

GAVI CSO Constituency Meeting “Open Day”

**6 July, 2011
Geneva, Switzerland**



MEETING REPORT

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A. EXECUTIVE SUMMARY

The GAVI Civil Society Constituency met on July 6 for an “open day” to provide partners and new members with an overview of the Constituency’s recent activities; to build stronger working relationships between the Steering Committee (SC), the wider Constituency and partners; to discuss Constituency priorities and challenges; and to dialogue with GAVI leadership and partners on key initiatives and strategies. The day was facilitated by Peter van Rooijen of International Civil Society Support (ICSS).

Following each session was a discussion period. Points emerging from these discussions are captured and reported in the relevant session summary and in Annex 3. All presentations given during the meeting are available on the GAVI CSO Constituency website, under the “[July 2011 CSO meetings](#)” tab. Readers can also click on the hyper-linked words in this document to be taken directly to the document online. Please note that a separate report is available for the two-day GAVI CSO Constituency Steering Committee (SC) meeting, which immediately preceded the “open day” meeting.

The open day began with a welcome from Matthias Schmale, Under-Secretary General of the Programme Services Division at the International Federation of Red Cross and Red Crescent Societies (IFRC), who spoke about the collective potential of the GAVI Alliance together with CSOs to save children’s lives by harnessing the respective added value of each. He stated that exciting times lay ahead for GAVI and for the GAVI CSO Constituency, thanks to the positive outcome of the London Pledging Conference, and that civil society has been at the forefront of GAVI’s learning process over the past ten years, and will continue contributing to the Alliance’s growth and success.

Following Matthias’ welcome, participants introduced themselves and their organisations. Alan Hinman of the Task Force for Global Health, current GAVI CSO Board alternate, gave a brief [presentation](#) on the GAVI CSO Constituency and Steering Committee (SC) for new members and those external to the Constituency.

After the introductory sessions, Rajeev Venkayya, Director of Global Health Vaccine Delivery at the Bill and Melinda Gates Foundation, and Simon Bland, Head of Global Funds Department at the UK Department for International Development (DfID), provided donor perspectives on the post-GAVI Pledging Conference landscape and related priorities. Simon’s key points centered on the importance of results; GAVI as a top value-for money development partner; the role of civil society in lobbying and increasing political pressure; and the pressure that comes with putting the Alliance in the development spotlight. Rajeev’s remarks focused on how CSOs can hold GAVI accountable for achieving maximum results from new funds pledged at the London conference. He spoke of designing a report card for the Alliance and noted that the priority must be put on reaching every child. Rajeev also voiced his awareness that country-level questions and concerns are not always addressed by, or even brought to the GAVI Alliance Board, stating that country-level perspectives must be a priority at the Board.

The morning continued with a consultation on the [GAVI Alliance’s draft Vaccine Supply and Procurement Strategy](#), led by Aurélia Nguyen, Director of Policy at the GAVI Secretariat. Aurélia presented the strategy and requested comments and feedback. Key discussion points and questions emerging from the consultation can be found in Annex 3B of this report. The

group agreed to submit a consolidated response to the consultation on behalf of the Constituency S. In addition, individual CSOs were encouraged to provide inputs via the online consultation.

Following the strategy consultation, participants reviewed and discussed four priority areas for the Constituency in the coming year: building on the success of the GAVI pledging conference; the Health Systems Funding Platform (HSFP) and key entry points for CSOs; resourcing civil society's contributions; and CSO input into GAVI policies and governance. Each of these topics was presented, and the ensuing discussion led, by a CSO Constituency SC member. Details of each of the four topic-based discussions can be found in section v.

To conclude the morning, Helen Evans, GAVI Interim CEO, joined participants for an hour-long round table discussion. She began by making a number of introductory remarks acknowledging how far the Constituency has come since the GAVI partners meeting in Hanoi 18 months ago, both in terms of Constituency development and relations between the Secretariat and the Constituency. Helen encouraged the Constituency to continue its valuable work in evidence-based advocacy and thanked our members for the Call to Action. She referred to a "new era" for GAVI-- the post pledging conference era-- which brings with it enormous responsibility and accountability. She outlined five of GAVI's priorities moving forward: ensuring that funding pledges are honored; reducing vaccine prices; reinforcing the role of CSOs in vaccine delivery in post-conflict and fragile states; reaching the poorest and most marginalized in order to promote internal equity within countries; and strengthening health systems.

Following Helen's comments, Kate spoke on behalf of the Constituency to share key concerns, questions and priority areas moving forward. These main points, as well as highlights from the discussion that followed, can be found in section vi and Annex 3C.

To begin the second half of the day, Alister Bignell, web master for the GAVI Secretariat, presented an overview of myGAVI, a web platform for GAVI partners. A platform sub site for the GAVI CSO Constituency was set up a year ago, and after an initial high amount of usage, has fallen dormant. Following Alister's presentation, Naveen Thacker, a CSO Constituency Steering Committee member from the Indian Academy of Pediatrics, oriented the wider group to the functionality of the Constituency's [online database and website](#). While roughly 180 CSOs are members of the Constituency, only 70 are currently registered in the online database. Thus, an effort must be made to encourage all members to register their organisations and to ensure that new members are aware of the database. A small working group will discuss how to take the Constituency's web strategy forward.

The afternoon sessions continued with an [update](#) from Marwin Meier, CSO Constituency Steering Committee member from World Vision Germany, on the GAVI Alliance's evaluation of Type A and Type B funding to CSOs. Marwin explained briefly the difference between the two types of funding, as well as the purpose of the evaluation. During the GAVI Alliance Board meeting immediately following the Constituency meeting, the Board requested the Secretariat, concurrently with the evaluation of CSO support in 2011, to review options for direct support to CSOs for service delivery and advocacy.

Following Marwin's update, Babs Ogunrin of the Centres for Health Sciences Training, Research and Development (CHESTRAD) discussed progress and challenges in increasing

immunization coverage and access in Nigeria and [presented](#) the Nigeria Vaccine Access Programme (NVAP), an operational research and advocacy initiative. This was followed by the [presentation](#) of the GAVI CSO Constituency draft advocacy strategy by Marco Gomes, CSO Constituency Steering Committee member from the Centre for Health Policy and Innovation in South Africa, and Maziko Matemba, CSO Constituency Steering Committee member from the Health N Rights Education Program in Malawi. The strategy has three core principles: health systems strengthening; solidarity within CS coalitions; and commitment among Constituency membership. The strategy’s overarching goal is “to advocate and communicate for access to quality and affordability of immunization services and responsive health systems for children and women in developing countries.” A working group will take forward the advocacy strategy, which will be modified to specifically address advocacy at the national/sub-national level, and follow up with organisations such as RESULTS and PATH, who are themselves working on similar issues. The working group will also liaise closely with the advocacy team in the GAVI Secretariat.

For the day’s final session, which was closed to GAVI Secretariat staff, Kate and Faruque presented to the wider Constituency key points to be made by the CSO delegation at the GAVI Alliance Board meeting on July 7 and 8, these are detailed in Annex 3.

The day concluded with a number of closing comments from members of the Constituency SC, who thanked everyone for their participation and active involvement with the GAVI CSO Constituency and acknowledged the GAVI Secretariat, the Catholic Organisation for Development Cooperation (CORDAID) and IFRC for making possible the attendance of colleagues from GAVI-eligible countries.

B. SESSION SUMMARIES

i. Welcome and introductions

Matthias Schmale, Under-Secretary General of the Programme Services Division at the International Federation of Red Cross and Red Crescent Societies (IFRC) welcomed participants to the GAVI CSO Constituency “Open Day” and to the IFRC. He spoke about the collective potential of the GAVI Alliance together with CSOs to save children’s lives by harnessing the respective added value of each and highlighted the importance of working with the GAVI Secretariat, GAVI Alliance members (including WHO, UNICEF and the World Bank) and Ministries of Health, to meet our common goal: vaccinating children.

Matthias highlighted GAVI’s innovative mechanism, which has been rated highly by partners, particularly in the recent UK DfID Multilateral Aid Review. He also mentioned that because GAVI does not have country-level presence, it must continue to look for better ways to reach children, and this includes working closely with civil society.

Matthias acknowledged that the Constituency has made a great deal of progress. Civil society is perhaps the best organized constituency within GAVI: it has its own Charter, processes, and ways of working, and is setting an example for other GAVI constituencies. Progress has been

made with civil society at the global level, i.e. in advocacy around the Alliance's mandate, but there is still much progress to be made with civil society in GAVI-eligible countries.

Matthias concluded his remarks by reiterating that exciting times lay ahead for GAVI and for the GAVI CSO Constituency. GAVI is coming off of a highly successful pledging conference, it has the resources it had requested from the global community, and it has 10 years of experience learning what works and where there is room for improvement. Civil society has been at the forefront of this learning, and will continue contributing to GAVI's growth.

Following Matthias' welcome and remarks, the meeting facilitator, Mr. Peter van Rooijen of ICSS, requested that participants introduce themselves.

ii. Brief presentation of the GAVI CSO Constituency and Steering Committee

Alan Hinman of the Task Force for Global Health and current GAVI CSO Board alternate, gave a brief [presentation](#) on the GAVI CSO Constituency and Steering Committee (SC) for new members and those external to the Constituency.

Following Alan's presentation, there were two general comments from participants:

- There was some sentiment that the GAVI Board, and perhaps the wider Alliance, including the Secretariat, does not recognize the value of civil society and the role that it plays in maintaining and increasing immunisation rates and introducing new vaccines. Evidence of this can be found in the fact that civil society only has one seat on the Alliance Board. Several opinions were expressed that the Constituency should continue to seek a second seat on the Board, and that this pursuit should be part of the CSO advocacy strategy.
- CSOs truly galvanized behind GAVI leading up to the replenishment and helped the Alliance to achieve remarkable funding commitments in London on June 13. This alone forms a basis of merit for greater Alliance recognition of and support to CSOs, including in our roles in demand creation, service delivery, country-level advocacy, global advocacy and Alliance governance.

iii. Overview of the vaccine field and donor perspectives following the London pledging conference

Rajeev Venkayya, Director of Global Health Vaccine Delivery at the Bill and Melinda Gates Foundation, and Simon Bland, Head of Global Funds Department at DfID, gave an overview of donor perspectives on vaccination and immunisation programmes. Key points from Simon's remarks are below:

- The importance of results: vaccination is a sphere of development where results can be illustrated relatively easily. This facilitates GAVI's task of highlighting immunisation as development that matters, works and is understood. GAVI is fortunate in that way,

and it is one of the major reasons why the UK Government chose to make such a substantial commitment to funding the Alliance.

- GAVI emerged in the top value-for-money group after a UK review of development partners. This, combined with several other factors (new UK government, a growing aid budget in the country, and a very positive review for GAVI), created a sort of perfect storm of UK government support for the Alliance leading up to the Pledging Conference.
- The role that lobbying and “upping the political pressure” played in successful fund replenishment showed the power of civil society and politics. The British government fully threw its political weight behind the GAVI replenishment.
- Putting GAVI in such a spotlight is not without risks to GAVI. The Alliance will continue to face challenges, among them: increasing equity, driving prices down, increasing price transparency, and dealing with governments, health systems and delivery mechanisms. The eyes of the global health community are on GAVI.

Rajeev then addressed participants; key points from his remarks are as follows:

- The Gates Foundation was originally not planning to make a large replenishment commitment to GAVI. It wasn’t until the “tide shift” in Kigali, which itself was partially due to increased CSO engagement, that the Foundation began to consider more significant support.
- The leadership from the UK made a big difference and went a long way to mobilizing other countries to make significant commitments.
- GAVI has been in the “flush with cash” position before, we must ensure that the momentum is sustained and the gains sustainable.
- What should a GAVI Alliance report card look like? Quality of country-level immunization programs? Number of children immunized?
- Country-level questions and concerns are not always addressed, or even brought to, the Board level. Country-level perspectives must be a priority at the Board.
- Weak immunization systems have led to a re-emergence of measles outbreaks. There is a clear need for immunisation- and health-system strengthening.
- The priority should be on reaching every child
- We must also address the needs of graduating countries.
- GAVI must not take its eye off of commitments it has already made and more mundane aspects just because there are exciting, new vaccines out there.
- Need for a distinction with GAVI between the advocacy side of the coin and the business side. For GAVI, advocacy alone cannot be the strategy. The Alliance must understand demand, vaccine markets, predictability, creative financing and procurement strategies.

Following Simon and Rajeev’s comments, participants had an opportunity to offer comments and pose questions. The highlights from these exchanges can be found in Annex 3A.

iv. Consultation on GAVI supply and procurement strategy

Aurélia Nguyen, Director of Policy at the GAVI Secretariat, led a consultation on the [GAVI Alliance's draft Vaccine Supply and Procurement Strategy](#). She began by presenting the strategy and then requested comments and feedback.

A consolidated response will be submitted on behalf of the Constituency. In addition, individual CSOs were encouraged to provide their own, specific inputs via the [online consultation](#).

Discussion highlights are detailed in Annex 3B.

v. The CSO Constituency's Post-June 13 pledging conference priorities

The purpose of this session was to review and discuss four priority areas for the CSO Constituency: building on the success of the GAVI pledging conference; the Health Systems Funding Platform (HSFP) and key entry points for CSOs; resourcing civil society's contributions; and CSO input into GAVI policies and governance.

Each of these topics was presented and the ensuing discussion led by a CSO Constituency SC member.

1. Summary of Pledging Conference events and outcomes

Mayowa Joel of the Communication for Development Center in Nigeria began his brief summary of the success of GAVI's London Pledging Conference by stating that it is a collective success, and that civil society has a right to also claim this success. The end result was tremendous, going US\$ 600 million beyond GAVI's original ask of US\$ 3.7 billion, for a total of US\$ 4.3 billion in pledges. Mayowa offered a number of examples of Constituency mobilisation leading up to the Pledging Conference, including the GAVI CSO Constituency Call to Action in support of the replenishment, which was signed by over 170 organizations world wide. In addition, Save the Children UK organized a [pre-pledging meeting](#) in London for mostly Northern-based CSOs.

Mayowa pointed out that the limited participation of southern CSOs at the Pledging Conference shows that there is still a disconnect in recognition of the roles played by Southern CSOs. In addition, he explained that in many African countries, when people give you something, it is culturally correct to have the opportunity to address these donors and express your gratitude.

Mayowa concluded his summary presentation by recognizing that the CSO Constituency must use the success of the pledging conference and our support for the Alliance in the months leading up to the event as a springboard for strengthening and formalizing civil society's role as a full GAVI partner.

2. Summary of Health Systems Funding Platform (HSFP) and key entry points for CSOs

Elena McEwan of Catholic Relief Services gave a brief [overview](#) of HSFP and its importance for CSOs, as the key channel through which GAVI's cash-based support will flow. Elena explained that HSFP is a way for development partners-- specifically GAVI, the Global Fund for AIDS, TB and Malaria (GFATM) and the World Bank, with facilitation from WHO-- to improve how they work together in countries. HSFP systems will enable countries to use new and existing funds more effectively for health systems development, and to access donor funds in a less complicated manner that is more aligned to their own national processes. They will also harmonize planning processes, reporting and financial management.

Following Elena's summary, the group discussed how we as civil society can ensure that the good ideas contained in the HSFP become reality. Highlights of the conversation are captured below:

- The HSFP and Jointly-Assessed National Strategies (JANS) processes as they currently exist are flawed as far as civil society is concerned because there is no talk of community systems. You cannot have a functioning health system without a functioning community system. In GAVI HSFP papers, there is no mention of community systems and only two mentions of civil society (in lists of recommended groups for consultation).
- Several in-country examples of experience with HSFP or general HSS planning were shared:
 - An illuminating case study can be drawn from the way in-country CSOs in Malawi maneuvered to ensure their inclusion in HSFP discussions. In Malawi, CSOs requested funding from the Ministry of Health (MoH) to conduct an open assessment of how civil society was included in the country's HSS planning processes. Following this assessment, CSOs were invited by the MoH to participate on the core team addressing HSFP. Through the JANS process, it was agreed with the MoH that CSOs should always be actively involved in health planning processes, and that if this is not the case, any resulting plan can not be put forward as a country document. WHO AFRO had flagged Malawi's original HSS plan, saying it looked too much like an MoH document, as opposed to an inclusive health sector plan.
 - In the Ethiopia experience, CSOs requested to be part of the HSFP process, however, they did not present themselves as a unified platform. CSOs in the country are thus far organized in smaller, disease-specific circles (malaria, HIV, etc), do not speak with one voice, and often compete with each other for resources. This illustrates the importance of coming together as a country-level CSO platform prior to approaching the MoH.
 - Togo is currently undergoing a decentralization of the health system, a process complicated by the fact that the health system is already weak, especially at the community and district level. If communities are not well organized, as is the case in Togo, this further hampers the decentralization processes. The GFATM has helped to bring TB, malaria and HIV/AIDS together. However, the weak capacity of many CSOs, and of the community in general, continues to be a significant challenge. HSFP must help to address some of these challenges by reinforcing vital community systems.

- It is challenging to find evidence of ways that HSS is helping to improve health outcomes in a country. How will HSFP help us to capture evidence in its different incarnations so that we can use it to drive things forward?
- GAVI does a poor job of engaging the Francophone community and other, non-English speaking communities.

A representative from the GAVI Programmes Department sought to address some of the issues raised, responding that HSFP seeks to harmonize health systems funding platforms, reduce transaction costs, and increase CSO engagement in country-level HSS. In theory, governments are supposed to pass on a certain amount of HSFP funding to CSOs. However, in practice, this does not necessarily happen. How will HSFP partners address this reality?

3. Resourcing civil society's contribution

Joan Awunyo-Akaba, CSO Board alternate-designate and SC member from Future Generations International in Ghana opened the discussion on resourcing civil society's role in vaccination and immunisation by emphasizing the importance of organized, country level CSO platforms. These platforms will help to ensure that communities are represented at the HSFP discussion table. She also highlighted that one of the strengths of in-country CSOs is in addressing issues around health equity and creating sustained demand for immunisation services.

Joan expressed concern that while 80% of GAVI funding goes towards buying vaccines, some of these vaccines sit on shelves in-country because in certain instances, CSOs that actually bring the vaccines to children are not fully funded. She pointed out the CSO funding contrast: Northern CSOs have been well funded to advocate for GAVI at the global level, where as Southern CSOs have not been well funded to build country-level CSO platforms and carry out service delivery. Funding one side of the complex immunisation equation is not enough.

4. CSO input into GAVI policy

As the final component of the Constituency priorities session, Daniel Berman, SC member from Médecins Sans Frontières (MSF), led a discussion on CSO input into GAVI policy and governance. He began by highlighting that HSFP assumes that MoHs are well functioning; however, the in-country reality is that often the MoH and EPI is not functioning well. Daniel also compared the GAVI financing model to that of the Global Fund, which has a dual-track approach. Where is the dual track approach in GAVI? In some countries, channeling funding destined for CSOs via MoHs is not a viable option. In these instances, how can money be funneled directly through CSOs?

Following this brief introduction and thoughtful guiding questions, the group engaged in a general discussion around CSO input into GAVI policy and operations. The key points are captured below:

- Francois Tall, President of the Union of National Pediatric Societies highlighted the importance of professional associations in acting as the interface between the health system, communities, and international organisations. He emphasized their role in advocacy, demand creation and education. Mr. Tall signaled the need for more

interaction between professional associations and GAVI, and that there should be some thought around how GAVI can support these associations.

- Some country health systems are so weak that CSOs are doing the bulk of the vaccine-delivery work.
- We should map the capacities of CSO Constituency member organisations. Everyone has a role to play, let's map our skills.
- There was an observation that southern CSOs are infrequently brought in to discuss policies, instead, GAVI mostly turns to Northern CSOs. An exception to this is consultations done via the CSO Constituency, in which Southern CSOs and their Northern counterparts are consulted simultaneously and their input fed into the same set of responses and processes.

vi. Round table discussion with Helen Evans, GAVI Interim CEO

Helen Evans, GAVI Interim CEO, joined participants for an hour-long round table discussion. The discussion began with a summary of key points emerging from the previous days, as shared by Dr. Faruque Ahmed, GAVI CSO Board member. Following this summary, Helen made a number of introductory remarks. She began by thanking Faruque for his role on the Board, and welcomed Alan Hinman and Joan Awunyo-Akaba, the Constituency's new Board representative-designate and Board alternate-designate, respectively. Helen also thanked Kate Elder for her role as Chair of the Constituency Steering Committee, the IFRC for hosting the meeting, and CORDAID and IFRC for funding the participation of southern colleagues.

Helen spoke of the long way we have come since Hanoi, both in terms of Constituency development and relations between the Secretariat and the Constituency, while recognizing that some Board members still have a way to go in understanding the role and importance of CSOs. She encouraged the Constituency to continue its valuable work in evidence-based advocacy and thanked our members for the Call to Action.

Helen then spoke about a "new era" for GAVI, the post pledging conference era, which brings with it enormous responsibility and accountability. She outlined five of GAVI's priorities moving forward: ensuring that funding pledges are honored; reducing vaccine prices; reinforcing the role of CSOs in vaccine delivery in post-conflict and fragile states; reaching the poorest and most marginalized in order to promote internal equity within countries; and strengthening health systems.

Following Helen's comments, Kate spoke on behalf of the Constituency to share key concerns, questions and priority areas moving forward. She made the following points:

- Thank you to GAVI for their continued commitment to increasing access to immunizations in the world's poorest countries.
- How can civil society engagement with GAVI be more formalized? Can a GAVI policy be drafted on how the Alliance engages with civil society that includes KPIs? Helen responded that this idea should be pushed at the GAVI Board, as it may be an effective forum. She believes that a policy framework guiding CSO engagement with GAVI is a good idea; GAVI can and should be able to do this.

- Regarding HSFP, Kate requested that GAVI require MoHs to work with CSOs throughout all stages, from planning through until monitoring and evaluation.
- Kate inquired as to what will come after the September francophone CSO meeting and whether there is support for activities beyond the September meeting. Helen responded that there do need to be next steps, a meeting in and of itself is not an end goal.
- Kate requested GAVI's continued monetary support of the Constituency, but shared that the Constituency is also looking for new ways to diversify its funding. Helen replied that GAVI has a commitment to continue resourcing the CSO Constituency Communications Focal Point position, but that the Constituency's independence is important. However, the fact that GAVI provides the Constituency with some funding should not constrain members from speaking out.
- Kate mentioned that the Constituency would like the Secretariat's input on the GAVI CSO advocacy strategy. In response, Geoff Adlide, Director of Advocacy and Public Policy, mentioned that GAVI's advocacy approach will focus on linking country-level advocacy with global-level advocacy.
- Finally, Kate reiterated that CSOs have an important role to play in assessments of CSO engagement with GAVI, most notably with regards to the upcoming evaluation of GAVI support to CSOs.

The remainder of the session then turned to a question and answer period and general discussion, the highlights of which can be found in Annex 3C.

vii. Orientation to CSO Constituency web resources

Following lunch, Alister Bignell, web master for the GAVI Secretariat, presented an overview of myGAVI, a web platform for GAVI partners. A site for the GAVI CSO Constituency was set up a year ago, and after an initial high amount of usage, has fallen dormant. Participants were enthusiastic about the site's possible uses as a document repository, among other things. One of the drawbacks, however, is that users must request a username and password from the GAVI Secretariat, which ultimately manages the site.

Following Alister's presentation, Naveen Thacker, a CSO Constituency Steering Committee member from the Indian Academy of Pediatrics, oriented the wider group to the functionality of the Constituency's [online database and website](#), which has been built with the generous support of the Indian government's web adviser.

While roughly 180 CSOs are members of the Constituency, only 70 are currently registered in the online database. Thus, an effort must be made to encourage all members to register their organisations and to ensure that new members are aware of the database and how to register. Naveen suggested that the site's designer would be willing to upgrade the site by adding a number of features if a small budget could be found to support this activity.

There was some discussion around how to move forward. Amy agreed to work with Naveen and Alister on the Constituency's web presence, including resurrecting the myGAVI site.

All [meeting presentations](#) will be available on the Constituency's website.

viii. Update on Type A and Type B evaluation

Marwin Meier, CSO Constituency Steering Committee member from World Vision Germany, gave participants an [update](#) on the GAVI Alliance's evaluation of Type A and B funding to CSOs.

The pilot of Type A support was intended to strengthen in-country coordination and representation of CSOs involved in immunization, child health, and health systems strengthening, as well as enhance civil society representation in the Health Sector Coordinating Committees (HSCCs) and Inter-agency Coordinating Committees (ICCs). The goal of Type A funding was to ensure more representative and vocal civil society inputs to national planning and implementation. A lump sum investment was provided to a Ministry of Health, which would then allocate funds to CSOs or national CSO platforms. The final allocations of Type A support have been awarded, and the funding window for Type A support has now ended. Countries that received Type A support are: Afghanistan, Burundi, Cameroon, DRC, Ethiopia, Ghana, Georgia, Indonesia, Pakistan, and Togo.

The pilot of Type B funding provided support to CSOs to carry out immunisation service delivery activities. As with Type A support, Type B funds are disbursed by country governments, as opposed to going directly to in-country CSOs. Type B funding is tapering off as future support to CSOs for service delivery is expected to be incorporated into the cash based support funded by the HSFP. An extension of Type B funds has been approved for the seven of ten countries eligible to receive Type B funding that applied during the pilot; they are: Afghanistan, Burundi, DRC, Ethiopia, Ghana, Indonesia, and Pakistan. CSOs in these countries should continue to receive Type B funding until the country has accessed cash-based support through the HSFP.

According to Marwin, the purpose of the evaluation is four-fold:

- To document how resources have been expended to support CSO activities in immunisation, child health, health system strengthening, and government/CSO partnerships;
- To document the effectiveness of the funding approaches;
- To enable GAVI, partners and others to learn from the experience;
- To account to GAVI funders, partners and the public health community (including governments, CSOs and the private sector) on programme performance with regards to strengthening civil society engagement at the country level in service delivery, coordination and policy development; and
- To inform future programme design and activities and ensure maximum benefit to country partners and beneficiaries.

UPDATE: The GAVI Alliance Board on 8 July “requested the Secretariat, concurrently with the evaluation of CSO support in 2011, review options for direct support to CSOs for service delivery and advocacy and submit to the PPC for its recommendation to the Board. In the

meantime, systematically promote CSO engagement through the Platform in those countries due to receive all forms of GAVI support.”

ix. Before the 1st Vaccine: Introducing HPV vaccination in Nigeria: A CSO case study by CHESTRAD

Babs Ogunrin of CHESTRAD discussed progress and challenges in increasing immunization coverage and access in Nigeria and [presented](#) the Nigeria Vaccine Access Programme (NVAP). NVAP is an operational research and advocacy initiative with four main aims:

- To expand access to prioritized new vaccines including Rota, Hib, Pnuemo, Penta and HPV;
- To reduce bottlenecks to expanding coverage of routine immunization services;
- To reduce the burden of vaccine preventable diseases among women and children; and
- To act as part of the overall national strategy to reduce unacceptable death and ill-health among Nigerian women and children

More information on NVAP can be found in Babs’ presentation.

x. Presentation of GAVI CSO Constituency advocacy strategy

Marco Gomes, CSO Constituency Steering Committee member from the Centre for Health Policy and Innovation in South Africa, and Maziko Matemba, CSO Constituency Steering Committee member from the Health N Rights Education Program in Malawi [presented](#) the Constituency’s draft advocacy strategy. The strategy has three core principles: health systems strengthening; solidarity within CS coalitions; and commitment among Constituency membership. The strategy’s overarching goal is “to advocate and communicate for access to quality and affordability of immunization services and responsive health systems for children and women in developing countries.”

At the conclusion of his presentation, Marco specified that this strategy has been a long time in the making and, following the meeting, it will be open for one further round of consultation. During the comments period, the wider group agreed that the strategy must also address community system strengthening and should focus on national/sub-national level advocacy. A working group will take forward the advocacy strategy and follow up with organisations such as RESULTS and PATH, who are themselves working on similar issues. The working group will also liaise closely with the advocacy team in the GAVI Secretariat.

xi. Presentation of GAVI Board meeting agenda and key points to be made by the CSO Board representative-- CLOSED SESSION- CSO representatives only

Kate and Faruque presented to the wider Constituency key points to be made by the CSO delegation at the GAVI Alliance Board meeting on July 7 and 8. Please see Annex 3 for this list.

xii. Final comments and conclusion of meeting

The day concluded with a number of final comments from members of the Constituency SC, who thanked everyone for their participation and active involvement with the GAVI CSO Constituency and acknowledged the GAVI Secretariat, CORDAID and the International Federation of Red Cross and Red Crescent Societies (IFRC) for making possible the attendance of colleagues from GAVI-eligible countries.

ANNEX 1: List of participants

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ANNEX 2: Agenda

GAVI CSO Constituency Meeting

6 July, 2011

Venue: International Federation of Red Cross & Red Crescent Societies

Auditorium

Geneva, Switzerland

Meeting purpose:

- Welcome new GAVI CSO Constituency members.
- Provide new members and previous members with an overview of the Constituency's recent activities and allow for Q&A.
- Build stronger working relationships between the steering committee and the wider Constituency.
- Present the draft GAVI CSO Constituency advocacy strategy and seek feedback.
- Discuss Constituency priorities and challenges.
- Allow the wider Constituency to input on messages that the Board representative will take to the GAVI Board.
- Dialogue with GAVI leadership and consult on key initiatives and strategies.

8:30 Welcome and opening remarks (Matthias Schmale, IFRC Under-Secretary General, Programme Services Division)

8:40 Group introductions: Peter van Rooijen, ICSS (Facilitator)

9:00 Brief presentation of the GAVI CSO Constituency and Steering Committee (Alan Hinman, Task Force for Global Health)

- Review key points and decisions emerging from Steering Committee meeting on July 4/5
- Next steps for the Constituency

9:15 Overview of the vaccine field and donor perspectives (Rajeev Venkayya, Director, Global Health Vaccine Delivery, Bill and Melinda Gates Foundation; Simon Bland, Head of Global Funds Department, DFID)

10:00 **COFFEE/TEA BREAK**

10:15 Consultation on GAVI supply and procurement strategy (Aurelia Nguyen, GAVI Secretariat)

- Presentation of strategy
- Feedback and questions

11:15 Post-June 13 Pledging Conference priorities

- Summary of Pledging Conference events and outcomes (Mayowa Joel, Communication for Development Center)
- Summary of HSFP and key entry points for CSOs (Elena McEwan, Catholic Relief Services)
- Resourcing civil society's contribution (advocacy, immunisation programmes and CSO Constituency) (Joan Awunyo-Akaba, Future Generations International)
- CSO input into GAVI policy (Daniel Berman, Médecins sans Frontiers)
- Other

12:15 Round table discussion with Helen Evans, GAVI Interim CEO (Facilitator: Peter van Rooijen)

- CSO Constituency to summarize highlights from discussions, key concerns moving forward and new priorities (Kate Elder, IFRC)
- Q&A

13:30 LUNCH

14:30 Orientation to CSO Constituency web resources

- myGAVI (Alister Bignell, GAVI Secretariat)
- GAVI CSO website (Naveen Thacker, Indian Academy of Pediatrics)
- GAVI CSO database (Naveen Thacker)

15:00 Update on CSO evaluation (Marwin Meier, World Vision; Abdallah Bchir, GAVI Secretariat)

15:30 *Before the 1st Vaccine: Introducing HPV vaccination in Nigeria: A CSO case study by CHESTRAD (Babs Ogunrin)*

15:50 Presentation of GAVI CSO Constituency advocacy strategy (Marco Gomes, Centre for Health Policy and Innovation, and Maziko Matemba, Health N Rights Education Program)

- Discussion and suggestions
- Post Pledging Conference advocacy
- Upcoming individual organizational advocacy - mapping what people are doing where and when

16:30 COFFEE/TEA BREAK

16:45 Presentation of GAVI Board meeting agenda and key points to be made by the CSO Board representative (Faruque Ahmed, BRAC and Alan Hinman)

CLOSED SESSION - CSO representatives only

- New CSO Constituency members have a chance to input on positions and interventions to be made at the Board meeting
 - Accelerated vaccine introduction (Julia Hill, Médecins sans Frontiers and Daniel Berman)
 - Cash based support (Julia Hill and Joan Awunyo-Akaba)
 - Strengthening the capacity of integrated HS to deliver immunization (Marco Gomes)
 - Other

17:30 Conclusions from the day: Peter van Rooijen

- Summary of decisions taken
- Next steps
- All other business

18:00 END OF MEETING

ANNEX 3: Question & Answer Periods

A. Q&A With Rajeev Venkayya, Director of Global Health Vaccine Delivery at the Bill and Melinda Gates Foundation, and Simon Bland, Head of Global Funds Department at DFID

- Comment: We must be sure that the world does not become complacent, thinking that GAVI is all things immunisation and is well funded, therefore immunisation is taken care of. GAVI is not all things immunisation. There is a specific concern with routine immunisation.
 - In response, Rajeev stated that the Gates Foundation is committed to cash-based support and health systems strengthening. He suggested using measles as a marker for the success of GAVI support to HSS, as measles is often one of the first vaccine-preventable diseases to reappear when a health system is weak.
 - Simon responded that the GAVI Board must think about how to monitor investment in health systems, and that the CSO representative on the Alliance Board must ensure that his/her voice is heard.

- Comment: Civil society has the capacity to reach the poorest, resource us and we will do it.
 - On the issue of civil society engagement, Rajeev said that the Gates Foundation will work with CSOs to hold GAVI to account for its commitments.
 - Simon commented that organisations that actively involve and partner with civil society strengthen their organizational performance.

- Question: Thus far, there is not a GAVI strategy for vaccine surveillance. Who will be addressing this? GAVI? Countries?
 - Rajeev suggested that monitoring should be considered in scope at the country level, as part of the GAVI package.

- Comment: A CSO Constituency SC member challenged DfID and Gates to set an objective of examining how civil society is used to deliver immunization and how this can be improved. Current examples include the Democratic Republic of the Congo, where CSOs went to parliament to demand a budget line for immunization; and Pakistan, where the CSO SC member has a seat at EPI and is advocating for resources.
 - Simon responded that DfID commits to looking at how GAVI can increase its engagement with CSOs at all levels (at the Board, country-level, community level, etc...)

- Question: How will DfID and Gates help to address the equity issue? How are these agencies going to help Southern CSOs reach the children?
 - No specific response given.

B. Consultation on GAVI supply and procurement strategy- Aurélia Nguyen, Director of Policy, GAVI Secretariat

- What happens when the vaccines reach the countries? The strategy does not address warehousing, refrigeration, fuel, transport, etc...
 - Aurélia responded that the scope of the strategy is just on supply and procurement of product. The strategy does not look at physical delivery of products on the ground. Perhaps this is a failing on GAVI's part. It may also be the case that ISS and HSS funding can be used for cold chain and in-country transport

- Much of the private sector is not under GAVI's control, or often even that of the countries themselves. People at the grassroots level often go through private sector businesses—how does strategy address this?
 - The private sector plays a very controversial role in many countries. Sometimes early introduction in the private sector helps physicians to familiarize themselves with the product, but it can also create market distortions. GAVI is limited in its ability to control the private market, however, it can accelerate public market introduction as a pre-emptive measure.

- Will there be price shaping for graduating countries?
 - According to Aurélia, the ability of a country to pay and the willingness of a country to pay are two different issues that must be considered in light of a country's overall health budget and vaccine budget. She suggests that there is a role for CSOs to play regarding in-country advocacy around a government's willingness to pay.

- The introduction of pneumococcal and rotavirus vaccine will be delayed in Afghanistan due to co-financing requirements, possibly up to two years. This may be the case for other countries as well.
 - Co-financing has two sides: countries whose situation is improving, and countries that will never be able to afford these vaccines in their entirety. The co-financing element is meant to be sufficiently small such that it doesn't handicap a country, but sufficiently large such that the country has ownership of its vaccination program. If the co-financing requirement is delaying introduction in certain countries, then that is a problem and we need to look at that with the countries.

- Is GAVI willing to support CSOs to shape the market?
 - GFATM has a market dynamics committee that includes CSOs, GAVI could think about copying this format.

- When GAVI announces an 80% reduction in price of pneumo, is it including the \$1.5 billion subsidy paid to the pharmaceutical companies? It would be nice to have competition explicitly addressed. Overcoming legal barriers—could this also be addressed more explicitly?
 - In terms of competition, the strategy refers often to new entrants.

- It could be useful to clearly state at the top of the draft strategy what is in and what is out of the strategy's scope.

C. Round table discussion with Helen Evans, GAVI Interim CEO

- Q: Working with civil society is still not in GAVI's DNA. How can we work together to get GAVI to that point? There is a need to review GAVI's relationship with CSOs, there should be a discussion and an ensuing policy. Is now a good time to do this step change?
 - Helen's response: Helen agreed that working with CSOs is not in GAVI's DNA, like it is with the GFATM. GAVI needs to work with CSOs and to advise them about how to change this. It's also about visibility. Change must start with Governance structures—the role of the CSO Constituency on the Board and in committees. How can we increase the Board's appetite for increased CSO involvement in governance and programmes? Helen also acknowledged that GAVI's documents do not reinforce the importance and role of CSOs. She suggested that GAVI undertake a CSO "scan," similar to the gender scan of GAVI printed materials and strategies. Helen mentioned that the evaluation of type A and B support will be critical, and that evaluation in general will be important in building CSOs into GAVI's DNA.
- CSO comment: Now is a critical time to move civil society engagement with GAVI to the next level, including reintroducing the proposal for a second civil society board seat (one for northern CSOs, one for southern, similar to the Global Fund model). At country level, GAVI needs to scale up the way it involves CSOs—a challenge because GAVI has no formal country presence, but instead relies on WHO and UNICEF. GAVI as an alliance must demonstrate its commitment to working with CSOs.
- Q: Less than 1% of GAVI funding has gone to support civil society, and this has been via MoHs. Could GAVI start walking its talk? Also, how do we ensure that areas of immunisation that are not GAVI focuses, such as routine immunization and funding immunisation infrastructure, are addressed. There is a risk that the world will think that GAVI, which is well funded, is all things immunisation, therefore immunisation is well funded and there's no need to fund other immunisation programs.
- Q: What is the evaluation of type A and B funding examining? If the evaluation is going to examine CSO engagement in in-country processes, it is important to remember that this funding came through the MoHs, and CSOs were not consulted in-country on its disbursement. How will this evaluation have an impact on decision making regarding CSOs at GAVI? This already has the potential to become a deeply flawed way of evaluating CSO engagement at the country level.
 - Helen's response: For the evaluation, we must be clear what we're looking at. If we're simply evaluating Type A and B funding, then that's how we should express it, not as though we've evaluated CSO engagement.
- CSO comment and Q: Austria, Belgium, Denmark, New Zealand and Switzerland have not yet announced any kind of funding commitment to GAVI, thus, there is still work to be done on this front. The success of the GAVI replenishment is partially

owed to the collective conscience that children and mothers are losing out on the MDGs. What happens after the MDG due date? What will be our rallying cry then?

- Helen's response: Yes, we do need to start looking past 2015 and to expand our donor base out to G20 countries.
- Q: Is there the political will in GAVI to consider CSOs as core activity partners and resource them as such?
 - Helen's response: GAVI Secretariat does not decide where resourcing goes, countries do. The Alliance needs to move away from talking about core partners and non-core partners because we haven't even defined the role of partners.
- Comment: Thanks to GAVI support, the Pakistan CSO platform was able to organize its self, knock on doors and help people.
- Comment: In the next three years, we should be meeting to celebrate financing that has been generated at the national level, and then we can really start talking about development, as opposed to aid. We must not look at results as simple numbers that are thrown out. How can we prove that vaccines actually improve quality of life? This is the ultimate question. GAVI is a player in development, not just health. We must resist the temptation to be arrogant.

ANNEX 4: CSO Constituency input for GAVI Alliance Board Meeting 7-8 July 2011

Agenda item 02: CEO report

2.2.2 Report mentions contribution of Save the Children, ONE.org, RESULTS.org towards the Pledging Conference outcomes. Would like to note that those organizations are members of the CSO Constituency. The CSO Constituency launched the Call to Action with >170 organizational signatories.

2.8.3 Risk to GAVI Secretariat staff – CSOs agree that there are many demands on Secretariat, and appreciate the time we've received from Secretariat staff.

3.1.1. CSOs would encourage the Board to remain flexible and learn from our experiences. Should not lock ourselves now into HSFP being the only cash-based support window, particularly after the success of the recent Pledging Conference.

3.2.2 CSOs volunteer/offer our support as “ears on the ground” in coordination with GAVI Country Responsible Officers. GAVI Secretariat has already called on CSO Constituency members for country-based info (ex. Malawi)

Agenda item 06: India pentavalent programme

CSOs support India's request for extension to use committed pentavalent funding, however, we support a clear deadline for progress.

Agenda item 07: Accelerated Vaccine Introduction (AVI) – Progress report

CSOs welcome the availability of these new lifesaving vaccines. We recognize that they pose new challenges in cost, schedule, storage, transport and surveillance.

8.2 / 8.3 CSOs believe that the cold chain assessment isn't sufficient. The WHO assessment of cold chain is only at national level, and we know that that information does not reflect true capacity of countries. Information is needed on cold chain capacity at sub-national level.

CSOs urge the Board to recognize that health systems need significant strengthening in order to support rotavirus vaccine introduction. Industry must improve the presentation of rotavirus vaccine so that it's most relevant for country environments.

10.3 CSOs look forward to supporting introduction of these new vaccines, particularly through our community-based CSO members. We look forward to working with UNICEF and the newly developed Communications Framework at the country level, and on advocacy issues to support introduction of new vaccines.

11. 1 / 11.4 CSOs strongly recommend that surveillance systems need to be improved and support is needed to further improve data quality.

CSOs ask AVI to improve information flow to countries to enable better country decision making.

Emphasize transparent procurement processes.

Example of Democratic Republic of the Congo (DRC) where pneumococcal vaccine is being introduced while we know that "real" DPT3 coverage is much lower than reported. There is an ongoing measles outbreak in DRC, which demonstrates that routine immunization is too low. We ask the Board to consider these challenges around AVI.

Agenda item 08: Cash Based Support

HIGHLIGHT THAT THERE IS AN ERROR IN THE PAPER (as communicated to Debbie and Gustavo via email yesterday). The decisions of the May PPC meeting are not properly transcribed in this paper.

We are pleased that the PPC recommendation of extension for type B is being considered. But we want to be clear that this is not progress, its merely continuing with the very few countries who were receiving support under this mechanism. Children from the other 44 countries are still not benefitting from CSO engagement.

CSOs are playing a much larger role in GAVI-eligible countries than "just" Type A & Type B pilot funding. The evaluation that is planned is only assessing Type A & B pilots – this funding was less than 1% of GAVI's budget. Also, this funding was channeled through governments, yet feedback from the CSO grantees highlights that fund disbursements were sometimes delayed or jeopardized (for example, in DRC, where the bank managing the money was almost in jeopardy of bankruptcy). The CSO constituency takes issue with this

planned CSO evaluation: is it an evaluation of CSOs receiving Type A/B funding, or of governments? One country (Ghana) still has not even begun to receive its funding.

The CSO evaluation is too narrow a view of the CSO role as a GAVI partner. Therefore the CSO evaluation is not the only appropriate means of planning GAVI's future support to CSOs. Additionally, we already have review results from Type A funding, which was conducted in 2009 (by Eliot Putnam). These Type A review recommendations have not been taken up by the GAVI Secretariat.

CSOs are pleased with PPC recommendation for extension of Type B, but we would like to communicate that this is for less than 10 countries. There is still an urgent need to address constraints in the additional 44 GAVI countries, where CSOs are sometimes the only GAVI partner trying to reach the unvaccinated.

From the CSO Constituency we have made a lot of input in the HSFP via Secretariat channels but do not feel that this has been incorporated into the present formulation of the HSFP.

The CSO Constituency requests from the Secretariat a regular update on how it is "systematically" involving CSOs and the CSO Constituency in the HSFP (4.8, paragraph (b) – 5.) For example, on the GAVI Board Action Sheet, item 10 ("GAVI should engage more proactively with civil society in administering the HSFP"), the CSO Constituency would like a more detailed update on the Action Taken. In the HSFP Background Materials prepared by the Secretariat, CSO involvement is mentioned only a few times in various lists. This is not the "meaningful engagement" that we have been asking for.

4.6 Re-emphasize that JANS is not the best tool for CSO involvement in HSS. Will end up with decisions being made based upon a tool that didn't mandatorily include CSOs.

4.1.1. Push for additional community input (in section that mentions health systems specialists).

HSFP cannot be the only mechanism for cash-based support. There needs to be another mechanism for support of immunization partners/stakeholders to ensure that the last mile is covered.

As discussed in our CSO Constituency meeting with Helen yesterday, there hasn't been a well-functioning mechanism to support CSO service delivery, advocacy, etc. Now that GAVI is fully funded, there seems to be a real opportunity for CSOs to play a greater role in realizing GAVI's objectives.

CSOs propose that they works with the Secretariat and GAVI partners in developing an overall CSO engagement strategy in GAVI's work / meaningful involvement (as defined by the indicators developed) – ALSO IN AOB SECTION

Agenda item 09 – Cash programme risk management

We support risk management measures.