

# GAVI collaboration with civil society

Civil society organisations (CSOs) have a long history of involvement in public health and have proven to be particularly successful in reaching marginalised populations and people in remote areas, especially through community mobilisation.

CSOs include non-governmental organisations, community-based groups, academic institutions, faith-based groups, women’s initiatives and many others. Their work complements and extends the reach of public health services. CSOs are important partners in reaching the hard-to-reach, the last 10, 15 or 20% of the population that all too often remain unimmunised. Reaching the hard-to-reach is a key goal of the UNICEF/WHO Global Immunization Vision and Strategy.

In many GAVI-eligible countries, CSOs provide a large proportion of health services. For example, hospitals managed by CSOs take on 43% of medical work in Tanzania, 40% in Malawi, 34% in Ghana, and 9% in the Democratic Republic of Congo, 15% for India (with over 200 CSO hospitals), 13% for Bangladesh, and 12% for Indonesia. CSOs are also strongly involved in vaccination, delivering up to 60% of immunisation services in some countries. They play a vital role in providing immunisation in fragile states.

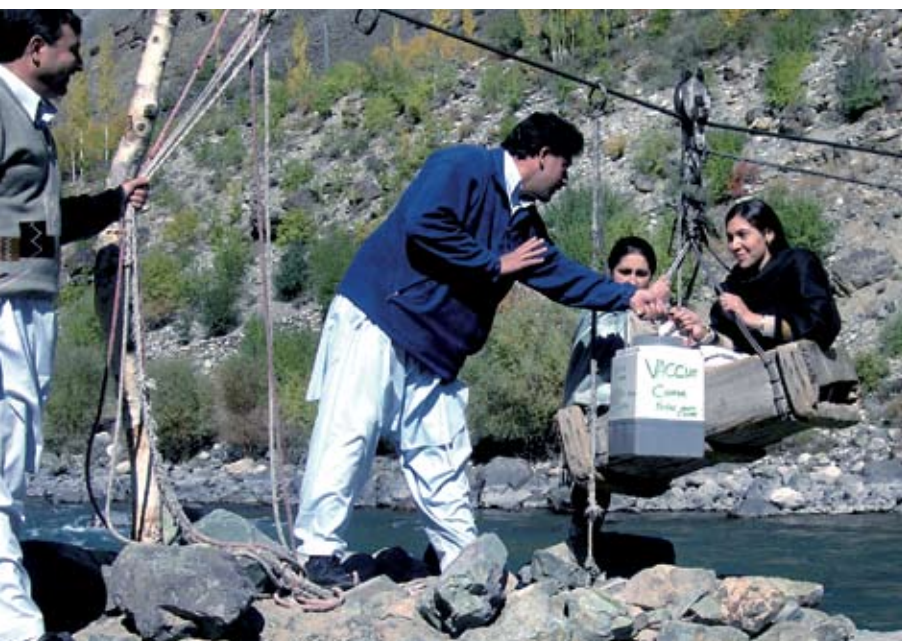
At global and national levels, CSOs play a key role in influencing decision makers and public opinion. Very often they are the ones to hold governments and international organisations accountable to their promises. The Millennium Development Goals cite the Global Health Partnership engagement with civil society as “best practice” in pursuit of ownership on national and community levels.

## Advocating for immunisation

Civil society is a key GAVI Alliance partner. At the governance level, CSOs have a seat on the Alliance Board and participate in committees and task teams that guide the Alliance’s work. CSOs are involved in developing GAVI policies and play an important part in advocating for immunisation.

GAVI is strengthening the role of civil society at all levels in the work of the Alliance: in governance, in advocacy at national and global levels, and in implementation by providing funds for CSO involvement in immunisation services in 10 pilot countries. GAVI also sets out to encourage cooperation and coordination of efforts between the public sector and civil society to increase sustainability of immunisation and health programmes.

Between 2007 and 2010, GAVI is investing US\$ 30 million to support CSOs.



COURTESY OF AGA KHAN HEALTH SERVICES, PAKISTAN

*With GAVI support, 15 civil society organisations provide maternal and child health services, including immunisation, to the hard to reach in both urban and rural Pakistan. Here, staff from the Aga Khan Foundation help health workers bring vaccines for an outreach session in a remote area.*

## Reaching shepherds and training priests

With well over 70 million inhabitants, Ethiopia is the second most populous country in sub-Saharan Africa. Most people live in remote rural areas, and immunising children is a major challenge for public health services. CSOs therefore

play a vital role in mobilising communities to access health services, and also in direct service provision. In 2008, a consortium of five CSOs successfully applied for GAVI support, and will receive over US\$ 3 million over three years.

The CSOs are:

- Christian Relief and Development Association
- Afar Pastoralist Development Association
- Oromia Development Association
- Ethiopian Orthodox Church Development and Inter-Agency Aid Commission (EOC/DICAC)
- Ethiopian Medical Association

All CSOs aim to increase immunisation coverage in seven regions, three of which – Somali, Afar and Gambella – stand out as the regions with the lowest levels of immunisation coverage in the country. With GAVI support, the CSOs are involved at different levels of service provision. For example, they support the government in training Health Extension Workers and vaccinate women and children from pastoralist families who otherwise have limited access to health services. The Ethiopian Orthodox Church Development and Inter-Agency Aid Commission has embarked on a unique and innovative approach: they are training orthodox priests to spread the message of immunisation and advise mothers on child health.



Health extension workers Fantaye Yenehu and Zewde Getahun and two volunteers discuss the results of a monthly immunisation outreach session in a remote part of northern Ethiopia.

Two types of CSO support are available for developing countries:

■ **Type A** – support to strengthen coordination and representation of CSOs in developing countries is currently being redesigned. The objective of this type of funding is to enhance civil society's representation in health sector committees and give them a stronger voice vis-à-vis the public health services.

■ **Type B** – support for CSOs to help implement GAVI health system strengthening.

This funding is available in 10 pilot countries only. The aim is to support the implementation of activities related to

health system strengthening or comprehensive multi-year plans. This also applies to technical assistance.

In the period 2007-2010, the 10 pilot countries are:

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|---------------|--------------|
| • Afghanistan | • Georgia    |
| • Bolivia     | • Ghana      |
| • Burundi     | • Indonesia  |
| • DR Congo    | • Mozambique |
| • Ethiopia    | • Pakistan   |

More information is available at:  
[www.gavialliance.org/  
support/how/guidelines/index.php](http://www.gavialliance.org/support/how/guidelines/index.php)

Information current as of March 2010