

# **GAVI CSO Constituency Steering Committee Meeting**

**4-5 July, 2011  
Geneva, Switzerland**



## **MEETING REPORT**

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## A. EXECUTIVE SUMMARY

The GAVI civil society organization (CSO) Steering Committee (SC) met for two days on 4-5 July 2011 to take stock of where the Constituency is in a number of ongoing items; to further prioritize agendas; to renew its leadership; to offer input on key points to be made by the CSO Board representative at the upcoming GAVI Board meeting; and to welcome new members. Following this two day meeting was an “open day,” during which non-SC members, new Constituency members and stakeholders external to the Constituency were invited to join. This open day is written up in a separate report.

Following each session was a robust discussion period. Points emerging from these discussions are captured and reported in Annex 3. Where there is a key point for follow-up, it is listed in section B of this report.

All presentations given during the two-day 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.

The two-day SC meeting, which was facilitated by Peter van Rooijen of ICSS, covered a wide range of topics and discussions, beginning on the first day with an overview of the historical background of the Constituency, the structure of the GAVI Alliance Board, and introductions of new faces in the Constituency. Faruque Ahmed, outgoing CSO Board Representative, explained that today’s momentum comes from the 2009 GAVI Partners Forum in Hanoi, where the Constituency and Steering Committee were born. The GAVI Secretariat has praised the Constituency for being the most structured, organized and active constituency. Four new SC members were introduced to the group, along with the new Communications Focal Point (CFP), during this first session.

Immediately following the introductions, the group discussed participation on GAVI Board Committees and time-bound task teams, an issue the group would come back to on the second day. During this discussion, participation in the Programme and Policy Committee (PPC) arose as a particularly strategic area for the Constituency. Joan Awunyo-Akaba, incoming CSO Board alternate member, updated the group on her participation on the PPC and the Partnership Task Team. She highlighted the fact that because the Alliance does not have a policy or guidance about how it works with CSOs in country, WHO country-level representatives and Ministries of Health (MOHs) often ask in-country CSOs: “how does GAVI want us to work with you?” This poses a significant challenge to in-country involvement of CSOs in planning processes and as partners in activity roll out.

Following the Committee and task team discussions, the group went on to discuss its web presence, including <http://www.gavisoconstituency.org/>, the Constituency website and online member database. It was agreed that this needs to be updated and upgraded, a small working group was formed to take this forward.

Clarisse Loe Loumou then updated the SC on progress to-date in bringing together Francophone organisations in West and Central Africa to form a French-speaking regional Constituency. The GAVI Secretariat has been working with the West and Central Africa

office of UNICEF (UNICEF WCARO) to arrange the first meeting of the Francophone group, to take place in Dakar on 13-15 September 2011. There has been some concern that little-to-no support is available for follow-on activities. The presentation led to a wider discussion on the need for regional CSO networks and strong in-country CSO platforms.

From there, the SC broke into four smaller groups to discuss how to strengthen the Constituency. Specific topic teams were formed to explore the following issues:

- What do we expect from the GAVI Alliance as an HSFP donor vis-à-vis CSO engagement?
- Diversifying our funding - what are our options?
- Membership expansion strategies - who, when and how?
- Country focal points and Regional focal points: is this a model we want and how do we fund it?

Write ups for each of these groups are available in section C and any agreed follow-up points are listed as part of section B.

The morning of the second day began earlier than planned in order to make time for a discussion regarding the possibility of drafting, or requesting that the Secretariat draft, an Alliance policy or framework on working with CSOs. At the end of the discussion, it was agreed that Faruque during the upcoming GAVI Board meeting would look for opportunities to get this discussion onto the PPC agenda.

The morning continued with guest presenters from the GAVI Secretariat: Mercy Ahun, Managing Director of Programme Delivery, and Debbie Adams, Managing Director of Legal and Governance. Mercy updated the group on progress made to-date in the Health Systems Funding Platform (HSFP), a collaboration between GAVI, GFATM and the World Bank, with technical support from WHO. She also presented an update on graduating countries and long-term vaccine sustainability, as well as how CSOs are being involved in various work streams.

Following Mercy, Debbie offered a number of governance updates, with a focus on Board and Committee procedures. Following each presentation was a question and answer session, the write-ups both can be found under items vii and viii, respectively.

In the afternoon of the second day, and as part two of the Committee and task team discussion, Daniel Berman presented his experience on the Vaccine Supply and Procurement Strategy task team. Joan, who has been the CSO representative on the Partnership Funding task team, summed up her experience to-date on the task team and agreed to share the documents with the wider SC. There was also a discussion around whether internal guidelines for SC representatives to various task teams are needed. The group also briefly discussed the issue of potential conflicts of interest in CSO SC member organisations accepting funding from and working with pharmaceutical companies. It was agreed that working 'principles' would be drafted as a first step.

Marco Gomes then presented the Constituency's draft advocacy strategy and Maziko Matemba facilitated the ensuing discussion session. 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." The discussion following the presentation was robust, and SC members thanked Marco for all of his hard work on the strategy. It was agreed that a small working group would take the strategy forward in its next incarnation.

The SC then provided its input on points to be made by Faruque on behalf of the Constituency at the July 7/8 GAVI Board meeting. Annex 4 details the complete list.

## **B. KEY POINTS FOR FOLLOW UP**

### **Short term (before September)**

1. Every SC member will write a paragraph briefly describing the role of their organisation in immunisation activities in order to better illustrate to the GAVI Secretariat and partners the many ways that CSOs contribute to immunisation programs. It would also be helpful if SC members working in programme countries provided an estimate of the proportion of actual immunisation-related service delivery provided by CSOs in country. This information will then be culled by Amy into a CSO SC mapping [entire SC, Amy]
2. Follow up in writing with Helen, Mercy and Debbie on points raised during open discussion sessions that they did not have time to address. Responses to be shared with wider SC [Amy]
3. Agree on and secure funding for next SC meeting [Majeed, Daniel, Marwin, Sabrina]
4. Set up monthly teleconference schedule [Amy]
5. Marco generously volunteered his organisational support to make this report and the report from the Constituency "open day" meeting available in French, ahead of the Francophone constituency meeting. Amy will work with him on this [Marco, Amy]
6. Alan to speak with Gustavo Gonzales-Canali about a second seat for CSOs on the PPC [Alan]

### **Medium term (before the end of the calendar year)**

1. Constituency Board delegation to advocate for and move towards a CSO representative on the Board's Executive Committee [Alan, Joan]
2. Explore fee-based membership as a way to diversify Constituency funding [Marwin, Simon, Clarisse, Maziko]
3. Update and streamline Constituency's web presence and strategy [Naveen, Amy, Alister]
4. Take forward the advocacy strategy into its next phase, in partnership with CSOs who have expertise in this area [Marco, Rozina, Clarisse, Maziko, Rosemary, Amy, Peter]

5. SC to discuss Committee membership, particularly CSO representation on PPC, and Task Team membership, including possibility of opening Committee membership up to non-SC members [Daniel, Alan, Joan, Marco]
6. Draft working principles to address conflicts of interest arising when SC member organisations receive funding from Pharmaceutical companies [Mayowa, Daniel, Naveen, Marco]
7. Draft KPIs on Civil Society engagement with the GAVI Alliance [Rosemary, Nike, Marwin, Mayowa, Marco]

### **Long term (within the year)**

1. Build support for a second CSO seat on the Board (though there has been some talk around shrinking the Board) [Alan, Joan]
2. Review the Terms of Reference of SC members, create a self-appraisal form, agree on a non-participation policy [Majeed, Alan, Naveen, Simon]
3. The CSO charter will be reviewed generally and evaluated in December 2012 [FYI only]
4. Work via the Board to ensure that the Alliance has a clear framework on how GAVI works with and supports CSOs at the country level (and secondarily at the global level). The framework should address the role of civil society in the Alliance in advocacy, watchdog and service delivery roles. Finalize KPIs on CSO engagement in HSFP processes. Paper to go thru normal PPC process [Alan, Joan]
5. Build a Francophone constituency [Clarisse, Guy] and look into forming other regional constituencies [All SC members].
6. Build and strengthen country-level CSO platforms, explore the possibility of country focal points [Joan, Sabrina, Guy, Filimona, Rozina]
7. Develop a standard set of KPIs on GAVI's implementation of its "partnership" with civil society, with a view to publishing an annual report card . Some initial work was done around this during the CSO Constituency meeting at Ecogia (March 2010) [Group 1 from the Constituency strengthening discussion groups].

## **C. SESSION SUMMARIES**

### **DAY 1: Monday, July 4**

#### ***i. Historical background on the GAVI CSO Constituency, the GAVI Board and introductions of new faces***

Faruque Ahmed, outgoing CSO Board representative, gave an [historical overview](#) of the GAVI CSO Constituency, stating that today's momentum comes from the 2009 GAVI Partners Forum in Hanoi, where the Constituency and Steering Committee (SC) were born. The GAVI Secretariat has praised us for being the most structured, organized and reactive

constituency. The current mood within the group is one of optimism and collaboration, combined with frustration at the slow pace of change and contradictory messaging.

SC members, both old and new, introduced themselves to the group. New members are as follows:

- Sabrina Bakeera-Kitaka, Uganda Pediatric Association, Uganda
- Aho Tete (Guy) Benissan, Réseau des Plates-Formes Nationales d'ONG d'Afrique de l'Ouest et du Centre (REPAOC), Senegal
- Filimona Bisrat, Consortium of Christian Relief and Development Association (CCRDA/CORE Group), Ethiopia
- Adenike Grange, International Pediatric Association, Nigeria
- Simon Wright, Save the Children UK, United Kingdom

It was suggested that every SC member should write a paragraph briefly describing the role of their organisation in immunisation activities to better illustrate to the GAVI Secretariat and partners the many ways that CSOs contribute to immunisation programs. It would also be helpful if SC members working in programme countries provided an estimate of the proportion of actual immunisation-related service delivery provided by CSOs in country. This information can then be culled into a CSO SC mapping.

Following the introduction of new SC members, Kate Elder, Chair of the Constituency Steering Committee, introduced the new GAVI CSO Constituency Communications Focal Point (CFP), Amy Dietterich, and [briefly discussed](#) the position. Amy is hosted by the International Federation of Red Cross and Red Crescent Societies.

Following the introduction of the CFP, Kate provided an [overview](#) of the Constituency's work to-date, and relations with the GAVI Secretariat.

The comments and discussion period following these first few sessions were robust and includes the following points below:

- The Constituency should advocate for a CSO representative on the Board's Executive Committee.
- There is need for an internal CSO contact within the Alliance (a high-ranking decision maker), who will ensure that the concerns of in-country CSOs are heard and addressed in a timely manner. This could avoid future situations such as those faced by countries receiving type-B funding when this funding ended with no proposed bridging mechanism. In-country CSOs were left high and dry while there was no sense of urgency on GAVI's part to address the situation.
- Relatedly, we must ask for clarification on governance processes at the global level to understand exactly which levers to pull to ensure that things like Pakistan don't happen again. If GAVI doesn't want us to use extraordinary methods, then don't make us. Currently, many CSOs are facing operational crises.
- The above point can be addressed partially by establishing regular contact with senior members of the secretariat, in addition to the current CSO focal point.

- This is the moment to push for big changes (immediately following the success of the GAVI pledging conference in London). We should remind the Secretariat that without CSOs, there would not have been nearly the same degree of mobilisation. Now is the time for the Alliance to recognize this with meaningful change around the ways CSOs are regarded and resourced as equal partners in the Alliance. Now would be the appropriate time to once again raise the issue of a second seat for the Constituency on the Board (though there has been some talk around shrinking the Board), and to make headway on the issue of direct funding for country level CSOs.
- In terms of country- and community-level presence, GAVI does not feature except through WHO and UNICEF. CSOs can and should be considered as a key Alliance partner in establishing a more direct, legitimate in-country presence.
- The Constituency feels that relations with the Programmes Department must be strengthened. How can we address this and have better working relationships with the Programmes Department?

Alan Hinmam, Board alternate and forthcoming Board member, provided an [overview](#) of GAVI Alliance Board, its makeup and functioning. Majeed Siddiqi then gave a [presentation](#) on the CSO Constituency Charter. Following these presentations, another round of group discussion elicited the following issues and questions:

- Is there a need to review the Terms of Reference (TORs) of SC members? There have been some issues surrounding the non-participation of SC members outside of bi-annual meetings.
- Do SC members represent themselves, or their organization? When they leave the organization, do they remain on the SC? When someone leaves, can their organization nominate someone else? People agreed that this is flexible on a case-by-case basis. Should the charter be amended to reflect this decision, perhaps by adding an addendum? Not immediately, the charter will be reviewed generally and evaluated in December 2012.

## *ii. Constituency participation on Committees and Task Teams—part 1*

Julia Hill [presented](#) on CSO input on the GAVI Cash-Based Support Task Team. She concluded her presentation by noting that, unlike GAVI, the Global Fund for AIDS, TB and Malaria (GFATM) accepts health systems strengthening proposals that allow for direct financing to both government and non-government primary recipients (PRs), such as CSOs ("dual-track financing"). The GFATM Board has also noted that "if a proposal does not include both government and non-government PRs, it should contain an explanation of the reason for this." Julia floated the suggestion that dual-track financing for GAVI proposals might be one part of a strategy for implementing GAVI Cash-Based Support to CSOs, now that the CSO funding pilot has ended.

Joan Awunyo-Akaba then gave a brief update on her participation in the Program and Policy Committee (PPC) and the Partnership Support Task Team. The purpose of the Partnership task team is to advise the PPC on the level of investment in core activities, and to develop a plan for transitioning funding for these activities to their "home organizations." Because the

Alliance does not have a policy or guidance about how it works with CSOs in country, WHO country-level representative and Ministries of Health (MOHs) continuously ask in-country CSOs: “how does GAVI want us to work with you?” GAVI has not given guidance, therefore countries don’t know how to proceed and CSOs continue to find it difficult to engage in formal, national-level health planning processes.

Joan agreed to share the Partnership task team documents with the wider SC, via Amy.

The ensuing discussion identified the following issues:

- GAVI has not shown that CSOs in the south are a meaningful partner. The Board should direct the PPC to write a clear policy/framework on how GAVI works with and supports CSOs holistically and particularly at the country level.
- We should familiarize ourselves with any existing World Bank, GFATM, Gates Foundation and UNICEF positions on CSOs.
- Can we work towards securing a partnership MOU from GAVI?
- CSOs help to remove bureaucracy at the country programme delivery level- can we market that? Unfortunately, we must also recognize that it contradicts the aid effectiveness agenda, which calls for harmonisation of all donors via existing country systems (often via governments) and capacity building of national level systems (again, most often government in reasonably well functioning countries).
- There is an urgent need for independent CSO platforms at the country level; otherwise, governments can cherry pick those who are involved in planning processes and UNICEF/WHO often dominate. At the country level, some CSOs are afraid to speak up and have actually been threatened.
- Importance of being able to measure the contributions of civil society via KPIs.
- GAVI does not fully understand the role of civil society at the country level—this theme comes up time and time again.
- CSO Policy proposal: Look for funding for a paper to address defining the role of civil society in the Alliance in three areas: advocacy, watchdog and service delivery. Paper to go thru normal PPC process.
- Discussion: How does the CSO SC envision (1) GAVI support to CSOs? and (2) cash-based support mechanisms in countries with weak Ministries of Health or in fragile states? Is there a potential role for CSOs as primary funding recipients in these countries?

### ***iii. GAVI CSO Constituency web presence (excluding the myGAVI platform)***

Naveen Thacker oriented the 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 (the GAVI Secretariat web master) on the Constituency's web presence.

#### *iv. Francophone constituency development*

Clarisse Loe Loumou [updated](#) the SC on progress to-date in bringing together Francophone organisations in West and Central Africa to form a French-speaking regional Constituency. The GAVI Secretariat has been working with the West and Central Africa office of UNICEF (UNICEF WCARO) to arrange the first meeting of the Francophone group, to take place in Dakar on Sept 13-15 .

There has been some concern that no support is available for follow-on activities after the Dakar meeting. Two planning meetings have already been held in the run up to September.

GAVI has stated that it would like to see all GAVI-eligible francophone countries represented, with one representative per country. However, CSO representatives who have been involved in the planning process caution that this approach would not necessarily lead to constituency building and that it is better to have a number of representatives from fewer countries, thus creating a core group that can be built upon. Thus far, ten countries have been chosen to send multiple representatives.

Following Clarisse's update, participants raised a number of issues and questions:

- Will there be a francophone network within the existing constituency? Or will it be its own, parallel network? Will there be a Communications Focal Point dedicated to the Francophone Constituency?
- Could a francophone googlegroup be set up? Could there be volunteer CFPs in the 10 countries who post to the googlegroup platform?
- What is the point of holding such a meeting if there is no funding available for future activities?
- How does this tie in with the CSO Constituency advocacy strategy?
- A useful meeting outcome would be a mapping of who is doing what in francophone constituency countries. Clarisse confirmed that this is already planned for.
- There is an over-arching need for regional networks, not just in Francophone Africa but in Southern Asia, South East Asia, Latin America, East Africa, Southern Africa and the MENA region.

#### *v. Constituency strengthening discussion groups*

The SC broke into four small groups to discuss how the Constituency can be strengthened. Discussion summaries from each group, and any related proposed action items, are featured below.

##### GROUP 1: What do we expect from the GAVI Alliance as an HSFP donor vis-à-vis CSO engagement?

Group one began by highlighting the fact that the different roles of CSOs (Northern-focused advocacy, in-country advocacy towards policy change, resource mobilisation, service delivery, in-country coordination and watchdog roles) are being mixed together. The GAVI Alliance most often refers to Northern-focused advocacy and resource mobilisation when it refers to the work of CSOs. This is a continuing challenge in all of our work with the Alliance and Secretariat.

There must be meaningful involvement of CSOs throughout the HSFP process, including in the proposal process. Individual country HSFP proposals should specify the role of civil society in the health system strengthening process. Group members suggested that each HSFP grant contain an earmark to support in-country civil society platform strengthening, partially in a watch dog role. Civil society representatives should also be present on all country visits. When applying for HSFP funding via GAVI, there should be clear directives that national CSO immunization coalitions be formed and that that activity be led by CSOs themselves.

The Global Fund offers a good example of how to mandate civil society inclusion in Health System Strengthening (HSS) platforms, namely, by requiring countries to specify how civil society was involved in the proposal process. If countries are unable or unwilling to do this, or do so unsatisfactorily, this is grounds for the GFATM to refuse funding.

Group one proposed that the CSO Constituency publish an annual report card on GAVI's implementation of its "partnership" with civil society. For this, a standard set of KPIs would need to be developed. Some initial work was done around this during the CSO Constituency meeting at Ecogia (March 2010). The preliminary suggested KPIs are:

- Inclusion of CSOs (steering group and board member/s) in all GAVI decision-making fora and meetings.
- Budget allocation and clear financial commitment to supporting CSO voices at all levels.
- GAVI support to ensure inclusion of CSOs in IHP Joint Assessment processes.
- Second CSO seat on the Board and a CSO representative on the Executive Committee.
- Increased voice of CSOs on the joint Health Systems Strengthening platform nationally and internationally.
- CSO recommendations and concerns are either accepted and acted upon, or rejected with an adequate and valid explanation given for rejection.

## GROUP 2: Diversifying our funding - what are our options?

Group two introduced the possibility of the Constituency becoming a legal entity, most likely a registered Swiss association, so that it can manage its own budget and funding, as well as fundraise directly with other donors. While this may be an option in the longer term, it is not likely to be a workable solution in the near future.

The group agreed that the GAVI Secretariat should continue its funding support to the Constituency, via support for SC meetings and civil society delegation participation at Board meetings. However, the group recognized that if we ask the GAVI Secretariat to continue to invest, we as civil society constituency member organisations must also invest. One of the ways we can do this is by establishing pro-rata membership fees in the Constituency and SC. Large international NGOs could be asked to contribute up to \$25,000 annually, while small, country-based CSOs would only be asked for about \$100.

The prospect of seeking further funds from bilaterals or foundations to support specific Constituency activities was also introduced. In summary, the wider group agreed on the principle that we will continue to seek GAVI Secretariat support for civil society constituency representation to the Board and for the SC. However, we will diversify our funding in the hopes of “matching” the Secretariat’s financial commitment. The group also discussed the need for continued financial support for the CFP position and noted the in-kind contributions already made by CSO members, such as the IFRC, which has paid for translation of materials and production of communications materials (the CSO SC video) and which has funded participants to attend various meetings.

## GROUP 3: Membership expansion strategies - who, when and how?

Group three began their presentation by defining the Constituency (a large, dedicated group of CSOs, working at many different levels under the CSO Constituency charter. We have a web-based membership database and information-sharing mechanisms.)

The group noted that there is limited involvement of the broader CSO Constituency and questioned whether there was a need to expand the Constituency, or to increase the involvement of those who are already members. They also questioned whether Constituency members are working individually, or as representatives for a broader organisations or constituencies. Currently, there are examples of both, although the group suggested that in the future, organisational membership should be strongly encouraged and individual membership limited.

The group recommended that a clear new membership policy be developed that identifies exactly who can authorize new membership, this person or group of persons would also be responsible for ensuring that the organisation is registered in the database.

In terms of actual new member recruitment, group members proposed that a letter be sent to the wider CSO googlegroup asking people if they would like to become members of the Constituency, as opposed to just passive information recipients. The group cautioned that it

will be important to screen for anti-immunisation groups to ensure that they do not make it into the membership. It also considered the idea of attaching a fee to membership.

During wider discussions following the group's presentation, SC members posed the following questions:

- How do we market membership? Why would organisations want to join the Constituency?
- Will we disallow individual membership and require organisational backing?
- Is having a formal registration process helpful?

#### GROUP 4: Country focal points and Regional focal points: is this a model we want and how do we fund it?

This discussion built on Clarisse's Francophone Constituency update, during which SC members agreed that it should be a priority to establish regional networks. Regional focal points could be paid, hosted positions. However, more discussion is needed around this.

The SC agreed that country focal points are needed. In essence, having country focal points would build on existing structures, but would need clear terms of reference. The Global Fund's Developing Country NGO Delegation could be used as a point of reference. In this model, country focal points devote 25% of their working time and the position is voluntary.

### **DAY 2: Tuesday, July 5**

#### *vi. Alliance framework on working with CSOs*

The morning of the second day began earlier than planned in order to make time for a discussion regarding the possibility of drafting, or requesting that the Secretariat draft, an Alliance framework on working with CSOs. The main points from that discussion are as follows:

- Such a framework could be operationalised into a guideline/handbook guiding the Secretariat in its daily work. But what would this look like at the country level? Would there be a corresponding section guiding MOHs in involving CSOs in GAVI-funded programs?
- Need to include a rationale for the framework—why do we need this framework, what are the challenges/issues we're facing that necessitate this framework?
- Refer to existing GAVI documents where CSOs and the approach to dealing with them are mentioned to illustrate the need for a more comprehensive framework.
- Refer to civil society section in GAVI's progress report...use this as a tool?
- How will this framework link to the advocacy strategy?

- Emphasize role of in-country CSOs in the framework.
- The framework’s main premise can be “In order to enhance the effectiveness and increase the interaction between elements of the Alliance...”
- The framework can help to give some clarity on and formal recognition of the wide range of roles of CSOs in immunisation.
- Developing this framework is GAVI’s responsibility, not ours, thus, we must aim to get it on the PPC agenda.
- This can be a bridge to bring GAVI and the CSO Constituency closer together.

At the end of the discussion, it was agreed that Faruque during the upcoming GAVI Board meeting would look for opportunities to get this onto the PPC agenda. **UPDATE:** The Board decision reflects the following language: “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 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.”

***vii. HSFP: The new HSS—GAVI Secretariat presentation by Mercy Ahun, Managing Director of Programme Delivery***

Mercy Ahun [updated](#) the group on progress made to-date in the Health Systems Funding Platform (HSFP), a collaboration between GAVI, GFATM and the World Bank, with technical support from WHO. She also presented an update on graduating countries and long-term vaccine sustainability, as well as an update on how CSOs are being involved in various work streams.

Countries currently engaging in HSFP process include Benin, Cambodia, DRC and Sierra Leone. Discussions have begun in Bangladesh, Guinea, Niger, and Senegal.

Mercy also updated the group on countries using the Joint Assessment of National Systems (JANS) process. Countries that have completed the JANS process are Ethiopia, Ghana, Nepal, Uganda, and Vietnam, while processes in Kyrgyzstan, Malawi, Mali and Rwanda are still underway.

Following Mercy’s presentation, there was a discussion session. Questions and answers are recorded in Annex 3.

***viii. CSO role in governance and committees – an update by Debbie Adams, Managing Director, Legal and Governance***

Debbie began by offering a few governance updates, with a focus on Board and Committee procedures. Wording of PPC minutes and decisions will now be written and agreed upon in their final version in the PPC meeting. No wording changes will be allowed by the Secretariat

or by Board members to records of PPC discussions or recommendations. If the Board makes a decision that the PPC does not agree with, it can only be reviewed if it is “technically wrong.”

Task Team discussions fall under the PPC. Task team Chairs decide on the team’s composition and select “independent experts.”

Conflict of interest is defined as standing to benefit financially from a certain arrangement. With specific regards to the Alliance, the only exception is developing country governments. Conflicts of interest and the way they are addressed must be consistent. In an Alliance environment, the only people without conflict of interest by definition are independent Board members. Managing conflicts of interest is both vital and complicated. Constituencies have a right to give their views on proposals and strategies, but should leave the room when discussions are taking place. Open session minutes and closed session minutes have been developed as a tool to deal with this. There is a process if people feel this is not being dealt with properly.

Participants then had the opportunity to pose their questions to Debbie. Questions and answers are recorded in Annex 3.

***ix. CSO representation on task teams—part 2: S+P, Partnership; Potential conflicts of interest in Constituency members working with pharmaceutical companies***

Daniel Berman [presented](#) his experience on the Vaccine Supply and Procurement Strategy Task Team.

There was some confusion around whether Daniel participated as an individual, or as a representative of the Constituency. He explained in the beginning of the presentation that he participated in a personal capacity and that task team members were not allowed to represent organisations. Daniel resigned from the task team in November 2010, motivated by “fear of being used.” He did not believe that the process would yield the strategic recommendations necessary to significantly reduce vaccine prices while maintaining supply security. In addition, in Daniel’s opinion, the task team was organised in a manner that impeded alternative perspectives and strategy development.

The group agreed that a small group composed of Daniel, Naveen, Maziko and Rosemary will work on drafting the SC’s response to the S+P strategy. Amy will combine their input and send it to the wider SC for comment before sending it to Aurelia by the deadline (July 24). We are particularly looking for input from India and Nigeria. SC members can always write their own individual response as well using the online [feedback mechanism](#) provided by the Secretariat.

Joan, who has been the CSO representative on the Partnership Funding Task Team, agreed to share the documents with the wider SC. There was some discussion as to whether internal

guidelines for SC representatives to various task teams are needed, but no conclusion was reached.

Finally, the group briefly discussed the issue of potential conflicts of interest in CSO SC member organisations accepting funding from and working with pharmaceutical companies. It was agreed that four or five working principles would be drafted in order to address this. Daniel, Mayowa, Naveen and Marco will take this work forward.

#### *x. CSO advocacy strategy—presentation of revised draft*

Marco Gomes [presented](#) the Constituency’s draft advocacy strategy and Maziko Matemba facilitated the ensuing discussion session. 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 that following the meeting, it will be open for one further round of consultation. The discussion following the presentation was robust, and SC members thanked Marco for all of his hard work on the strategy. Key points and questions emerging from the discussion are as follows:

- The strategy should also cover the importance of advocating for sustained routine immunization and surveillance.
- How will the strategy be implemented? Is one advocacy strategy for a 180-member Constituency even possible? Will we rely on organisational sign on, or will all member organisations be required to sign on?
- The strategy should include as a key component establishing country-level CSO immunization networks.
- The objectives need to be updated to ensure they’re current and relevant (as relates to GAVI and to Constituency priorities).
- Other suggested advocacy objective: equity.
- Need to provide further guidance to CSOs at the global level and country level insofar as how to implement this strategy.
- We need to look at which items will be done at the global level and which will be done at the country level. Is the current draft strategy intended for use at the global, regional or country level?
- The document needs reorganization, perhaps into a three-pronged approach: global-, national- and community-level activities.
- There were suggestions that instead of being a global advocacy strategy, the document could be changed into a kind of guide for how to proceed with country-level advocacy strategies—a framework for action, a tool for country coalitions to make their country-level strategies. Rozina shared with the group that she has already used it for this purpose in Pakistan and that it was a tremendously helpful resource.

- Who is the main intended audience for this document?
- Are we only aiming to serve GAVI's objectives, or do we have bigger picture goals?  
The way the strategy currently reads, it appears to be the former.

It was agreed at the conclusion of the session that a working group would take forward the advocacy strategy. The members are as follows: Marco, Rozina, Clarisse, Amy, Peter (generously offered his assistance as an external voice). In addition, Marco offered the generous financial assistance of his organisation in hiring a consultant to take this work forward in the first quarter of 2012.

***xi. SC input regarding issues to be raised at July 7/8 GAVI Board Meeting***

With the SC's input, points to be made by Faruque on behalf of the Constituency at the July 7/8 GAVI Board meeting were agreed to. Please see Annex 4 for this complete list.

## ANNEX 1: List of participants

Faruque Ahmed	BRAC	Bangladesh
Rosemary Anderson Akola	Oxfam Ghana	Ghana
Joan Awunyo-Akaba	Future Generations International	Ghana
Sabrina Bakeera Kitaka	Uganda Pediatric Association	Uganda
Aho Tete (Guy) Benissan	Réseau des Plates-Formes Nationales d'ONG d'Afrique de l'Ouest et du Centre (REPAOC)	Senegal
Julia Hill	Médecins sans Frontiers	Switzerland
Daniel Berman	Médecins sans Frontiers	Switzerland
Filimona Bisrat	Consortium of Christian Relief and Development Association (CCRDA) / CORE Group	Ethiopia
Amy Dietterich	International Federation of Red Cross and Red Crescent Societies (IFRC) / GAVI CSO Constituency	Switzerland
Kate Elder	International Federation of Red Cross and Red Crescent Societies (IFRC)	Switzerland
Marco Gomes	Centre for Health Policy & Innovation	South Africa
Adenike Grange	International Pediatric Association (IPA)	Nigeria
Alan Hinman	Task Force for Global Health	USA
Oluwamayowa Joel	Communication for Development Center	Nigeria
Clarisse Loe Loumou	Alternative Santé	Cameroon
Maziko Matemba	Health N Rights Education Program	Malawi
Elena McEwan	Catholic Relief Services	USA
Marwin Meier	World Vision	Germany
Rozina Mistry	Aga Khan Health Service	Pakistan
Abdul Majeed Siddiqi	HealthNet TPO	Afghanistan
Naveen Thacker	Indian Academy of Paediatrics	India
Dirk Peter Van Rooijen	ICSS	Netherlands
Simon Wright	Save the Children UK	UK
Sharmin Zahan	BRAC	Bangladesh
Farouk Shamas Jiwa (Mato)	GAVI Secretariat	Switzerland
Ranjana Kumar	GAVI Secretariat	Switzerland
Lisa Leenhouts Martin	GAVI Secretariat	Switzerland
Aurelia Nguyen	GAVI Secretariat	Switzerland
Geoff Adlide	GAVI Secretariat	Switzerland
Mercy Ahun	GAVI Secretariat	Switzerland
Debbie Adams	GAVI Secretariat	Switzerland

## **ANNEX 2: Agenda**

### **GAVI CSO Constituency Steering Committee Meeting 4-5 July, 2011**

**Venue: International Federation of Red Cross & Red Crescent Societies  
Salle I & II  
Geneva, Switzerland**

#### **Meeting purpose:**

- Orient new GAVI Alliance CSO Steering Committee members to the SC and its role and to foster a common sense of belonging among SC members.
- Explore innovative mechanisms for strengthening the CSO platform.
- Provide SC members with updates and discussion opportunities on:
  - GAVI cash-based support strategy
  - GAVI supply & procurement strategy
  - GAVI graduating countries and planned exit strategy for post-GAVI/longer term vaccine sustainability
  - Challenges inherent in Rotavirus vaccine introduction
  - New innovative mechanisms to support fragile states
  - The Health Systems Funding Platform (HSFP)
  - GAVI CSO Constituency website and database
  - Formation of a southern CSO network
  - Formation of the francophone CSO platform
- Discuss (and adopt) the CSO advocacy strategy and its implementation (including how to finance the strategy).
- Discuss and develop key performance indicators (KPIs) for CSO involvement in HSFP (and how to evaluate this).
- Discuss the representation of CSOs on different GAVI committees and to select the new Chair of the GAVI CSO SC.

#### **Anticipated outputs:**

- Amended and approved GAVI CSO Constituency advocacy strategy and next steps on advocacy issues.
- Action plan based on list of issues identified during meeting for follow up until next SC meeting
- SC calendar for coming 12 months
- KPIs for CSO involvement in HSFP
- New CSO SC Chair elected

**9:00** Welcome and introductions: Peter van Rooijen (Facilitator)

- Welcome and introductions
- Agenda and ground rules
- Logistics and housekeeping

**9:15** Historical background on the GAVI CSO Constituency and introductions [Session Chair: Faruque Ahmed]

- Steering committee introductions: new and re-elected members (All)
- Introducing the Communications Focal Point—role and function (Kate Elder, Amy Dietterich)
- Overview of CSO Constituency to-date and relations with GAVI (Kate Elder)
- Overview of GAVI Alliance Board: how it works & current numbers (Faruque Ahmed and Alan Hinman)
- CSO Constituency Charter (Majeed Siddiqi)

**10:00** CSO Input on GAVI cash-based support strategy and PPC decision [Session Chair: Julia Hill]

- Report on task team meetings & deliberations (Marwin Meier and Julia Hill)
- Report on PPC discussions & decisions (Joan Awunyo-Akaba)
- Our role in the PPC (Joan Awunyo-Akaba)
- Discussion: How does the CSO SC envision (1) GAVI support to CSOs? and (2) cash-based support mechanisms in countries with weak ministries of health (potential CSO role?)

**11:15 COFFEE/TEA BREAK**

**11:30** CSO Constituency website and database (Naveen Thacker)

- Virtual tour and functionality orientation
- How to use the database
- Web strategy—do we need one?

**11:55** Francophone constituency development (Clarisse Loe Loumou)

- Update on progress so far
- Upcoming meetings
- Proposed structure/coordination mechanisms

- Comments/questions/feedback

## **12:30 LUNCH**

### **13:30 SMALL GROUP WORK: Strengthening the CSO platform [Session Chair: Simon Wright]**

- Global level issues:
  - What do we expect from the GAVI Alliance as an HSFP donor vis-à-vis CSO engagement? Develop KPIs for CSO involvement in the HSFP (Group 1- facilitator Joan Awunyo-Akaba )
  - Diversifying our funding - what are our options? (Group 2 - facilitator Marwin Meier)
  - What are the challenges and opportunities for the SC? What are our expectations of the SC and its members? (Group 3 - facilitator Elena McEwan)
  - Membership expansion strategies - who, when and how? (Group 4 - facilitator Marco Gomes)
- Country-level issues:
  - Can we have country focal points? Regional focal points? If so, how would we fund these? (Group 5 - facilitators Mayowa Joel and Clarisse Loe Loumou)

Groups will have approximately 45 minutes to discuss and prepare recommendations for approval by the SC, each group will then have 15 minutes to present their recommendations, the SC will decide following each group, and assign responsible members for next steps.

## **16:00 COFFEE/TEA BREAK**

### **16:15 CSO advocacy strategy [Session chair: Maziko Matemba]**

- Presenting the current draft advocacy strategy (Marco Gomes)
- Feedback, questions and discussion (All)
- Implementation ideas in the North and South (All)
- Costing and financing the advocacy strategy (Marco Gomes, Maziko Matemba)

### **17:15 Conclusions, summary of decisions taken, looking ahead to tomorrow [Peter van Rooijen]**

## **17:30 END OF DAY 1**

*[Meeting coordination group to meet at conclusion of meeting for approx 30 minutes]*

## **DAY 2 AGENDA: Tuesday, July 5**

**9:00** Introduction to day two [Peter van Rooijen]

**9:15** HSFP: The new HSS -- Special guest Mercy Ahun, Managing Director, Program Delivery; Ranjana Kumar; and Geoff Adlide, GAVI Secretariat  
[Session chair: Joan Awunyo-Akaba]

- HSFP update (Mercy Ahun or Ranjana Kumar)
- Inception countries and Key Performance Indicators (KPIs) for CSO involvement in, and evaluation of HSFP (Mercy Ahun or Ranjana Kumar)
- Managing CSO expectations within the HSFP (Mercy Ahun or Ranjana Kumar)
- Update on graduating countries and long-term vaccine sustainability (Mercy Ahun or Ranjana Kumar)
- Briefing on HSFP Working Session/CSO Consultation on joint HSS application materials in February 2011 (Julia Hill)
- Discussion of GAVI type A (2 countries) and type B bridge funding support (Mercy Ahun or Ranjana Kumar)

**10:30** Update on CSO role in governance and committees -- Special guest Debbie Adams, Managing Director, Legal and Governance  
[Session chair: Rosemary Anderson-Akola]

- CSO role in governance and committees (Debbie Adams)
- Governance Committee Update (Alan Hinman)
- Programme and Policy Committee Update (Joan Awunyo-Akaba)
- Evaluation Advisory Committee Update (...)

Key questions: Who decides on membership of topic-specific task teams? Why are some nominees not accepted? When are CSO representatives considered to have a conflict of interest?

**11:30** COFFEE/TEA BREAK

**11:45** GAVI supply and procurement strategy, related PPC decision  
[Session Chair: Joan Awunyo-Akaba]

- Experience of CSO representation on task team - process and outcomes (Daniel Berman)
- CSOs' partnerships/relationships with the pharmaceutical industry (Daniel Berman)
- Feedback on proposed S&P strategy
- How will the CSO Constituency work with the industry? What about conflicts of interest in general? (All)
- CSO representative on Supply and Procurement Strategy Task Team?

## **12:45 LUNCH**

## **13:45 July 7/8 GAVI Board Meeting [Session chair: Faruque Ahmed]**

- Review of Board Agenda
- Board paper discussions:
  - Accelerated vaccine introduction (Julia Hill and Daniel Berman)
  - Limitations of current rotavirus vaccines: presentations & narrow dosing windows (Julia Hill and Daniel Berman)
  - Cash-based support (Julia Hill and Joan Awunyo-Akaba)
  - Recap of PPC recommendations to the Board (Joan Awunyo-Akaba)
  - Strengthening the capacity of integrated HS to deliver immunization (Marco Gomes)
- Related discussions:
  - Constituency representation on and participation in Task Teams (Mayowa Joel)
  - New mechanism to support fragile state vaccination beyond existing and planned mechanism (would CS constituency support potential board resolution)? (Julia Hill and Daniel Berman)

## **15:30 Executive Session (Election of new SC Chair, AOB)**

## **17:00 Conclusions from the two days [Session Chair: Peter van Rooijen]**

- Summary of decisions taken
- Next steps and persons responsible
- Preparation for broader Constituency meeting tomorrow
- All other business

## **18:00 END OF MEETING**

## **ANNEX 3: Question & Answer Periods**

### **Q&A With Mercy Ahun, Managing Director of Programme Delivery**

Q: How is GAVI promoting CSO involvement in HSFP country applications? Will GAVI align with the GFATM model, in which countries have been denied funding if they are unable to prove civil society involvement?

A: Any definitive guidance on the way forward with CSOs will come after the evaluation of type A and type B funding to CSOs.

Q: Where in the JANS process is Malawi?

A: In Malawi, JANS has not yet concluded, there will be CSO participation.

Q: Why is there no mandatory clause for CSO involvement in HSFP processes at the country level? GAVI must go beyond “involving” and “interacting with” CSOs.

A: Mercy agrees with the mandatory CSO involvement clause and the possibility that funding could be held up if countries can't prove that CSOs were at the table throughout the application process. It is important to make sure that health sector coordination committees have strong CSO involvement. In Ethiopia, CSOs were not involved, despite the GAVI representative's request to the MOH that they be included.

Q: The issue of CSO representation relates to the willingness of governments to dialogue with civil society. Can we go thru GAVI to encourage governments to dialogue with CSOs? Is this appropriate?

Q: How is the Sabin Institute representing civil society? What was the process for identifying them as a civil society representative and have they been consulting with a wider platform to ensure that broader civil society views are represented? How can they represent us as the CSO Constituency when we have no communication with them? This was never put past us as a steering committee.

A: The Sabin Institute has a grant from the Gates Foundation to bring together the MOF, MOH and MPs in-country to increase domestic budgets for health.

Q: The role of the health sector coordination committee: it is not clear what this is in comparison with the CCM or ICC. CCMs have been more successful than health sector coordination committees in some countries. CCM has clear rules on CSO representation, thus, it is working better. Why does GAVI direct its correspondence to MOHs, as opposed to health sector coordination committees? It is unclear how GAVI relates to currently existing coordination committees.

A: Health sector coordinating committees are not only looking at GAVI funds. GAVI does not have the same leverage as GFATM and can not be prescriptive or strong arm CSO involvement in GAVI processes at the country level.

Q: We need indicators for meaningful involvement of civil society. What does meaningful involvement of civil society mean for GAVI? And for us as CSOs? We should build on GFATM experiences, there is a need for KPIs on CSO involvement.

Q: How are representatives on large country task teams chosen and why were our recommendations on this not taken into account?

A: Representation on large countries task teams must take into account the views of the countries' MOHs.

Q: For countries far in arrears in their in-kind support, is there any alternative model for direct funding to CSOs for in-country activities?

Q: The "CSO" representation in Nigeria is not, in fact, part of civil society. How will this specific case be addressed and what will GAVI do in the future to make sure Governments do not cherry pick inappropriate individuals and organisations that may not actually be from civil society?

Q: Will there be any support (either direct or in-kind) for the Francophone constituency after the Dakar meeting?

\*\*Questions that Mercy did not have time to respond to will be submitted in writing to her, Paul Kelly, Farouk Jiwa and Ranjana Kumar at the GAVI Secretariat [Amy to follow up].\*\*

### **Q&A With Debbie Adams, Managing Director, Legal and Governance**

Q: How would the Constituency go about getting a second seat on the PPC?

A: The current Chair of the PPC, Gustavo Gonzales-Canali will continue in the role. The CSO Board representative, who will be transitioning to Alan Hinman, should speak with him.

Q: Could we aim for having a representative on the Executive Committee (EC)?

A: This may be easier than going for a 2<sup>nd</sup> representative on the PPC. As the EC is not very diverse or representative, there could be good reason for this.

Q: Can non Board members serve on committees?

A: This has been done before, i.e. Joan on the PPC. However, we must keep in mind that the representation on “one, but not more than three” committees rule applies to all constituencies.

Q: Is there a policy for working with CSOs?

A: No.

Q: How can we ensure that our issues make it onto the Board agenda?

A: Request at the end of the Board meeting that they be considered at the following meeting. If the request is denied, then approach the relevant Managing Director, the CEO, or the Deputy CEO.

Q: Task team chairs, we keep seeing the same names and thus far there has been no CSO task team chair.

A: Debbie agrees that there is more work to be done on task teams.

Q: We as a constituency would like to see the Alliance produce a policy on how GAVI works with CSOs.

A: Debbie suggests that we not pursue this as no similar policy exists for any other constituency. She recommends that we aim to get CSOs as an agenda item on PPC and suggests that the discussion be taken “offline.”

Q: Who can have observer status at PPC meetings?

A: PPC has a no observers rule.

Q: Can we as a Constituency use Debbie as a governance resource beyond Board issues?

A: For informal advice from time to time, yes.

Q: Who represents GAVI at the country level when issues come up?

Q: Can the partnership task team look at the question of CSOs as partners?

\*\*Questions that Debbie did not have time to respond to will be submitted in writing to her and Farouk Jiwa at the GAVI Secretariat.\*\*

## **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 CC 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, as this funding was channeled through governments, with much feedback from the CSO grantees that funds disbursement were delayed or jeopardized (for example, in DRC where the bank managing the money was almost in jeopardy of bankruptcy) due to government challenges, 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 the only GAVI partner able to access 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 last mile is reached.

As discussed in our CSO Constituency meeting with Helen yesterday, there hasn’t been a well functioning mechanism to support CSOs, do 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 it 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.