Gavi CSO Constituency Newsletter

June 2018 Edition

Group photo of the Steering Committee – April 2018

Welcoming words from Lubna Hashmat New Steering Committee Chair

Gavi CSO Constituency
for Immunisation and Stronger Health Systems
Helping to reach Every Child with Immunisation and Health Services

Dear friends of the Gavi CSO Constituency,

I am very pleased and honoured to address to you all as I was recently appointed as the CSO Steering Committee (SC) Chair. I am originally from Pakistan and am the CEO of a Civil Society Human and Institutional Development Programme-CHIP, a non-for profit organisation form Pakistan. I have been working with and for more than 200 Civil Society Organisations since 1993 in Pakistan and partially in Afghanistan on capacity building, extending technical support in setting strategic directions, and developing policy papers and context specific community development programmes.

Please allow me to reflect on the efforts undertaken by CSOs at the country level towards strategic objectives of GAVI CSO SC.

Besides the challenges of limited funding, legal and procedural bottlenecks at the country level, CSOs are actively engaged in improving the vaccine coverage rates by reaching the unvaccinated and communities in need (Afghanistan, Nigeria, Ghana, Kenya), contributing to leveraging Gavi model's efficiencies for coverage and equity goals (Zambia, Tanzania) and supporting strong, well-coordinated, adequately resourced CSO involvement at the country level (Pakistan, Bangladesh, Ghana) to ensure inclusion of civil society at all levels of national immunisation programmes. Gavi CSO SC is guided by its core values of equality, inclusion and respect for all, accountability and right to health.

In alignment with our strategic framework, CSOs are engaged in making the un-immunized children visible in priority settings. For example, mappings of slums and underserved areas are being done in 9 mega cities of Pakistan for preparing a road map to strengthen routine immunization through CSOs. The SC in partnership with RESULTS aims to conduct a review of the Gavi model's impact on vaccine coverage and equity in Gavi eligible-countries. We also aim to pilot the recently developed CSO reporting framework in two countries before institutionalising it for all CSOs across the globe. We are actively engaged with GAVI Secretariat and other Alliance partners in developing strategies and guidelines on demand promotion and reaching out to children of urban poor. Our very strong Board and PPC team is engaged in thorough critical analysis of Gavi policies, strategies and plans for conveying CSO perspective.

I am really looking forward to hearing your views, get your perspectives of your work supporting communities in many corners of the world to effectively access immunisation and health services they deserve, ensuring we, as a constituency, ensure no one is left behind.

News from the Gavi Board

Critical decisions taken at the 6th / 7th June Gavi Board meeting included: i) transition and post transition, ii) the role of Gavi in polio eradication efforts and iii) future vaccine investments.

Here is a quick snapshot of the main decisions from our CSO board team.

Gavi CSO Constituency representatives with the Gavi Board Chair, Dr. Ngonzi Okonjo Iweala (in the center).

1. Transition, post transition: Gavi's eligibility model fit for purpose?

Nigeria, a country accounting for the largest number of under-immunized children globally was granted an extension of the country's "Accelerated Transition" period from 2021 to 2028. This additional seven years of eligibility will support Nigeria to reach a goal of 84% DTP3 coverage, contributing to preventing 1 million deaths. With an additional $461 million for vaccines introductions and $160 million for Health Systems Strengthening (HSS), the transition plan will look at federal, and targeted state level activities. Our constituency strongly supported the decision. However, the accountability framework is still to be decided and we will be advocating for coverage and equity conditions to be seen as important as financial obligations.

Regarding post transition, the Board approved an additional envelope of $20 million for the Republic of Congo, Timor-Leste and Angola with the aim of addressing bottlenecks in countries that are no longer eligible for Gavi support but are facing important coverage, programmatic and financial sustainability challenges. The approach taken by Gavi focuses on strengthening political will, addressing key system gaps such as cold chain or EPI capacity and targeting districts with lowest coverage and largest number of under-immunized.

While often quoted as a successful model, 25% of countries still face transitioning challenges and a question remains on whether the Gavi sustainability approach is fit for purpose.

2. Polio eradication efforts- Gavi and Global Polio Eradication Initiative working together for (the global) good?

The future of the polio eradication response was also discussed extensively and the Board approved the use of existing resources for Gavi's support for Inactivated Poliovirus Vaccine (IPV). Without any decision requested to the board, consensus also emerged across the Board for Gavi to support IPV post-2020 beyond Gavi-eligible countries considering Polio eradication as a global public good. If IPV is seen as an insurance policy to prevent re-emergence, let's hope that the payment of premiums will not make donors step back and consider narrowing the number of eligible countries given the increase risk in many setting to remove IPV from Routine Immunisaion. With GPEI wind down, the role that Gavi will play in broader polio activities is still unclear. Gavi and GPEI will need to discuss urgently and at all level (from the leadership to the operational level) a roadmap of GPEI wind-down and the role Gavi and the alliance partners to plan for post 2020.

3. From a Vaccine Investment Strategy (VIS) to a vaccination delivery investment strategy?

Looking forward, the Board also further discussed the VIS for 2021- 2025: What are the type of additional investment that Gavi should look at for epidemic preparedness and response and for preventing endemic diseases? On the latter, the Board decided to short-list 6 vaccines[1] with further prioritization. For some of the targeted diseases, the main obstacle for immunization is the delivery mode rather than the cost of the product. Vaccines investment for such diseases will provide an opportunity for Gavi to challenge its model and look at what role it can play in for instance mother immunization, birth doses vaccines, post-exposure time point etc.

As for response and preparedness for epidemic diseases, the board approved a living assessment approach as the best way to track the most pressing outbreak and the development of vaccines for stock piling while not pre-empting investment for particular diseases yet. The living

Welcoming new Steering Committee Members!

AS OF MAY 2018, WE ARE VERY GLAD TO WELCOME THREE NEW GAVI CSO SC MEMBERS:

- PETER KWAME YEBOAH (CHAIRMAN-ACHAP BOARD)- GHANA
- DR TINA TAN, FAAP (CHAIRPERSON)- AMERICAN ACADEMY OF PEDIATRICS (AAP) SECTION ON INFECTIOUS DISEASES (SOID) USA
- DR. CHIZOBA WONODI, FOUNDER AND CONVENER, WAVA- NIGERIA

[1] Meningitis (multivalent conjugate); hepatitis B birth dose; cholera; DTP boosters; RSV; rabies;

assessment will look at disease risk and burden, the impact of a vaccine and the implementation strategies as well as the Gavi comparative advantages and financial implication.

A STORY FROM MADAGASCAR

COMMUNITY DIALOGUE: AN EFFECTIVE COMMUNICATION STRATEGY TO STRENGTHEN IMMUNIZATION

With a growth rate of 2.9%, the Port Bergé District in Sofia Region, Madagascar, had an estimated 6,244 surviving children in 2016 and 6,429 in 2017. These infants were spread over 20 communes and 283 Fokontany (villages), 56% of which are more than 10 km from the district headquarters. The district has about 30 health facilities, including 26 public health centers and 4 private health centers.

The number of unvaccinated children (with DPT3) registered in the monthly activity report of the District Public Health Service (*SDSP)* **reduced from 675 in 2016 to 235 in 2017, and the dropout rate decreased from 18% in 2016 to 8% in 2017**. Several key factors explain these convincing results, notably the coordination of partners in these locations as well as the synergy of immunization interventions with the community and other efforts to improve supply and demand.

With Gavi funding, the Civil Society Platform COMARESS has focused on support with implementation of the Reaching Every Child (REC) approach, with technical guidance from John Snow, Inc (JSI) as a key partner. As a member of the COMARESS platform, the Malagasy Red Cross (*Croix Rouge Malagasy,* CRM), has effectively supported REC in the commune of Port Bergé II. Previously, due to lack of immunization information, many of the parents in the Tsiningia Fokontany of Port Bergé II commune (with 273 surviving children identified in 2017) had not completed their children's vaccinations before their first birthday. Through its outreach approach, the CRM (in collaboration with administrative, religious and traditional political authorities) scheduled community dialogue sessions with the Fokontany population, discussing bottlenecks for the non-vaccination of children. The REC/Communication for Development approach (with UNICEF) has been used to reach unvaccinated children and drop-outs.

In addition, through linkages with the USAID-funded Mahefa Miaraka Program (and technical support via USAID's flagship Maternal and Child Survival Program and JSI), Community Agents (CAs) have improved their knowledge and capacity to engage with immunization service delivery, including periodic meetings between health workers and CAs. In 2017, this also helped the Tsiningia Fokontany to identify 17 drop-outs, who made up 6% of the 273 targeted infants. Home visits, identification of children under 12 months of age, and active search for unvaccinated children and drop outs conducted by the CAs are part of the priority actions in micro-planning and community dialogues, which led to community health behavior change, particularly for vaccination.

WORLD MENINGITIS DAY

On April 24th, The Confederation of Meningitis Organisations (CoMO[2]) joined hands with millions of people from around the world to celebrate World Meningitis Day. This year's campaign, #AllMeningitisMatters, highlighted that:

1. There are **4** different types of meningitis: bacterial, viral, fungal and parasitic
2. As there are several different strains of bacterial and viral meningitis, **multiple** vaccines are needed to help protect against it
3. Because not all strains of meningitis are vaccine preventable, knowing the signs and symptoms of meningitis is **crucial**.



[2] http://www.comomeningitis.org

In the run up to World Meningitis Day, we released an advocacy toolkit[3], campaign video[4] and special blog post[5] to help raise awareness of our key messages. In addition, our partners and advocates from over 20 countries carried out a variety of awareness-raising activities, including a Filipino Zumbathon and a race for toddlers in Spain. Click here[6] to see what CoMO members did to celebrate World Meningitis Day!
If you have any ideas or would like to get involved in World Meningitis Day 2019, please drop us an email[7].

CAP HAITIEN NETWORK: CELEBRATING ITS 10TH ANNIVERSARY

"Ansanm pou Ayiti" (Together for Haiti)

This is our 10th anniversary and we now work with over 130 health facilities and 130 organizations in northern Haiti. This year we have made a partnership with Relink Global Health and together we held a Health Congress in Port-au-Prince in May.

The Congress first day featured assessments of the current state of healthcare with its many limitations and challenges. There were regional breakouts to focus on the regionally specific priorities. On the second day, there were presentations of several new projects and approaches to some of the challenges, such as medication suppliers, community based clinics for medicine and dentistry, and new approaches to make care available in oncology. There were breakouts by specialty areas where solutions were further discussed by all attendees.

In concert with the Congress and collaborative initiatives, we have started a national network called The Haiti Health Network which will bring this type of collaboration throughout the country and with some more resources than we have had as a micro budget volunteer based entity. A Facebook group has been started, follow up networking and learning meetings are planned, and initial initiatives planned are in supply chain, biomedical repairs and training, dental care, and maternal child care support.

Haiti still lags behind in vaccines, so we remain happy to work with Gavi to address this problem with the help of these networks.
Check out the summary of the Congress 2018 Haiti National State of Health Congress.

MSF ACCESS CAMPAIGN: A Humanitarian Mechanism for accessing affordable vaccines in emergencies

Those affected by humanitarian crises are particularly vulnerable to infectious disease. Incidence of vaccine-preventable disease often increases in these settings, creating the need for improved healthcare responses. Even with technical guidance such as the WHO's 2013 *Vaccination in Acute Humanitarian Emergencies: a Framework for Decision Making,*[1] obstacles to vaccine provision remain. A significant barrier to providing vaccines in humanitarian settings is the high price and slow procurement of lifesaving vaccines.[2]

Consequently, the "Humanitarian Mechanism" was launched in May 2017 by WHO, MSF, UNICEF, and Save the Children. Developed in partnership with vaccine manufacturers, it establishes clear requirements for vaccine supply in emergencies, necessary components for quick vaccine procurement, and streamlines requests and communication between stakeholders. The Humanitarian Mechanism's aim is to facilitate quick access to affordable vaccine supply for populations in humanitarian emergencies. It was designed to be utilized by governments, civil society organization (CSOs), and UN agencies, and has already been used about a dozen times to collectively reach over 360,000 children in emergency settings.[2,3]

During the October 2017 SAGE meeting, the Humanitarian Mechanism was recognized as a valuable tool for affordable and fast vaccine procurement in emergency settings.[3] As the Humanitarian Mechanism approaches its first full year of implementation, a review will be undertaking under WHO's leadership in May 2018. The lessons learned from this review should be used to further improve the mechanism, as its use hopefully expands to other organizations working to protect children in emergencies from vaccine-preventable diseases.

References:
1. Vaccination in Acute Humanitarian Emergencies: A Framework for Decision Making. http://goo.gl/F92hJw

[3] http://www.comomeningitis.org/media/128873/world-meningitis-day-2018-toolkit.pdf
[4] https://www.youtube.com/watch?v=8b2aOPMtGD8&list=PLJ2fXlU6yvm1cwoyWEIMYKHLUhDtsY_4Q&index=6
[5] http://www.comomeningitis.org/blog/2018/04/why-does-allmeningitismatter/
[6] http://www.comomeningitis.org/world-meningitis-day/wmd-2018/world-meningitis-day-2018-member-activities/
[7] info@comomeningitis.org

2.http://www.who.int/immunization/programmes_systems/sustainability/The_Humanitarian_Mechanism_ToRs.pdf
3.http://www.who.int/immunization/sage/meetings/2017/october/SAGE-Okwo_10.16.17.pdf?ua=1
4.http://www.who.int/immunization/sage/meetings/2017/october/Yellow_book_SAGE_October_2017.pdf?ua=1

VACCINE NETWORK FOR DISEASE CONTROL: A Story from Nigeria

Mrs Eunice Edward giving a speech on her experience during the project

The little things that go a long way (The Story of Eunice)
The people of IJA GBAGI community will not forget in a hurry the feat of Eunice Edward as she was not only instrumental to improving the immunization coverage in her small community she put her community on the map of success for Niger State and got a royal hand shake from the First Lady of Niger State.

The problem
The 2016 MICs/ NICs revealed that immunization coverage for Nigeria is 33% with Niger state performing as low as 19%. The solution to the coverage challenge gave birth to the **WOMEN OF INFLUENCE** Strategy. This strategy was funded by WAVA (Women Advocates for Vaccine Access).

The solution
Identify strong and vocal women in the communities; sensitize and build their capacities to improve immunization coverage; **collaborate** with other women to form a pool of women influencers from the community to State level who will act as mobilizers! **Commend** their efforts until their successes will start an unstoppable movement on vaccine demand and **Call Out** vaccine hesitant parents
PILOT phase: Niger and FCT.

The strategy

a. Collaboration with the state immunization officers to identify low performing local government and communities.
b. Acceptance of strategy by community leadership
c. Identified, engaged, sensitized, mobilized strong, vocal **women of influence** in the community such as women leaders, wives of LGA chairmen, community women, health workers, and the Wife of Niger State Governor. They have proved that women actually are catalysts for change once they are convinced of a cause.
d. Monitored performances by engaging the health workers, keeping records of referral done by each woman of influence.
e. Commended the women and awarded the best prize to best performing women - "A handshake with the First Lady of the State."

At Vaccine Network for Disease Control we build upon the simple belief that everyone deserves a chance to leave their footprints in the sand - If Eunice did it we can all do the same through our passion.
Eunice still acts as a passionate mobilizer working with the community and the health centre in her community. One community down, many more to go.

WAVA convener Dr Chizoba Wonodi, The first Lady of Niger state, DR Amina Bello and Mrs Chika Offor of VNDC

HELP: Serving the communities in Pakistan

Health, Education and Literacy Programme (HELP) is community based non-government, not for profit organization working in Pakistan, since 1990. The organizational focus of activities is on the health care of women of reproductive age, children and education with particular emphasis on immunization and nutrition.

When HELP began its work in urban slums in 1991, the immunization rate was as low as 15% in some of these communities. Convincing parents and household caretakers who were not only illiterate but had migrated from different provinces of the country with a variety of cultural backgrounds and spoke different languages was an uphill task. Long distances, logistic difficulties and frequent disturbances in the city made the task even more difficult.

Within a couple of months, HELP realized that without the community support and involvement it would not be possible to achieve its goal of increasing the immunization rate in the communities. The better and more practical option, then, was to take members of the community on board.

HELP Team with the support of community influential identified literate women and young males in the community and trained them on immunization along with other aspects of preventive health. The males' Social mobilizers mobilized the community and the Female Community Health workers (CHWs) went house to house, formed Support Groups in their catchment areas and provided health education to the women on Immunization of children and women and other aspects of preventive health care such as reproductive health, safe motherhood and nutrition. The CHWs would motivate the caretakers to bring their children for immunization to the fixed health facilities in the area. With time the CHWs were trained as vaccinators and were able to vaccinate those at home who would refuse to come to the fixed sites. Within a span of 1 year from the deployment of CHWs the immunization rate was raised to 80% in these communities and next year it was 95%.

With this model in place, HELP has been able to sustain the routine immunization rate to above 95% in all the communities where it works. The idea of using CHWs as vehicles of immunization proved to be a 'stroke of a genius' as somebody rightly said and a major reason why this program has been able to reach the 'under-reached' an achievement in itself.

Community Health Workers counselling caretakers house to house

Group Counselling session

KEY UPCOMING EVENTS

- **CONSTITUENCY CALLS**
  IN ENGLISH: 10 JULY 2018 AT 16.00 TO 17.00 (UTC/GMT+2)
  IN FRENCH: 17 JULY 2018 AT 16.00 TO 17.00 (UTC/GMT+2)

- **GAVI CONSTITUENCY STEERING COMMITTEE MEETING: 15-17 OCTOBER 2018**

- **GAVI MID-TERM REVIEW: 10-11 DECEMBER 2018**