretariat to continue to enhance CSO engagement. The Secretariat has since undertaken specific activities in support of this commitment to enhance CSO engagement.

### **GAVI Secretariat CSO constituency development and advocacy support**

In addition to ensuring wide CSO attendance and programme sessions on civil society's role in immunisation and the Alliance, the Secretariat organised a CSO Day around the GAVI Alliance's Fourth Partners' Forum in Hanoi, Vietnam in November 2009. On this occasion, CSOs issued a Call to Action which 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; and,
- Fully involve civil society in the development of all aspects of the 2011-2015 GAVI Strategic Plan and the GAVI-Global Fund-World Bank Health Systems Funding Platform.

Since the Partners' Forum, the Secretariat and civil society representatives have been working closely to strengthen CSO engagement with GAVI. In March 2010, Secretariat staff and CSO representatives, balanced equally from northern and southern countries, reconvened in Ecogia, Switzerland. Key outcomes from this meeting included:

- Agreement on the GAVI civil society constituency structure, including establishment of a CSO Steering Committee, a CSO network ("CSO Forum"), and hiring of a temporary independent CSO communications focal point to support the constituency
- Ongoing CSO input into: GAVI's 2011-2015 Strategy, the Health System Funding Platform, GAVI Type A programme redesign, and several policy areas currently under development (co-financing, prioritisation, and supply strategy)
- Establishment of CSO working groups to continue to advance matters of particular importance to CSOs (e.g. redesign of GAVI Type A CSO support)

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The Secretariat has also been engaged on a continual basis in strengthening relationships with CSOs in GAVI donor countries and in key CSO policy forums, such as the Action for Global Health conference at the European Union Parliament in March 2010 and in a MDG meeting of CSO Board constituencies from various Global Health Partnerships.

### **Communication focal point**

The Secretariat is also financially supporting the establishment of a temporary independent communication focal point, who will facilitate much of the interaction and internal consultation in the CSO constituency. The Secretariat is working with the CSO constituency on a long-term solution to ensure effective communication with and between civil society stakeholders.

### **Secretariat organisation and capacity**

The lead responsibility for coordinating Secretariat efforts to strengthen civil society engagement has been reassigned to the Advocacy and Public Policy team of the External Relations Office, with active engagement of the Programme Delivery team on the CSO funding window implementation. This shift is consistent with the Secretariat's commitment to facilitate and support the key advocacy role of CSOs and the recognition that CSOs are central contributors to public policy debates and service delivery in health and development. As the Secretariat lead, the Advocacy and Public Policy team works with CSOs and other Secretariat teams to support CSOs to organise themselves to be an effective constituency. In line with these responsibilities, the Secretariat has increased its capacity to engage with CSOs. In order to facilitate information-sharing and coordination of team activities, a CSO internal working group is chaired by the Director of Advocacy and Public Policy.

### **GAVI 2011-2015 strategy**

The GAVI Secretariat outreach to board members on the 2011-2015 GAVI Strategy included a consultation with GAVI CSO board member Faruque Ahmed and alternate Alan Hinman. This consultation also resulted in a specific request by the board member and alternate for broader CSO consultation on pertinent policy issues, and responding to the CSO Call to Action. This request was a key driver of the Ecogia March 2010 meeting.

CSO working groups established at Ecogia, representation on GAVI Committee and Task Teams, and at the GAVI Board Retreat in May 2010, have also provided opportunities for civil society to contribute to the development of GAVI's 2011-2015 Strategy. The Secretariat has also invited and sought civil society participation in four technical sub-groups, which are tasked with setting up a Business Plan to implement GAVI's 2011-2015 Strategic Goals.

## **ANNEX 1**

### **CSO documentation and information**

In order to support the momentum of GAVI's strengthened engagement with CSOs, the Secretariat recently published case studies documenting experiences and lessons learned under the GAVI CSO Type B support. Furthermore, the Secretariat is updating its civil society advocacy support materials and is in the process of reinvigorating the CSO components of the GAVI external website. CSO representatives have also sought key GAVI advocacy documents for distributing through their networks.

## ANNEX 2

### Advice from General Counsel on adding a second CSO seat

There are four sections of the Statutes and By-Laws that guide Board discussions about adding Board seats. Technical revisions to the Statutes and Bylaws would be required if the current voting balance is maintained; however, they should not be complicated or time-consuming to complete with notice to the Swiss Supervisory Board of Foundations.

First, article 9, paragraph 2 of the Statutes, notes that  $2/3^{\text{rds}}$  of voting board members shall be Representative Board Members and  $1/3^{\text{rd}}$  shall be Unaffiliated Board Members. If the Board adds a total of three seats to retain  $2/3^{\text{rd}}$  -  $1/3^{\text{rd}}$  voting balance, the Board remains in compliance. During formation, the stakeholders contemplated the possibility that additional seats would be added to the GAVI Board, and the Statutes allow up to 30 total Board seats.

Secondly, article 9, paragraph 3 of the Statutes notes the “initial” break-down of the Representative Board Member seats. If the Board approves an additional CSO Representative seat (and one additional Representative Board Member seat and one Unaffiliated Board seat) GAVI will revise this Statutes section to list the additional Representative Board Member seats.

Third, article 2, section 2.2, paragraph 2 of the By-Laws defines “eligible constituency” to include “civil society”. As such, GAVI would only need to list the other new Representative Seat if it were to be occupied by a constituency not already listed in the types of eligible constituencies.

Finally, article 2, section 2.2.2, paragraph 1 of the By-Laws states that the “Board shall be initially comprised of 27 members, consisting of 18 Representative Board Members and 9 Unaffiliated Board Members...” unless the Statutes or Bylaws are amended to reallocate Representative Seats. As a result, if the Board wishes to create a new civil society seat, it would need to approve another Unaffiliated Board Member seat and identify which constituency or organisation would fill a further Representative Board Member seat.

This decision would result in technical amendments as noted above, which are not likely to be controversial with the Swiss Supervisory Board, given the original Statutes and Bylaws anticipated up to 30 total Board seats.

Other solutions are possible (for example, adding only one new seat or filling the additional seat with a new constituency). These solutions would require a change in the  $2/3^{\text{rd}}$  –  $1/3^{\text{rd}}$  voting balance which was established by the Board in the governing documents. If the Board decided to consider this change, one option would be to remove the requirement that a  $2/3^{\text{rd}}$  –  $1/3^{\text{rd}}$  voting balance apply to the Board and the Executive Committee. Another option would be to remove the balance only for the Board but keep it for the Executive Committee.

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