Today 22.6 million children still don’t have access to immunisation and 1.7 million die each year from vaccine-preventable diseases.

CSOs ARE ESSENTIAL in saving lives from vaccine-preventable diseases.

1 Implementing role at the national level: Country Coordination Mechanisms on Immunisation

Some country applications were specifically rejected by Gavi’s independent review committee because there has been no CSO involvement in their development. But even though a CSO may be mentioned in an application, this does not mean that the organisation has been actively engaged in the development of the proposal. Gavi should monitor and ensure that CSOs are meaningfully engaged.

When immunisation campaigns are launched or new vaccines are introduced, stronger CSO involvement is needed to sensitize and educate the population and ensure that every targeted group can access immunisation services.

We ask Gavi to include in its policies that every national mechanism must be composed of at least one CSO representative, and that CSOs are considered as full implementing partners.

2 Advisory role in the Standing Board committees

Gavi is composed of five standing committees and one advisory committee on evaluation. In the overall governance bodies of Gavi, independent individuals are over-represented at the expense of constituencies that are impacted by Gavi Board decisions.

In article 19 of the Gavi Statutes, there is no mention of required representation of all constituencies. This raises serious concerns about accountability and ownership of the decisions taken.

The independent review committee only involves two experts working for a civil society organisation. The communication and transmission of information from the Gavi secretariat must be improved to reach a greater number of experts with civil society background.

We ask Gavi to ensure that CSOs are represented in every relevant committee in which we have an added value.

3 Decision-making role: Executive Committee and Board

The Executive Committee ensures the continuity of Gavi’s work between Board meetings. According to article 16 of (GAVI) the rules of procedures/charter, the Board can delegate some key decisions to the Executive Committee. Given the prominent and strategic role of the Executive Committee, it is imperative that the voice of the communities who are most affected by the Board’s decisions is represented on the EC.

We ask Gavi to ensure that CSO representatives are members of the Executive Committee.

Out of 28 Board members (including the Gavi CEO), only one seat represents civil society. The vaccine industry has two seats, donor governments have five seats, and developing country governments have five seats. As mentioned above, more questionable is the over-representation of independent individuals. Given the prominent role of CSOs in Gavi’s work, we are proportionally under-represented in the Board. The single civil society seat accounts for only 3.6% of the Board — this is the same proportion as each independent member individually.

In light of the diversity of our organizations, and in line with the seat distributions for vaccine manufacturers, we call for a second seat to be made available for CSOs in Gavi’s highest decision-making body.

We ask Gavi to open a new seat for a second CSO representative.

Gavi CSO Constituency

In June 2014, the Board of Gavi, the Vaccine Alliance, approved a new strategy for 2016-2020 that aims to support the immunisation of 300 million additional children, saving five to six million lives. Without the full involvement of Civil Society Organisations (CSOs) and the recognition of civil society as an equal partner, Gavi will not be able to deliver on its promises.

As civil society, we go beyond country- and district-level to reach communities and households. We support health workers, deliver vaccinations and care, generate demand, mobilize resources for health and immunisation, and shape policies.

Without our work, Gavi’s ability to protect and save children’s lives would be limited.
We are in the communities, helping to deliver immunisations and increasing vaccine acceptability and uptake in the remotest areas and among the most vulnerable groups.

Immunisation coverage differs within countries due to geography, social constraints, and weak health systems, but CSOs have the capacity to bridge the gaps; in many settings, we already do.

A recent study on the drivers of routine immunisation coverage improvement in Africa found that broadening the engagement of civil society and communities is key to strengthening immunisation systems. “Civil society has an essential—but undervalued—role to play in the full range of immunization … [b]etter engagement of civil society will be necessary to ensure strong immunization and other health programs.”

We deliver immunisation services even in crisis and emergency contexts.

CSOs are essential in fragile states and in humanitarian contexts, where vaccine availability is threatened and vulnerability to infectious diseases is increased. Médecins Sans Frontières (MSF) immunised 188,000 South Sudanese refugees in Ethiopia’s Gambella region against cholera. These refugees – and particularly at-risk populations such as children, pregnant women, the elderly, and those who are malnourished – would have otherwise been at risk of death or severe infection from cholera. Providing these vaccines not only saved lives, but also reduced the risk of outbreak in the entire region.

We work to improve the planning, management, and performance of equitable health systems and immunisation programmes.

At the country level, CSOs are a vital contributor to the development of national health and immunisation plans, ensuring that planning does not exclude certain populations from accessing immunisation and health services. CSOs are also key components of countries’ routine immunisation systems, regardless of the strength of the national health system.

Since 2011 and with Gavi’s support, national CSO platforms for immunisation and stronger health systems have been established in 23 countries. More than half of these platforms are represented on the Health Sector Coordinating Committee or Inter-agency Coordination Committee for immunization in their country. In Kenya, this has led to closer collaboration between the CSO platform and the Division of Vaccines and Immunisation as the platform provides input into government decision-making on priority interventions and possible strategies to address immunisation issues.

We advocate and mobilize resources for health and immunisation, and we hold national governments and donors to account.

If Gavi wants to meet its objectives, it will need to have a fully-funded strategy for 2016-2020. In the lead up to the Gavi replenishment in January 2015, CSOs advocated successfully in a difficult economic context to ensure that domestic and ODA budgets are dedicated to supporting immunisation and stronger health systems. With over $7.5 billion in commitments made at the replenishment, CSOs now are playing a watchdog role to ensure they’re delivered upon. ACTION, a global advocacy partnership with partners from the global north and south and member of the Gavi CSO Constituency, has developed a scorecard that tracks whether the 17 “traditional aid donors” have thus far kept their pledges to Gavi. This tool has helped CSOs hold their governments to account on their promises. Similar accountability is also a priority of CSOs in implementing countries, where governments have promised to not only manage health programs but also increasingly co-finance the costs of immunization.

CSOs are essential in the governance of Gavi

We, the undersigned civil society organisations, ask Gavi, the Vaccine Alliance, to reshape its governance mechanisms towards greater inclusion of CSOs at every level of the Alliance’s governance and decision-making process to reflect the large role that CSOs already play in achieving the Alliance’s mission.

While the majority of global health initiatives have unanimously recognized civil society organisations as an equal partner, and translated this recognition into CSO representation on their governance and decision-making bodies, Gavi is lagging behind.

Today CSOs are represented in:

- The Global Fund to Fight AIDS, Tuberculosis & Malaria Board has three civil society seats (Communities, Developing Countries NGO, Developed Countries NGO)
- The UNITAID board has two civil society seats (nongovernmental organizations, and communities living with HIV/AIDS, malaria or tuberculosis)
- The International Health Partnership’s steering committee has two civil society seats
- Five civil society representatives sit in Scaling Up Nutrition (SUN’s) Lead Group

We welcome decisions made by Gavi in recent years to increase investments in civil society activities as well as our involvement in policy and programming. We believe, however, that we are not fully involved in Gavi’s strategy and governance. So how can Gavi make CSOs an equal partner at the table?


2 This is a reiteration of calls made in 2009 and in 2012