



GAVI ALLIANCE CIVIL SOCIETY MEETING

21 November 2009
Hanoi, Vietnam

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I. EXECUTIVE SUMMARY

Following the 4th GAVI Alliance Partners' Forum, held at the Melia Hotel in Hanoi from 18 – 20 November 2009, the GAVI Secretariat sponsored a one-day meeting for members of civil society groups to examine and strengthen their role inside and outside the GAVI Alliance. More than fifty representatives from civil society organisations (CSOs) and GAVI were in attendance.

Building on a theme of the Partners' Forum, participants were encouraged to examine ways to strengthen their engagement with GAVI. Civil Society is recognised as having a critical place in ensuring the success of GAVI's mission including through immunisation service delivery, policy and programme development, governance and advocacy at country and global levels.

Through a series of plenary discussions and break-out workshops participants explored the potential for increased advocacy for health and immunisation and ways of strengthening the voice of CSOs within the GAVI Alliance, particularly at the Board level, including how to organise and build a constituency for CSO board representatives and a broader CSO communications network. Potential improvements to GAVI CSO programme support were also discussed.

There was a shared view that civil society needed to take the lead in setting and acting upon an agenda for change. Leadership of the Board and Secretariat were strongly committed to strengthening engagement of CSOs and the Secretariat could play a supportive role but CSOs themselves have to lead. The 'CSO Call to Action', which CSOs finalised during the Partners' Forum, provided a framework for taking the agenda forward (see Annex 1).

Many of the key points that emerged during the day elaborated on the 'Call to Action'. They included:

Governance and constituency building:

- greater representation on GAVI Board;
- improved organisation of CSO constituency behind Board member(s); and,
- improved communication approaches (listserves, leveraging other CSO meetings, etc).

Advocacy and resource mobilisation:

- underutilised CSO capacity to advocate for value of immunisation to achieving broader health and development objectives;
- needs to be backed with an advocacy plan and provided with success stories and data; and,

- advocacy for resource mobilisation (to fill \$4bn gap) and reduced vaccine prices is critical.

Programme support for CSOs and strengthening CSOs at country level:

- funding CSOs directly (not via Government);
- requirements/incentives to include CSOs in country decision-making process;
- CSOs involvement in health systems strengthening programmes; and
- integrating immunisation into other networks' agendas, such as child and maternal health.

II. CSO MEETING OPENING SESSION: Overview of the role of civil society organisations within GAVI with a view towards 2015.

The meeting on how to strengthen the role of CSOs within GAVI was opened by Julian Lob-Levyt, CEO of the GAVI Alliance Secretariat. He stressed the importance of a strong alliance with civil society. Not only are CSOs often actors delivering health care on the ground, but they also play a key role in advocacy on a national and global level. GAVI seeks to encourage the participation of CSOs. Unfortunately the financial crisis means that while GAVI has sufficient funds to support existing commitments to countries, expansion of programmes means GAVI may have to prioritise, should we not be able to raise sufficient funds to meet growing country demand. Nevertheless, he maintains a commitment to expanding the role of CSOs and believes the meeting can help make that happen.

Claire Mahon, Special Adviser to GAVI Alliance Board Chair Mary Robinson, stressed the importance of CSOs within the GAVI family, pointing out that the GAVI Board Chair is from civil society. While there may be only one CSO constituency representative on the board, several civil society individuals serve in other positions on the GAVI Board. Ensuring that everyone has the right to healthcare can only happen with input – both in terms of service provision and policy change – from CSOs.

CSO Board Member, Faruque Ahmed, reiterated that the Board wants to see more engagement from civil society groups. Since its inception, the CSO task team has produced several documents that have moved the work forward. One of the most impressive is the “Call to Action,” which was developed several weeks ago and finalised during the Partners’ Forum. The challenge now is to take a living document and translate it into action, which is the task before the group.

"In Afghanistan, 80 percent of the money that we receive from GAVI goes to civil society organisations. By working with CSOs at the grassroots level, our work is owned by the people and sustained by the people."

-- *Dr. Sayed Mohammad Amin Fatimie, Afghanistan's Minister of Public Health*

Note on the CSO agenda: The agenda was reordered so that the presentations would be completed prior to the participants breaking up to do group work. Issues raised in the early sessions could then be further discussed and distilled in the smaller sessions. Because of time restraints, the afternoon session "Advocacy and mobilisation" was dropped. Participants wanted to spend more time looking at how CSOs could improve their effectiveness within GAVI and less time discussing GAVI itself.

"The Chair has returned to civil society. I am of civil society."

-- Mary Robinson, Chair of the GAVI Alliance Board, in her address to the 4th GAVI Partners' Forum

Composition of the GAVI Alliance Board

The GAVI board is comprised of 18 representative and nine unaffiliated members. The representative members include organisations, such as UNICEF, WHO, the World Bank and the Bill & Melinda Gates Foundation, as well as representatives from the different constituencies, including developing countries, donor governments, research institutes, the vaccine industry and one seat for civil society organisations.

The nine unaffiliated board members are all private individuals and have been appointed to the GAVI Board because of their particular expertise as opposed to representing a constituency. Many have professional experience in critical areas such as investment and fundraising. Strong advocates for civil society are needed on the Board. There recently were three Board openings. Because of the Board's gender imbalance, women – particularly from developing countries – were also being sought for the positions. Participants were asked to forward the names of potential candidates to Mary Robinson, especially those with a background as advocates.

Unaffiliated Board Members

Mary Robinson, Chair (term ends Dec. 2010)
Graça Machel (term ends Dec. 2009)
Jean-Louis Sarbib (term ends Dec. 2009)
Dwight Bush (term ends Dec. 2010)
Wayne Berson (term ends June 2011)
Ashutosh Garg (term ends Dec. 2011)
Dagfinn Høybråten (term ends Dec. 2011)
George Wellde (term ends Dec. 2010)
plus one vacant position

SESSION 1: Overview of GAVI's engagement with civil society and opportunities for greater involvement

Helen Evans, Deputy CEO of the GAVI Secretariat

The voice of civil society in global health work is absolutely vital. For this reason, CSOs have been a partner with GAVI from the start. In addition to the question of CSO representative Board seats, there are three unaffiliated seats for which candidates are being sought and these vacancies represent an opportunity to expend civil society's voices at the Board. Strengthening civil society's engagement with GAVI must be an agenda that the CSO members themselves are in charge of taking forward. The voice of civil society needs to be clear on what they bring, so that it is not only heard by GAVI but by governments. GAVI sees civil society as a partner and asks: "How can we help support you?"

SESSION 2: GAVI's financial support for CSOs

Craig Burgess, Senior Specialist, GAVI

In 2006, the GAVI Alliance board approved \$30 million to fund a pilot project to support civil society organisations within some of the 72 GAVI-eligible countries. Disbursement began in 2007 and will go through 2010. Two types of funding were created:

Type A (\$8 million): These are one-time grants, between \$10,000 to \$100,000, designed to strengthen CSO representation and coordination at the regional and national levels. Some of the applications have included: CSO mapping in country; helping grassroots organisations participate on the national level; and assisting groups that want to play a larger role in the GAVI constituency.

Type B (\$22 million): These grants are allocated to help civil society organisations become more involved in comprehensive multi-year plans (cMYP) and/or GAVI health systems strengthening (HSS). The ten eligible countries are: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan. The funds are intended to encourage CSOs to take part in the development of national health plans, ensuring their representation on Health Sector Coordination Committees, for example. A total of \$20.4 million has been approved for disbursement.

Assessment: Only nine out of 72 eligible countries have applied for Type A funds. Eight CSOs have applied for Type B funds and seven have been approved. Poor uptake is largely due to the high transaction costs for relatively small amounts of funding, particularly with Type A grants. Both types must be approved by the host country government, i.e. ratified by its Health Sector Coordination Committee. This is to encourage buy-in but admittedly the approval process is laborious. Disbursements have been delayed because of the

difficulties of finding ways to transfer funds through GAVI's current financial mechanisms.

Discussion: The main challenge in the Democratic Republic of the Congo is the unpredictability of funding. There have been no funds for seven months, which means children are not getting vaccines. Even though the CSO submitted the report on time, the Ministry of Health has not been able to review it. The fact that CSO funding has to go through MoH has created a bottleneck. This decision needs to be reviewed in light of the slow uptake and challenges in disbursement.

SESSION 3: CSO task team constituency proposal

The matrix:

Presenter: Kate Elder, Senior Health Officer, International Federation of Red Cross and Red Crescent Societies (IFRC)

Civil society groups have had a seat on the GAVI Alliance Board since 2000. The Board created the civil society task team in 2005 to develop strategies to encourage the engagement of more civil society organisations. In 2006, Type A and B funding mechanisms were created. The CSO task team has concentrated its efforts in this area, visiting eight countries, holding information sessions and organising civil society networks to promote the uptake of both funding windows. The civil society task team also worked to develop a broader civil society constituency within GAVI by developing a proposed mechanism and seeking feedback on it from the broader civil society community.

The CSO constituency proposal, whose aim is to improve information flow to foster CSO involvement in the GAVI Alliance, was last drafted in May 2009 following several rounds of CSO feedback. This (third) version of the proposal suggests a three-layer matrix:

- 1) A hosted **website** with a moderated listserv that targets the largest constituency of civil society possible. Would function as a resource and information-sharing centre.
- 2) A 40-person **forum** with annual meetings that focus on GAVI policy-making and implementation. Engage partners and stakeholders and mobilise national CSO groups.
- 3) A small 5- to 10-person **steering committee** as the eventual successor to the existing CSO task team. Responsible for backstopping the CSO Board representative, drafting CSO-related papers and providing more in-depth guidance to the Board member, alternate and Secretariat.

Questions: Does the proposal need additional revision? What will happen with this paper now?

Examples of civil society involvement in governance:

Presenter: Ann Starrs, President, Family Care International, and Co-chair, Partnership for Maternal, Newborn and Child Health (PMNCH)

PMNCH is neither an implementing nor a funding partnership. It is designed to encourage strong policy commitment on maternal and child health. There is no money to implement programmes at the country level. This may or may not have lessons for GAVI.

The PMNCH board consists of 23 members, half are from civil society. There are some 400 members to the partnership, with half being non-governmental organisations. An estimated 50 are from academia or research. PMNCH is involved in advocacy, strengthening human resources, coordinating commodities and supplies, and overseeing monitoring and evaluation. It advocates for strong civil society voices and the presence of CSOs in key national decision-making bodies. While the three levels proposed for GAVI are interesting, there is some concern that three tiers require too much governance, which can make the process torturous.

Presenter: Sue Perez, International Health Partnership and Related Initiatives (IHP+)

IHP+ is not one institution: It has 12 bilateral donors, 18 developing country partners, 8 multilateral agencies, the European Commission, Gates Foundation, ILO and the African Development Bank. The IHP+ core team (or equivalent of a secretariat) is a combination of staff at the World Bank and the World Health Organization (WHO), which helps organise monthly meetings and supports day-to-day operations. Civil society organisations have a significant presence in IHP+ especially from northern NGOs. The role of CSOs is mentioned on every page of the initial IHP+ work plan. In the beginning, HIV/AIDS activists pushed to secure space for civil society to participate in the IHP+ global governance structures and at the national level grounded in the strong belief that civil society should be “at the table” since what the IHP+ is trying to achieve ultimately affects them. The attitude was - “we cannot *not* be there.”

On the IHP+ global governance structure there is one seat for a northern CS rep and one seat for a southern CS rep. The reps and their alternates have also formed a CS Consultative Group, which includes CS members that represent networks. Currently there are 7 members in addition to the reps and alternates and is small so that it is more manageable. They serve on a volunteer basis, with limited terms and terms of reference. We also have a listserv (with more than 300 members) that helps civil society share information, experiences, viewpoints, and also used to get feedback on documents. CS reps do not get any

funding to support their representation work, but are supported to attend IHP+-related meetings. The U.K.'s Department for International Development provided 400,000 pounds for IHP+-related civil society activities at the country level which will be available soon. Such financial support is important, as CSOs in southern countries have difficulties in carrying out additional work that is not already built into their existing workload. Funding is important even for things like accessing internet, making calls and travelling to meetings.

One way to build civil society interest in GAVI is to do what we did for the IHP+ and have a listserv. Another way is to have a smaller listserv like the one that was formed to support the Board member representing the Developed Country NGO delegation to the Global Fund. This smaller listserv is not consistently active and focuses on helping to provide feedback to the Board member in preparation for Board or committee meetings. It is more specific to events as opposed to being a more general info-sharing mechanism like the IHP+ listserv.

Questions: How should the constituency come together? What do we want to achieve?

III. GROUP WORK

GROUP WORK BRIEFING

Before breaking into four working groups, participants were urged to deliberate along two areas: 1. Constituency- how should the constituency come together? and 2. Gameplan- what do we want achieve together; what/how/when/who regarding Advocacy, Implementation, Country Policies and Coordinating Mechanisms.

GROUP ONE

Presenter: Madhusmita Baruah, Global Health Council

When it comes to constituency, political commitment is needed to establish a national platform, which will require a stronger and more organised task force. Whether this done by the government, UNICEF or CSOs, there needs to be an effective mapping exercise so GAVI knows who is doing what in each country in order to establish this platform. Resources need to be allocated under Type A to provide technical support to develop platforms for CSOs in country. Then the national platforms would select representatives to the CSO forum and the steering committee. Time line is six months from now.

"GAVI needs to say to Ministries of Health we will give you the vaccines at these prices but we make a condition that you need to work with CSOs."

-- Cecilia Bentsi, Chair, Ghana Coalition of

Under advocacy, civil society organisations can help sell success stories at all levels. They need to raise awareness of what

GAVI does and what money is available for vaccines. They are able to speak out for more money, resource mobilisation and the need for additional vaccine price cuts.

In terms of implementation, CSOs need to be involved in all levels, Specifically, with regards to health systems strengthening (HSS), the group felt there needs to be a specific opening created to strengthen the involvement of civil society in that framework. They have to be involved in the national planning of the HSS platform to help identify what strengths CSOs bring to the table. In terms of best practices, there is a lot that organisations can learn from one other.

Discussion: Joan Awunyo-Akaba of Future Generations International added that when country platforms are strengthened it will create strong and visible CSOs to be used as resources. The group also discussed creating a Google site to start generating information on what GAVI is doing. This would invite ideas and experience sharing to facilitate and enrich the process.

Dr. Abdul Majeed Siddiqi, HealthNet TPO Afghanistan and Pakistan, noted that there is a need to develop these constituencies and the forum in the next few months. The civil society task team should not be disbanded until the constituencies at the country level and the forum are established.

GROUP TWO

Presented by Khuat Thi Hai Oanh, Institute for Social Development Studies, Vietnam

We, the CSOs, first need to identify what we want to achieve and then how to organise the constituency. The first thing we would like to advocate for is resource mobilisation to close the \$4 billion shortfall in funding. CSOs need to advocate for a reduction in vaccine prices. We must highlight immunisation in achieving broader agendas, such as HSS and women's health. We would like to advocate for CSO involvement in prioritisation of vaccine research and development and regional prioritisation in using underused immunisations.

The group felt there was a need to develop a CSO advocacy plan, starting with creating an advocacy committee or team to be in charge of advocacy activities. We need to map who is already involved; identify and engage them in advocacy on our issues and we need to work on the message. We need to ask the Secretariat to provide data and information to support our message. We need to use the existing regional and global opportunities for advocacy meetings. One member raised the issue of counteracting the anti-vaccine movement, but in order to do so we need a strong knowledge base.

In terms of implementation, we need to focus on reaching the unreached. The other role for civil society is the watchdog role. It is important to work with the media and to feed information into the global level monitoring and advocacy efforts. What is happening at the global level needs to be supported with information from the country and regional levels. It was proposed that the Board

make CSO involvement in a country's healthcare system a precondition of funding.

In terms of "how," there are two important areas we need to work to reach our objectives: capacity building in policy development and direct funding of CSOs. You can build all the capacity you want but without funding nothing much is going to

"One has to consider the disease burden for each region."

-- Sanath Lamabadusuriya, Asia Pacific Pediatric Association

happen. Our group believes you need to have a focal point – two or three people in or outside of the GAVI Secretariat that will support CSO Board members, giving them a second pair of eyes. This focal point should have resources.

CSO constituency membership should not be exclusive but those who want to join should generally support the goals of CSOs that promote immunisation. In terms of communication, which is important for constituency, create a listserve or website. The Partners' Forum needs to happen every two years, not every four. CSO meetings can also take place during other conferences, piggy backing on Global Fund meetings, for example.

Discussion: It was suggested that GAVI should be appointing Global Ambassadors. All the international organisations have this and it would make the work easier.

GROUP THREE

Presented by Frazer Goodwin, Action for Global Health

The principal objective is how to make GAVI more effective. We, the group, distinguished between the country level and the global level and implementation efforts, with improvement needed at all stages. Participants stressed the importance of building a strong global community, which would be aided by coordination at the regional level. The community level is also missing in the discussions.

The group discussed what CSOs need to do to make GAVI more effective and to improve GAVI's contribution to routine immunisation. To make our work more effective we need a strong global community advocating around not just health but immunisation and vaccination. There also needs to be an intermediate level between the country and the global level, which is regional.

What: Efforts at the country, regional and global levels share similar facets with advocacy and implementation. We should look to mobilisation, linking the regional levels to national and global levels, and being regional advocates. It is also important to link the regions to one another so that they can respond to region-specific issues. If there is fake medicine

"You need a movement to ensure continued funding."

-- Simon Wright, Save the Children

coming from one country, then the regional level can deal with it. The regional level is more than just a bridge between the country level and the international level.

How: What's taking place at IHP+ in terms of the steering committee and the forum? There needs to be links between CSOs in donor countries that contribute to GAVI. There needs to be the use of Goodwill Ambassadors. What are now called Type A funds need to go directly to the CSOs. There must be a direct application process. There must be a GAVI requirement that countries must work with civil society organisations. There needs to be GAVI rules to ensure CSO engagement within the interagency coordinating committees (ICC) in each country in the same way that a country coordination mechanism (CCM) operates.

The group agreed to the need for a listserve and web resources to allow available information on each country to be freely available. The three circles model, however, needs to be slimmed down. Broader circle would be a virtual circle with information flowing through the Internet. But remember that the World Wide Web does not reach everyone.

The steering committee/forum should facilitate information flow to the CSOs in country; they should be providing resources on the ICC. The health systems platform should support CSOs per our task but CSOs standing for communities and civil society, not just civil society. There needs to be strong engagement in health systems strengthening. We also need to think about targeting the delays in GAVI funding. The focus needs to be more country specific and there needs to be an alternative to going through the government.

Discussion: The group agreed this would be a gradual process. We cannot expect it will all work perfectly. Global Fund successes have come after extensive discussions and a long process; information will trickle down, others will get interested.

GROUP FOUR

Presenter: Tobias Luppe, Oxfam International

Constituency Building: The group wants CSOs to have two seats on the Board: one for the North and one for the South. The second board seat cannot be substituted by having a CSO representative taking one of the unaffiliated seat in the board. This would be a welcome addition but not a substitute for the second seat on the board. In terms of the three circles model, we do not need the middle part, the forum. We'd rather extend the steering group to 10-15 people and not have the forum, so we spend less time coordinating ourselves. Our group agrees that the listserv is a good idea but it needs a bit of monitoring, to keep it focused. We try to make the process as democratic as possible but even online gatherings may be unrepresentative of some groups. The task team

should not be dissolved until all these things are in place. We need a mechanism that can coordinate all these things.

Global Advocacy: We talked about creating a movement about the issues that GAVI stands for, i.e. newborn and child health but not just a movement that just says we want more money. It is important to keep that critical distance from GAVI. We must have the freedom to criticise those things that GAVI cannot, such as vaccine prices remaining too high. This can be difficult for GAVI because GlaxoSmithKline sits on their board. GAVI needs to support our advocacy with funding at all levels, but especially the country level. This includes building capacity for advocacy. GAVI should be open about the challenges that it faces. It was actually civil society that said there was a \$4 billion shortfall in funds.

Country Policies: Governments need to be accountable for their failures to save children's lives by not immunising. That leads to the watchdog roles of CSOs within countries. Government health systems should fund CSOs to do outreach. Civil society organisations should be able to receive money from GAVI directly. Relying on the ministries of health sometimes does not work. Proposals for GAVI funding must have a civil society element. GAVI should increase the use of certified generic vaccines and promote expanded generic production (currently 40 percent but 70 would be better) primarily in southern countries. Immunisation programmes should be more integrated into the general health systems. Regarding its involvement in the joint platform on health systems strengthening and the IHP+ it needs to be ensured that these processes do not add another layer of bureaucracy but that it really makes things easier.

IV. SUMMARY OF KEY POINTS

Moderator: Mette Kjaer, Director, African Medical and Research Foundation, Kenya

1. CONSTITUENCY:

In her summation of the points raised during the group work, Mette Kjaer noted that one thing everyone agreed upon is the need for a stronger CSO constituency. GAVI has the resources and is a focal point but there is a lack of agreement as to whether this focal point should be inside or outside the Secretariat. Participants are still divided over how large the group should be and what kind of requirements there would be to join. Two groups stressed the importance of CSOs maintaining their independence from the GAVI Board.

Discussion:

Dr. Abdul Majeed Siddiqi stressed that GAVI needs to lead the process for CSO involvement. They are the organisation with the resources and the mandate. CSO representation within GAVI is lagging behind the Global Fund.

Helen Evans of GAVI said that the supporting role of the Secretariat was absolutely necessary but civil society needs to take the lead. CSOs also need to maintain their independence from GAVI and speak up. The leadership comes not from the Secretariat but from civil society ownership.

Ann Starrs, Family Care International, noted that it was important to acknowledge that one of the challenges is that CSOs are a diverse group. There was disagreement over whether civil society should serve as watchdogs. Some within the group felt that the role of CSOs was to be critical and to challenge, and some said the role was to advise and support the governments they work with.

Sue Perez of Treatment Action Group pointed out that GAVI is a financing mechanism, and therefore when money is involved, there will always be a political element. At times CS will need to do external advocacy that challenges and holds GAVI and donors to account. There is real value in civil society owning this movement and we should give ourselves as much independence as possible in order to have the freedom to think creatively and do external advocacy when necessary. This doesn't mean that we shouldn't have a close relationship with the GAVI secretariat to help us in building a more proactive CS constituency.

Robert Steinglass, JSI Research & Training, added that civil society has to express interest that has not been there up to now. GAVI can help mobilise, as they control levers that facilitate the engagement of civil society.

Frazer Goodwin, European Public Health Alliance/Action for Global Health, added that ownership and leadership should be squarely in the hands of civil society but that should not prevent GAVI from taking a proactive role.

Simon Wright of Save the Children said his group discussed how best to handle communication and representation. While a listserve and an online community are more inclusive, it is still not a purely democratic body. Because not everyone is online, even a listserve and online community has its own biases.

Jane Schaller, International Pediatric Association, added that discussion group four advised eliminating the proposed middle level CSO forum, developing a representative GAVI civil society constituency which would be organized electronically, and focusing on a steering committee of 10 to 15 members which would meet face-to-face. Now the question is how do we move forward? What is the next step?

2. ADVOCACY

Discussion:

Robert Steinglass expressed frustration over not knowing how to move forward. Now that there is a "Call to Action" how can we get more people interested? It needs to be strategically used for an end or a purpose.

Maziko Matemba of the Health and Rights Education Programme in Malawi added that monitoring is necessary so we know where we are going from here.

Ann Starrs noted that advocacy needs to be framed around the issue of immunisation, not just GAVI. Civil society groups working in child health, maternal health or development need to be engaged, adding immunisation to their broader agenda.

Frazer Goodwin stated that CSOs have to look beyond asking for money and raising the issue of immunisation within the vaccine world.

3. IMPLEMENTATION

Looking at moving forward, Mette Kjaer said that there was a suggestion from two groups that the civil society task team should focus on getting the constituency moving in the next few months. Based on the comments from this meeting, Faruque Ahmed with the task team will redefine what should be in the constituency. This group will be the sounding board. When it is finalised it will need to be resourced. The GAVI Secretariat must play a role in facilitation but at the same time civil society must maintain its independence, functioning as advocates and raising critical questions. There is agreement that the constituency should be broad and open to all but that there must also be some kind of application/screening process. The task team along with two or three others can help move the process forward.

Discussion:

Faruque Ahmed suggested that the report as well as the "Call to Action" be placed on the myGAVI website.

Daniel Berman cautioned that when there are additions to the existing structure it becomes more complicated. Instead of creating two groups, the civil society task team could solicit help.

Abdul Majeed Siddiqi noted that the task team has to lead the process. It

will gradually be replaced by the forum. The task team has to pave the way for the constituency and this may take a few months.

V. CONCLUSION

Mette Kjaer noted that groups expressed a need to think in terms of both global and country levels, whether it comes to advocacy or organisation. There was agreement that efforts need to be resourced. The issue of Goodwill Ambassadors was raised. Groups also spoke of not creating parallel structures and instead build on existing in-country systems. There is a need for civil society to: continue to share best practices; build capacity (particularly within organisations in the South); engage in vaccine price advocacy and resource mobilisation; integrate immunisation into other networks' agendas, such as child and maternal health; and push for direct funding streams. All groups recommended that GAVI make civil society engagement a precondition of GAVI funding. There was agreement that civil society organisations want two representatives on the board, as stated in the "Call to Action," and that this is part of the game plan.

Discussion:

Princess Nikky Onyeri cautioned participants not to focus on child and maternal health to the exclusion of women's health. She expressed concern that many people still don't know what GAVI is or what it stands for. To get more people involved and raise GAVI's visibility, Princess Nikky suggested that GAVI CSOs piggyback meetings on other forums, such as Global Fund meetings where many players come together. She also suggested the appointment of Goodwill Ambassadors by GAVI and for GAVI to run satellite sessions in some international conferences so as to increase their profile. Despite the expense involved, Partners' Forums should be every two years, as opposed to four.

Mette Kjaer said it was important to advocate for CSO involvement, wherever we are. CSOs need to create a governance structure not just at the global level but also at the local level. Health Systems Strengthening offers opportunities for including civil society organisations.

Helen Evans, Deputy CEO of the GAVI Alliance

During the Partners' Forum, several people mentioned that the discussions here have moved the issue forward. There is a need now to be much clearer about the "what" and "how". Over the course of discussions, issues of ownership and constituency have been raised. Civil society plays a critical role in advocating, which means not always agreeing with the Secretariat. CSOs also have the responsibility and the right to raise issues and challenge. That is what ownership of the issue is all about.

But there remains the issue of who will lead? Even though the GAVI Secretariat has a key role in facilitating and engaging civil society, the focus of civil society is up to the organisations themselves and is outside the purview of the Secretariat. The next step? The “Call to Action” is a great document and myGAVI and the interactive chat room will hopefully be a tool to expand discussions.

Final remarks

In the closing remarks, Faruque Ahmed said that with the “Call to Action” and this report, the CSO task team will work on the issues that the participants raised. The team will work on building constituency and promoting advocacy at the national and global levels – not just within GAVI but outside as well. He gave a special thanks to the GAVI Secretariat for facilitating the meeting.

“One of the big roles of CSOs is to hold us accountable. They keep us on our toes, focused on our results. It's not easy but we need that.”

-- Christoph Benn, Director, External Relations and Partnership Cluster, the Global Fund to Fight AIDS, TB and Malaria

VI. ANNEXES

Civil Society Call to Action for Greater Involvement in the GAVI Alliance *GAVI Alliance Partners' Forum, Hanoi, Vietnam, 20 November 2009*

Today, on the 20th anniversary of the Convention on the Rights of the Child, as we celebrate the achievements of the GAVI Alliance over its 10-year history, we take note of the challenges that remain:

- 24 million infants are not reached by routine immunisation programmes each year.
- More lives can be saved by use of traditional, new and underutilised vaccines.
- Nearly one quarter of child deaths could be prevented by use of existing vaccines.

These specific challenges are at the core of GAVI's mission, and are linked to the broader challenges of reducing child mortality (MDG 4) and improving maternal health (MDG 5). Civil society organisations play a critical role in maternal and child health broadly, and immunisation specifically, through:

- education of families, communities, and health personnel,
- direct service provision,
- technical support,
- reaching the unreached,
- promoting the voice of marginalized communities, and
- advocacy.

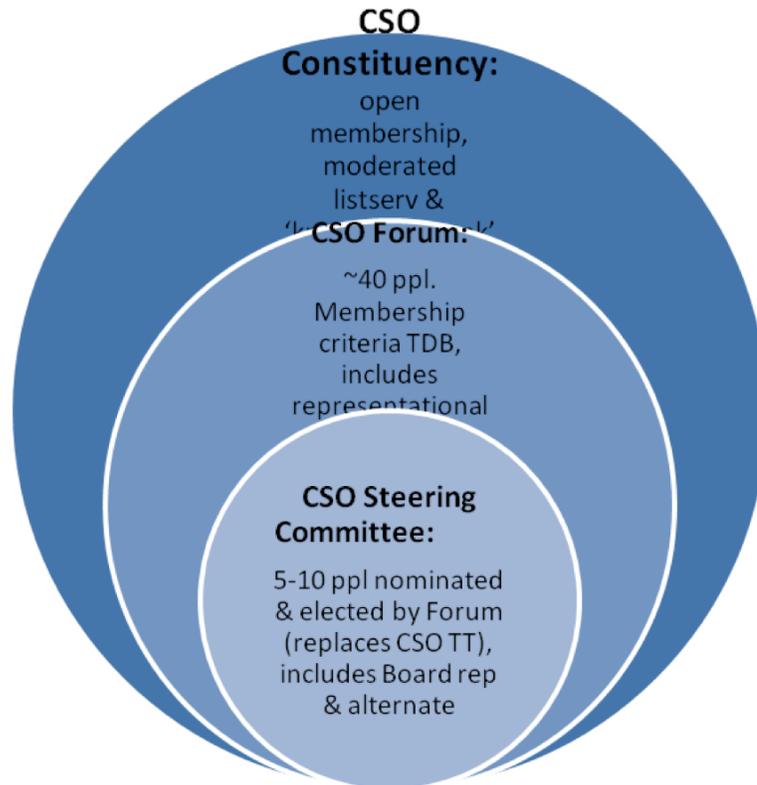
However:

- Momentum and progress are hampered by inadequate funding commitments, including a US\$4 billion shortfall for the period 2010-2015, and prevailing high vaccine prices; yet the potential of civil society to help mobilise resources and carry out advocacy is underutilised.
- Lack of funds threatens rollout of pneumococcal, rotavirus, and meningitis A vaccines, preparation for the introduction of new vaccines such as HPV, and sustaining past mortality reduction gains achieved through immunisation.
- Civil society is not receiving national and international recognition and support commensurate with its important role.
- Civil society is insufficiently engaged at the policy and implementation levels of immunisation programmes globally and in-country and within GAVI's governance.

Therefore, we, the undersigned members of civil society organisations, urge the GAVI Alliance to:

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

CSO Task Team Constituency Proposal



CSO representation within the GAVI Alliance

Board Member: Faruque Ahmed, Director of the BRAC Health Programme (Term of Office: July 2008 to June 2011).

Alternate: Alan R Hinman, Senior Public Health Scientist, Task Force for Child Survival and Development.

The CSO representative to the GAVI Board acts as a liaison between GAVI and CSOs, representing the views and concerns of each side, while working to improve immunisation and CSO participation in strengthening immunisation.

(Source: <http://www.gavialliance.org/about/governance/boards/members/index.php>)