

## **Report on GAVI Board Meeting**

**Berlin, November 28-29, 2006**

**By  
Adenike Grange**

### **1. 0 Background**

The GAVI Alliance (formerly the Global Alliance for Vaccines and Immunisation) was launched in 2000 to improve access to immunisation for children in impoverished countries. Governments in industrialised and developing countries, UNICEF, WHO, the World Bank, the Bill & Melinda Gates Foundation, nongovernmental organisations, vaccine manufacturers from industrialised and developing countries, and public health and research institutions work together as partners in the Alliance.

GAVI partners from industrialized countries created The GAVI Fund (formerly the Vaccine Fund) to help fill critical gaps in the overall global effort and to maintain a significant source of new and additional financial support from public and private donors. GAVI resources help strengthen health and immunisation systems, accelerate access to selected vaccines and new vaccine technologies—especially vaccines that are new or underused, and improve injection safety. The GAVI Alliance has moved into its second phase (2006-2015) and a recent review demonstrated the following:

- GAVI Alliance has been financed by eleven governments to date—Australia, Canada, Denmark, France, Ireland, Luxembourg, the Netherlands, Norway, Sweden, the United Kingdom, and the United States—as well as the European Union, the Bill & Melinda Gates Foundation, and private contributors.
- GAVI Alliance provides multi-year grants to more than 70 of the world’s poorest countries. Grants are made based on a rigorous application process in which country proposals are reviewed by a panel of independent experts drawn from a wide geographic base.
- GAVI has raised almost US\$3.3 billion in traditional funding from government and private sources, including US\$1.7 billion actually received. Of this amount, US\$1.6 billion has been committed with US\$775.5 million disbursed (as of December 2005). In addition, long-term commitments by the governments of Brazil, France, Italy, Norway, South Africa, Spain, Sweden, and the United Kingdom have been secured through the new International Finance Facility for Immunisation (IFFIm). An anticipated IFFIm investment of US\$4 billion is

expected to prevent 5 million child deaths between 2006 and 2015—and more than 5 million future adult deaths.

- GAVI Alliance support has ensured that approximately
  - 13 million additional children were protected against diphtheria, tetanus, and pertussis
  - 90 million additional children were immunised against hepatitis B
  - 14 million additional children were immunised against Haemophilus influenza type b (Hib)
  - 14 million additional children were immunised against yellow fever

If GAVI is to be a true Alliance, a voice must be given to civil society organisations that are delivering, advocating for, or technically advising on immunization and child health issues for hard to reach populations. These organizations need a stronger voice within the GAVI governance structure to help shape and define the GAVI Alliance policies and strategies. Despite the benefits and strengths of civil society organisations involved with immunization, child health care initiatives and health systems strengthening, they have had difficulties in assessing the fora where GAVI policies are being drafted. Within the current GAVI structures there is no incentive to share or disburse funds to civil society organizations.

In order to address this issue, a Civil Society Task Team was established at the New Delhi Partners' meeting in December 2005. Its mandate was to explore ways of strengthening the voice of civil societies in policy and decision-making processes in the design and implementation of immunisation programmes at global, regional and national levels with the support of the GAVI Alliance. This has resulted in the production by the Task Team of a civil society proposal titled “ **Enhancing civil society participation in the GAVI Alliance governance and implementation 2007-2008**”

This proposal aims to address the issues of strengthening civil society representation and participation in GAVI Alliance governance and implementation in 2007 - 2008. It also lays the foundation for further potential expansion of support for civil society organisations. (A working definition for civil society can be found in annex 1.) The framework of this proposal was presented to the GAVI Alliance Board at its Board meeting in June in Washington DC. The principles were favourably received and the CSOTT was encouraged to expand the strategy and activities of the proposal.

We are happy to report that the final proposal was accepted for funding by the Board at its meeting in Berlin on 29 November, 2006.

## **2. Civil Society Organisations role in achieving the GAVI Alliance strategic goals and the Millennium Development Goals**

The following are the basic arguments of the proposal of the Task Team to the GAVI Board:

### ***2.1 Key Role of CSOs in Immunisation***

- Civil society organisations (implementing Non Governmental Organisations and networks of partnerships) play a key role in strengthening health systems to deliver vaccines and other child health packages to millions of children and families every year, often in the most remote areas and hardest to reach communities.
- Civil society organisations (through professional organisations, academic institutes and partnerships) provide technical assistance to national immunization and child health programmes, teach and train health professionals as well as design and implement operational research on improving health systems
- Civil society organisations (community based Non Governmental Organisations and global partnerships) provide community mobilization and advocacy to influence decision makers, donors and media
- Civil society organisations of all descriptions play a major role in strengthening health systems of fragile states and countries in crises, where Governmental infrastructure is sub-optimal (highlighted in the report to the board from the fragile states task team)

### ***2.2 Outputs of this investment***

By financially supporting and developing stronger partnerships with civil society organisations (that are involved with immunization, child healthcare and health systems strengthening) from 2007, the GAVI Alliance will:

- a) receive more representative civil society inputs from all GAVI eligible countries into policy and investment decisions;
- b) have a review of lessons learnt and Civil Society Organisation best practices in 10 ‘pilot’ countries available by end 2008;
- c) reach greater numbers of children (often in the hardest to reach areas) with vaccines and other health care packages to help achieve both GAVI Alliance and Millennium Development Goals in 10 ‘pilot’ countries;

help to build sustainability at the country level by including local civil society organisations in all GAVI eligible countries

## **3. Decisions approved by the Board**

### ***3.1 Funding of CSOs Approved Activities***

Based on the above arguments, at its meeting in Berlin on 28<sup>th</sup> November 2006, the GAVI Alliance Board approved, in principle:

- a) the provision of additional financing for civil society groups in 10 “pilot” countries, within the current application mechanisms for HSS, and with a two year (2007-08) financial envelope of US\$ 22 million.
- b) an envelope of up to US\$ 7.2 million to strengthen coordination and enhance civil society representation at the country level in 2007 – 2008.

### ***3.2 Linkage with GAVI Alliance 2007-2010 strategic plan and 2007 work plan***

- This proposal reflects the strategic direction outlined already in the 2007 work plan and the civil society strategic direction of the GAVI Alliance strategic work plan 2007-2010.

## International Pediatric Association

- All proposed activities outlined below have been incorporated into the 2007 GAVI Alliance work plan, pending board approval of the GAVI Alliance work plan. Activities from 2008 will require further consultation with the working group and board throughout 2007-2008 and review of lessons learnt in 2008.

**3.3. Health systems strengthening.** Various networks of civil society organisations involved with implementation are already in place and will actively be involved with the designing and shaping of the GAVI Alliance Health Systems Strengthening window.

The GAVI Alliance is establishing closer contacts and reviewing mutual learning opportunities with the above mentioned partnerships.

## 4.0 Specific Outcomes Approved by the Board

**4.1 Selection of ‘pilot’ countries being supported in 2007 - 2008:** 10 ‘pilot’ countries selected for support in 2007-2008, from the total GAVI Alliance eligible countries are as follows:

<b>Afghanistan</b>
<b>Bolivia</b>
<b>Burundi</b>
<b>Georgia</b>
<b>DR Congo</b>
<b>Ethiopia</b>
<b>Ghana</b>
<b>Indonesia</b>
<b>Mozambique</b>
<b>Pakistan</b>

The selection of these countries was based on the principles agreed upon at the civil society meeting of 6 November 2006 and suggestions from the GAVI Alliance Board meeting on 28<sup>th</sup> November. The principles emphasised diversity in contexts, constraints and coordination mechanisms as possible as well as maximum investment benefit from the point of view of numbers of children un-immunized. More specifically:

- 1) high numbers of un-immunised children;
- 2) varying degrees of civil society network functioning;
- 3) geographical diversity;
- 4) harmonise with country selections from “Scaling up for Better Health” initiative and countries applying for GAVI Health System Support;
- 5) examples from fragile states (3 in the list)
- 6) Francophone countries (2 in the list)
- 7) Focus on sub Saharan Africa (5 in the list)

These 10 ‘pilot’ countries will be considered ‘pathfinder’ or learning set of countries, where examples of best practices can be shared in late 2008 to possibly pave the way for all GAVI eligible countries.

**4.2 Financial implications 2007-2008 (as approved in principle by the GAVI Alliance Board):**

	2007	2008
In-country programme support	\$11million	\$11 million
Mapping & strengthening CSO coordination at the national level	\$3.6 million	\$3.6 million

**5.0 Proposed activities:**

**5.1 Preparation of proposals**

Civil society organisation proposals at country level should add value to and complement the goals, objectives and activities of the immunization comprehensive multi year plan (cMYP) and / or the health systems strengthening (HSS) proposal. **Proposals will therefore be encouraged from civil society organisations involved with routine immunization, child health care and health systems strengthening. Organisations working with service delivery, technical assistance and social mobilization to apply for funding as deemed appropriate.**

Examples of potential activities with most impact at sub-district levels include:

- Provision of vaccination or child health care services to hard to reach populations and in crisis situations where Government infrastructure may be less than optimal.
- Provision of services that strengthen health systems such as health training initiatives, monitoring, management strengthening at peripheral levels
- Technically supporting monitoring or training activities
- Technically reviewing or evaluating programmes
- Social mobilization of populations for child health and immunization services or any activities increasing the demand for quality services.

**5.2 Eligibility of civil society organizations:** The detailed eligibility criteria for civil society organizations applying within countries will be available in guidelines to be drafted by the civil society task team within the first quarter of 2007.(See Annex 1)

**6. 0 Next steps:**

- The civil society task team and GAVI working group should review this proposal once again to ensure country level realities are taken into consideration before implementation
- The Board will be asked to review this civil society funding opportunity at the end of 2008 with possible plans for 2008-2010.
- There will be a review of lessons learnt for civil society support in last quarter of 2008 which will help outline the scope of CSO support 2008 – 2010.

## **7.0 Positive Outcomes and Next Steps for the IPA**

The office of the President of IPA, who is the Representative of CSOs on GAVI –A Board until the end of December 2007, will work in collaboration with the Executive Director’s office and the IPA Secretariat to establish the mechanisms for contacting:

- A. All national and regional members of the IPA in GAVI-eligible countries in order to inform them of the funding opportunities that will soon be created for eligible CSOs that are actively engaged in the countries’ immunisation programmes. They will be encouraged to apply for representation on the coordinating bodies for their respective National Immunisation Programme.
- B. The National Pediatric Associations of the ten selected pilot countries will be further briefed and guided concerning the preparation and submission of proposals in order to access the additional funds that are being received from GAVI by their governments for the purpose of strengthening CSOs’ involvement in the National Immunisation Programmes.

With the cooperation of members of the Board who represent the Regions of the eligible countries, I am sure that we shall succeed in our mission to empower national members to enable them assume and/or continue in their leadership role as strong child health experts and advocates in programmes that have the greatest promise for the achievement of the fourth Millennium Goal.

**The plan for this activity will soon be circulated by my office.**

### **Annex:1 A working definition of civil society**

This working definition is a synthesis of conversations held among the Civil Society constituency at the GAVI Partners' meeting in New Delhi, 2005, and in discussion within the Civil Society Task Team with input from WHO, the Global Fund, the Roll Back Malaria Partnership, and the Federation of Red Cross and Red Crescent Societies.

- An active constituency with aims consistent with the spirit and purposes of the GAVI Alliance, focused on reducing suffering, disease and death [or, under-five mortality] through improved and sustained immunization services.
- Constituency members agree to work collaboratively with the relevant government, the GAVI Alliance Secretariat, and other GAVI partners to achieve these goals.
- Civil Society constituency members may be non-government organizations, foundations<sup>3</sup>, and profit-making institutions if they measure their success in terms of improved social justice and sustainability as well as profit.
- Civil Society constituency members may be international in structure and scope<sup>4</sup>, or organizations working locally. All constituency members should have a constitution independent of government, an established headquarters, externally audited accounts, and have been working in an area relevant to improving the impact of immunization<sup>5</sup> for at least three years.
- Civil Society includes representation from the private sector, with specific focus on representatives from local small business communities

### **Annex 2: Membership of the Civil Society Task Team**

The Task Team, with a mission of strategic planning and communication, is envisioned to be a small working group that would communicate and meet regularly. During the first stage, the task team has been represented by IPA, PATH, IFRC, Norwegian Red Cross, UNICEF, WHO and the GAVI Alliance Secretariat. In the next stage it would be important to broaden and strengthen the membership of the team, especially as GAVI is broadening its mandate to also include health system strengthening and to allow for potential increase of workload. There is a need to expand the eligibility criteria for membership of the task team. The existing task team together with the GAVI Secretariat will work further on these criteria, guidelines and the monitoring and evaluation processes.