

**FOR DECISION**

At the Partners' Meeting in December 2005, GAVI created a task team to propose mechanisms to strengthen the role of civil society within the Alliance. Based on efforts over the past year, including consultations with civil society groups, eligible countries and other global health initiatives, the task team has created a proposal aimed to increase the effectiveness of civil society partners, with a specific focus on reaching unimmunised populations.

**The Alliance Board is requested to:**

- Select from one of two options to implement this proposal in 10 "pilot" countries:
  - a) Open a new, dedicated 'civil society' funding window, with proposals submitted through national coordinating mechanisms.
  - b) Provide incentives and additional financing for civil society groups to apply through the current window for HSS.

*Note:* if approved, this support would have a two year (2007-08) financial envelope of **US\$ 22 million**.

- Approve an envelope of up to **US\$ 7.2 million** to strengthen coordination and enhance civil society representation at the country level;
- Approve a budget of up to **US\$ 640,000** over the 2007-08 to support coordination and representation activities for civil society groups at regional and global levels.

**Enhancing civil society participation in the GAVI Alliance****1. Background**

Civil society organisations comprise one of the Alliance's most diverse partner constituencies. They support immunisation at the country level by delivering healthcare to the most hard to reach populations, working to improve health systems, designing and implementing programmes, conducting research, and providing advocacy. Despite these strengths, proposals from country governments rarely integrate roles for civil society. As a result, civil society efforts are not coordinated with those of governments; a trend which runs against established best-practices for aid harmonisation and alignment. Throughout phase 1, the GAVI Alliance did not fully benefit from civil society participation.

At the GAVI Alliance Partners' and Board meetings in December 2005, there was consensus that the civil society constituency needed to be developed, allowing it to better participate in GAVI governance and implementation. In response, a civil society task team, chaired by Adenike Grange, was formed to propose mechanisms on how this could be achieved.

Over the past year, this task team has developed a concise definition of civil society as it applies to the GAVI Alliance (annex 1 of the background paper) and has carried out a wide consultation with stakeholders, including civil society partners, countries, and other global health initiatives, in order to provide this proposal for approval by the Alliance Board.

**FOR DECISION****2. A fit with the Alliance Strategy 2007-10**

If the Board approves support for civil society groups, it will contribute to GAVI's Strategic Goal 4 for added value as a global health partnership. Goal 4 sets out a specific objective and milestones aimed demonstrate innovation through work with civil society.

**3. Proposed activities and options for support**

The civil society task team proposes that the GAVI Alliance provide programme support for civil society activities in a select group of countries, as well as support for strengthening civil society representation at national, regional and global levels.

***a) In-country programme support for civil society organizations***

The task team proposes that GAVI offer programme support for civil society organisations within ten countries in 2007 - 2008. The experiences of these "pilot" countries will highlight best practices to inform future decisions on programme support for civil society. This initial set of ten countries was selected based upon: 1) ability to represent a diverse set of contexts; 2) high numbers of un-immunised children; 3) varying degrees of civil society network functioning; and, 4) geographical representation. It is proposed that each country receive a total financial allocation based upon the number of un-immunised children (DTP3). Those classified by the United Nations as a "least developed country" could receive US\$ 3 per un-immunised child; others could receive US\$ 1.5 per child. The proposed ten countries, with corresponding financial implications, are provided in table 1.

**Table 1: Proposed "pilot" countries in 2007- 2008**

	Country	Least developed country	Fragile state	Un-immunised infants (DTP3)	Annual budget	2007-2008 budget
1	Afghanistan	X	X	404,333	\$1,212,999	<b>\$2,425,998</b>
2	Bolivia			47,644	\$71,466	<b>\$142,932</b>
3	Burundi	X	X	76,920	\$230,760	<b>\$461,520</b>
4	Cambodia	X	X	57,410	\$172,230	<b>\$344,460</b>
5	DR Congo	X	X	886,420	\$2,659,260	<b>\$5,318,520</b>
6	Ethiopia	X		553,327	\$1,659,981	<b>\$3,319,962</b>
7	Ghana			127,617	\$191,425	<b>\$382,850</b>
8	Indonesia			1,300,006	\$1,950,009	<b>\$3,900,018</b>
9	Pakistan			1,529,000	\$2,293,500	<b>\$4,587,000</b>
10	Uganda	X		168,897	\$506,691	<b>\$1,013,382</b>
	<b>TOTALS</b>	<b>6</b>	<b>4</b>	<b>5,151,574</b>	<b>\$10,948,321</b>	<b>\$21,896,642</b>

There are two possible options for how programme approvals and funds disbursements could be managed; the Board is requested to select one of the following choices:

- i) GAVI could create a new, dedicated 'civil society' funding window, initially open only to the 10 proposed pilot countries. Proposals would be submitted through the national coordinating mechanisms.
- ii) GAVI could provide additional funding for civil society groups, initially in the 10 pilot countries, through the existing mechanism for health systems strengthening. New

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guidelines for HSS applications would be adopted to provide appropriate incentives to integrate roles for civil society. Countries that have already applied for health systems would be able to submit supplementary requests to include civil society components.

Following Board selection of one of the above options, further work will be necessary to refine procedures for programme approval and disbursement of funds.

### ***b) Strengthening civil society coordination at the national level***

It is also proposed that GAVI provide funding to all eligible countries (through interagency coordinating committees or health sector coordination committees) to strengthen civil society at national level. Funds would support a mapping exercise to identify which civil society groups are contributing (or could potentially contribute) to immunisation and health systems, and develop criteria for civil society participation in the country interagency coordinating committee. Once this mapping exercise is completed, the task team proposes that the remaining funds be used to coordinate national meetings of civil society partners in order to select nominees to participate in regional forums. Funding could also be used for additional activities such as development of web-based collaboration systems. Countries could receive funding based upon their annual birth-cohort, with a maximum allocation of US\$ 100,000 and a minimum of US\$ 10,000. Application guidelines will be completed in the first quarter of 2007.

### ***c) Strengthening civil society coordination at regional and global level***

The task team proposes that national civil society organisation representatives be identified to participate in regional forums such as Regional Working Group meetings. In addition, the task team recommends that a global council be created to address common issues and provide recommendations to the Alliance Board. The mandate of the current civil society task team should also be extended through to 2008. Finally, it is proposed that the Secretariat employ a full time civil society organisation focal point, to assist with activities at all levels.

## **4. Financial implications 2007-2008**

Individual components of the task team's proposal have been included in the 2007 Work Plan and 2007-10 Roadmap as follows:

	<b>2007</b>	<b>2008</b>
<b>In-country programme support</b>	\$10.9 million	\$10.9 million
<b>Mapping &amp; national support</b>	\$3.6 million	\$3.6 million
<b>Regional &amp; global support</b>	\$395,000	\$245,000

If all remaining GAVI eligible countries (excluding India) were to apply for this civil society support after 2008, and each country received a minimum of \$10,000, the budget envelope would be approximately \$31 million per year. This would amount to less than 10% of GAVI's yearly expenditures.

## **5. Next steps**

Once general parameters for civil society support are approved, the mechanisms for proposal review, financial disbursements, reporting and monitoring will be finalised in the first quarter of 2007.

There will be a review of lessons learned for civil society support in the last quarter of 2008, which will help outline the scope continued civil society support in the 2008 – 2010 period.