



Q & A
GAVI Alliance support
for civil society organisations

These questions and answers aim to address issues frequently raised about the GAVI Alliance's new support for civil society organisations (CSOs).

September 2007.

About GAVI Alliance

1. What is the GAVI Alliance?

The GAVI Alliance is a public-private partnership focused on increasing access to vaccines in poor countries. Partners include national governments in developing and developed countries, UNICEF, WHO, the World Bank, the Bill & Melinda Gates Foundation, the vaccine industry in developing and developed countries, public health institutions and civil society organisations (CSOs). Since its inception in 2000, the GAVI Alliance has made available more than US\$ 2.5 billion for immunisation in GAVI-eligible countries¹. As a result, vaccination coverage levels have increased dramatically.

2. What are civil society organisations?

The GAVI Alliance defines CSOs broadly as nongovernmental organisations, community-based groups/partnerships, professional associations, and technical and academic institutions.

3. How are civil society organisations currently involved with the GAVI Alliance?

CSOs are currently involved with the GAVI Alliance at different levels. In countries, the Interagency Coordination Committee (ICC) and the Health Sector Coordination Committee² (HSCC) are the coordinating bodies for development and implementation of GAVI proposals. More than two-thirds of ICCs include CSO representatives and some of the HSCCs have CSO representation. At the global level, CSOs are represented at the highest level of decision making and governance – the GAVI Alliance board.

The GAVI Alliance board's decision to strengthen CSO involvement in the GAVI Alliance is implemented under the guidance of a CSO task team. Members of this task team currently include the International Pediatric Association (IPA), PATH, Norwegian Red Cross, International Federation of Red Cross and Red Crescent Societies, Churches Health Association of Zambia, Churches Health Association of Malawi, African Medical and Research Foundation, the Global Fund against AIDS, Tuberculosis and Malaria, JSI/IMMUNIZATIONbasics, UNICEF, and World Health Organization.

4. Why is the GAVI Alliance investing in strengthened civil society involvement?

CSOs provide immunisation, child healthcare, and technical assistance, as well as help increase demand for services through social mobilisation and advocacy. CSOs are especially important in providing services and information to hard-to-reach populations.

¹ Countries which have a gross national income (GNI) per capita below US\$1,000 are eligible for support from the GAVI Alliance.

² Most countries have a forum for Government and partners making decisions that affect the health sector (not limited to immunization). The group is known by different names in different countries but for GAVI purposes it is referred to as the "Health Sector Coordination Committee".

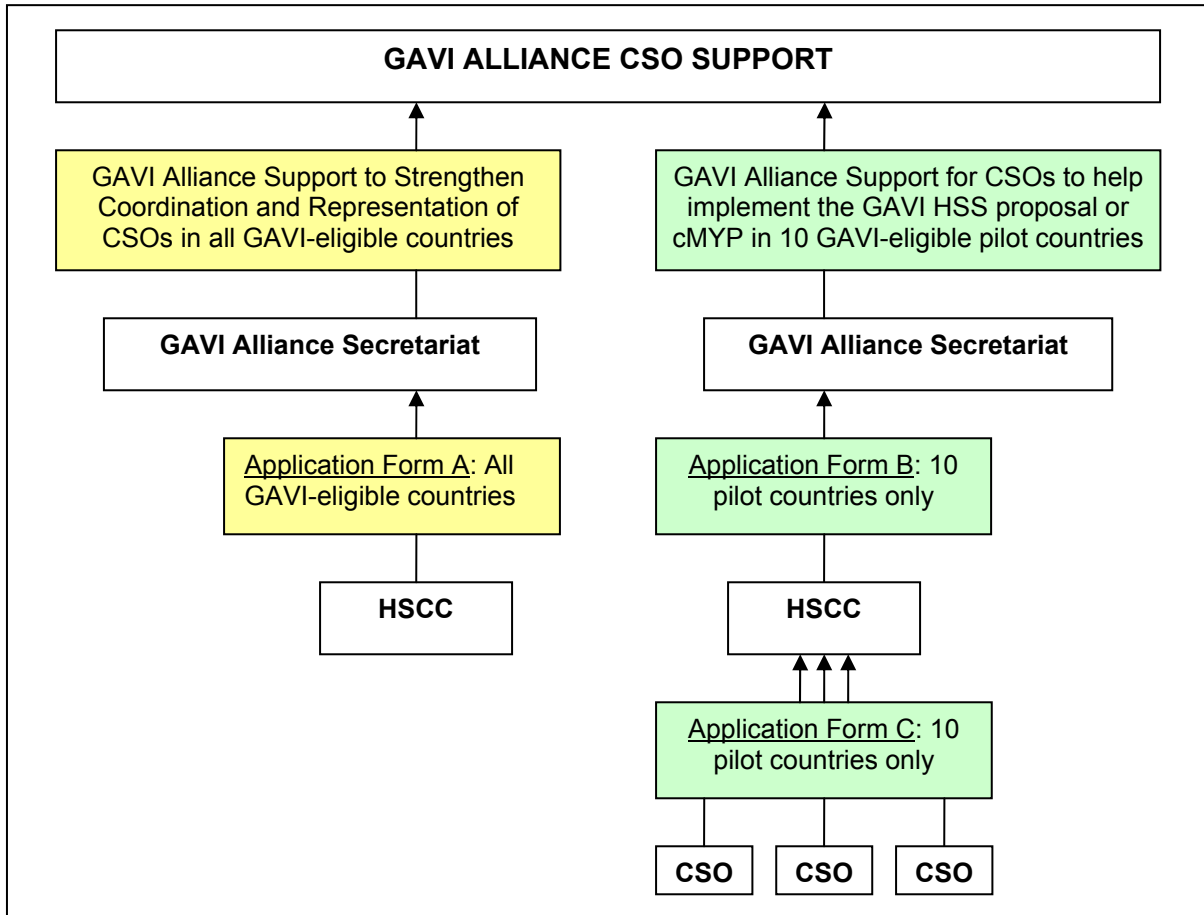
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In order to fully strengthen a country's capacity to deliver immunisation and related health services, GAVI will support the ability of CSOs to be heard at decision-making levels as well as actual service delivery on the ground.

5. What is the GAVI Alliance's investment in CSOs?

To improve support as well as draw on the skills, benefits and potential collaboration with CSOs, the GAVI Alliance board agreed to invest US\$ 30 million in two types of support between 2007-2009:

- A. Strengthening the coordination and representation of CSOs at country and regional levels as well as in GAVI governance structures.
- B. Funding for CSOs in 10 pilot countries (Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan) to help implement the GAVI Health System Strengthening Support (HSS) proposal or the comprehensive multi-year plan for immunisation (cMYP).



A. Support for strengthening the coordination and representation of CSOs in countries

6. What is the purpose of the support to strengthening coordination and representation of CSOs in countries?

The aim of this support is to identify CSOs involved in immunisation, child health care and health system strengthening, stimulate stronger CSO representation, improve CSO coordination, and facilitate effective partnerships between CSOs, governments and bilateral partners. More specifically, countries are encouraged to use this lump sum for a number of activities, which may include:

- Undertaking a ‘mapping’ exercise of CSOs involved in immunisation, child health care and health system strengthening.
- Facilitating the CSOs’ participation and adequate representation within in-country coordination mechanisms, such as the Health Sector Coordination Committee and the Interagency Coordination Committee.
- Stimulating dialogue and sharing information between partners; for example establishing national and/or regional forum(s) (web-based or otherwise) to allow CSOs to discuss and share experiences.

7. Who can apply for the support to strengthen coordination and representation of CSOs?

All GAVI-eligible countries can apply for this support: a lump sum (proportional to the country’s birth cohort) for use from 2007 to October 2009.

8. How do countries apply for the support to strengthen coordination and representation of CSOs?

The application should be coordinated by the Health Sector Coordination Committee (or equivalent) and then submitted to the GAVI Alliance Secretariat for review in cooperation with the CSO task team. Countries are encouraged to involve CSOs in the application process. There is no firm deadline and applications can be submitted on an on-going basis. However all activities should be completed and reported by October 2009. Countries are therefore encouraged to apply as early as possible.

B. Support to CSOs in 10 pilot countries to help implement the cMYP or the GAVI HSS proposal

9. Why does GAVI provide support to CSOs to help implement the GAVI health systems strengthening proposal or comprehensive multi-year plan for immunisation in an initial 10 pilot countries?

The GAVI Alliance recognises that in order for countries to fully implement their comprehensive multi-year plan for immunisation (cMYPs) and GAVI health system strengthening (HSS) proposals, the whole range of stakeholders working in

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immunisation, child health and health system strengthening in the country should be involved. By providing additional resources to strengthen partnerships with CSOs in 10 pilot countries, the GAVI Alliance hopes to strengthen the capacity of the country to deliver immunisation and child health care services, and health system strengthening activities and hence reach the GAVI Alliance goals and the Millennium Development Goals.

Although the funding is **additional** to existing funding streams, the funding is integrated with the country's GAVI HSS proposal development and implementation. This will allow for a more harmonised, country-driven approach and avoid fragmenting support through multiple programme windows.

10. Which are the 10 pilot countries and how were they selected?

The 10 pilot countries are Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan. The 10 countries were selected to represent an illustrative and instructive set of varying circumstances. A range of criteria were considered in the selection, including:

- High numbers of unimmunised children;
- Varying degrees of civil society network functioning;
- Geographical and linguistic diversity;
- Inclusion of fragile states; and
- A focus on sub-Saharan Africa.

These 10 pilot countries will be considered a 'pathfinder' or learning set of countries, from which lessons will be drawn for subsequent provision of CSO support to all GAVI-eligible countries.

11. Which CSOs in the 10 pilot countries can apply?

This support is meant to primarily support national CSOs. However if international organisations are registered in the country and can show that they are working closely with local organisations they are also eligible to apply. In these cases a joint application is encouraged. Four broad types of CSOs are eligible to apply to the national HSCC for support:

- a) CSOs delivering immunisation and other child health services.
- b) CSOs strengthening health systems required to deliver immunisation and other child health services.
- c) CSOs providing technical assistance to national immunisation and child health services, teaching and training health professionals, and/or designing and implementing operational research on improving health systems.
- d) CSOs providing community mobilisation and advocacy to influence decision-makers, donors and media.

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12. How does the application process in the ten pilot countries work?

There is some flexibility for each country to determine how the application process will be managed. Generally, eligible CSOs in the 10 pilot countries should develop their proposals and submit them to the national HSCC or assigned technical working group, which will screen the proposals, integrating the selected proposals to be sent to the GAVI Secretariat. It is expected that the support will be used to fund the activities of more than one organisation per country but countries are encouraged not to spread the available funds across to many organisations. Where possible, the CSO proposals should form part of the HSS proposal. Deadlines are the same as for HSS proposals (available on www.gavialliance.org), and proposals will be reviewed by the HSS Independent Review Committee.

13. How will the CSO support in the 10 pilot countries be monitored?

The country's Health Sector Coordination Committee (or the assigned national technical working group) will monitor implementation of the CSO support. In their overall GAVI annual progress report, the Government should also include activities undertaken by CSOs. To facilitate reporting, indicators used in the civil society proposals should be the same as those of the comprehensive multi-year plan for immunisation or the health system strengthening proposal. As with other elements of GAVI support, planning, implementation and monitoring of CSO support should be well integrated with other country plans and processes.

Taking the results forward

14. How will these new types of support be evaluated?

A review will be carried out in late 2009 / early 2010. Lessons drawn from the implementation in the 10 pilot countries will inform the GAVI Alliance board's decision on whether to expand or reduce any further support for civil society in GAVI-eligible countries.

15. How will civil society become more involved in GAVI Alliance governance structures?

Drawing on the results of 'mapping' of national CSOs, each country is encouraged to nominate one CSO representative to represent the country's civil society in global GAVI Alliance consultation processes. Eventually, the aim is to establish a global civil society forum / constituency, which will bring together these country representatives as well as global-level CSOs from both developing and developed countries. The global forum will form a global constituency behind the CSO representative on the GAVI Alliance board, thereby strengthening the voice of CSOs at the heart of GAVI Alliance governance structures.