

Gavi CSO Constituency

for Immunisation and Stronger Health Systems

Helping to reach Every Child with Immunisation and Health Services



Steering Committee Meeting Report

Dec 3-5, 2016

Abidjan, Cote d'Ivoire

Approved Report

Meeting Objectives:

- Receive updates from each SC Working Group on accomplishments and challenges in past six months; adjust WG workplans accordingly
- Hear from CRS and REPAOC on the CSO country platforms project and regional Francophone platform, with a focus on JA participation and findings
- Review findings of Steering Committee self-assessment
- Visit a local health centre to see first-hand how local CSOs support immunisation
- Meet with Gavi-supported CSO country platform, FENOSCI
- Agree on CSO positions to be taken at December Gavi Board meeting
- Meet with Anuradha Gupta (Gavi Deputy CEO), Hind Khatib-Othman (Managing Director, Country Programmes), and Pascal Barollier (Managing Director, Public Engagement and Information Services)
- Meet with Gavi Board Chair Dr. Ngozi Okonjo-Iweala

Saturday, 3 December

Working group report-backs (Dorothy and WG leaders)

Each WG to present the following: A brief report of their activities in the past six months followed by 10 minutes of questions for clarification from wider SC. [Action Tracker](#) to be updated live. For more information on the mandate and members of each group, see the Action Tracker and [Steering Committee planning document](#).

[WG 1](#)—[Ashish reporting](#)—Group has organized two technical briefings for this SC meeting. Group was also in charge of supporting DS for the PPC meeting. **Next SC meeting to be held ahead of PPC meeting on 8-10 May.**

[WG2](#)—Rafa reporting-- Group has done assessment of our communications tools with the view of developing a communication strategy and helping us to position ourselves to be more visible. **Group to produce a social media policy for the Constituency and eventually formulate an ask for Pascal Barollier, MD of Gavi's External Relations dep't, regarding how we can work together on communications, including social media. Communications/social media strategy to be presented at May SC meeting, along with suggested asks to Pascal Barollier.**

[WG3](#)—Johnpaul reporting—Group's plan has been finalized. SC concerned that its overly ambitious, recommends that objectives be revisited and more narrowly



focused. **Group to revisit objectives and focus more narrowly. Ashish added to the group, Bettie added as a technical expert**

WG4—[Lubna reporting](#)-- Key issue raised: Concern about JAs. JAs are not as robust as they should be and have bias. Entities who receive Gavi funding are appraising themselves. This does not result in needed changes, especially with regards to governance. **WG4 will focus on this and will review a number of JAs in depth to ensure we've done our homework before going to the Board or Secretariat with our concerns.** Suggest that some support for this activity could come from OAG and OAG budget lines. CRS has a list of CSOs that have participated in the JAs (but this does not tell us whether this representation was meaningful). **Suggest research looking at JA processes—use some OAG budget for this. Raquel to develop draft ToRs for this work, soliciting input from WG4 and OAG.** What should be the focus of this work? Looking at process/outcome of CSO involvement in JAs? Or broader? **Everyone who participated in the JA process in their country should document their experience and send it to WG4/Raquel.**

Agreed actions and next steps (Dorothy)

All groups to submit workplan in final format to Amy by 1 Feb, 2017.

Summary of SC member self-evaluation findings followed by discussion and agreed follow-up points (Rick)

[Self-assessment](#) took an “appreciative inquiry” approach, but only 50% of SC members filled it out. This in itself is an interesting data point.

Vital to spend more time on Constituency outreach, we spend too much time on inward-looking Steering Committee projects. Need to spend more time on communication with wider Constituency. Too much of CFP's time is spent on Steering Committee business, we are cannibalizing a resource that is meant to support the wider Constituency.

Steering Committee must have more focus, the less focus we have, the more we will underperform. Our tendency is to get pulled on to too many things without thinking through the strategic implications and the trade-offs.

Side discussion on whether PPC and Board papers can be shared widely. Gavi Secretariat has requested that PPC papers not be systematically shared with the wider Constituency, however, we can share them in response to specific requests and with institutions who have provided valuable comments in the past. Important to remember that other Constituencies share broadly and liberally, so it may not make sense for us to have a strict and restrictive sharing policy, keeping in mind that the time to influence discussions is at the PPC.



Cote d'Ivoire representatives officially open SC meeting

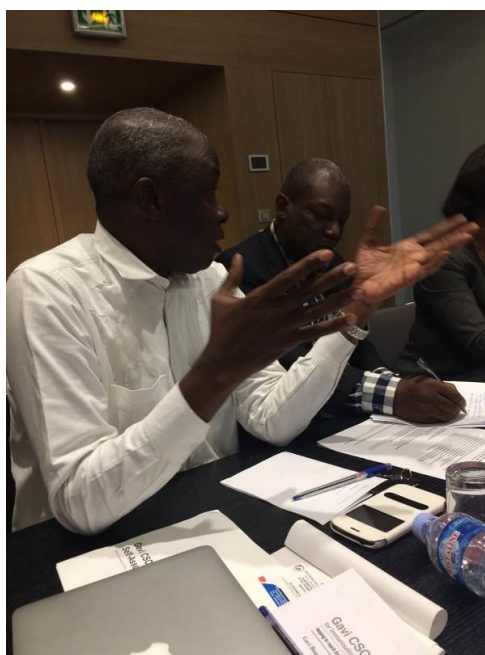
- Mrs. Solange Koné, Chairwoman of the FENOSCI Board
- Dr. Angaman, EPI Representative
- Dr. Désiré Kouamé, Ministry of Health Technical Adviser for CSOs

Dr. Angaman welcomed civil society support for immunization. 60% of children in the country who enter the health system do not fully finish their immunisations. The EPI programme is linking with the CSO platform in Cote d'Ivoire (FENOSCI) to reach last mile in the long term, not just on campaigns. EPI and the CSO platform conduct joint planning, the platform is part of the national plan and is supported financially via EPI.

Madame Koné introduced FENOSCI, which counts among its members 26 organizations working on immunization. FENOSCI is an active member of OAFRESS, the regional platform for immunisation advocacy in West and Central Africa. They find it very helpful to share information among countries in the region, this has helped them to build their advocacy capacity within the country. Mme Koné thanked the Cote d'Ivoire Ministry of Health, who views them as a partner and provides operational support. Main challenges in the country are that issues such as Ebola distract from the focus on EPI. Also, FENOSCI needs support to reach out to UNICEF and WHO and collaborate with them.

Dr. Kouamé highlighted that for the past six years there has been a special department within the ministry to coordinate work with CSOs. Over 400 CSOs in the country work on health issues; the ministry developed a manual to increase collaboration with civil society and also provides support to a limited number of CSOs each year. There is also a website in place to promote CSO information sharing. CSOs help to provide human resources that are missing in the health ministry.

Regarding transition from Gavi support, the country has a plan following a recent workshop held in Dakar. As part of this plan, the government is taking all measures to ensure demand generation is accompanied by good supply side measures; in order to reach the 5th child, we must have a stable supply of vaccines.



Country Updates

Cameroon- Clarisse—PROVARESSC (the CSO platform) well engaged with national health system and is a partner of all EPI campaigns. Will be a partner on upcoming Gavi HSIS grant. Platform was formerly covered by CRS, will now be transitioned to REPAOC as grant manager. The Facilitating Organisation (FO) has begun relinquishing control to the platform, however, they are concerned that changing the governance structure may be risky and lead to conflicts within the platform. Platform was involved in Gavi JA, awaiting feedback.

Ghana- Nana—Ghana Coalition of NGOs in Health—New Gavi HSS project management committee (PMC) chosen in the presence of WHO and Ghana Health Service. Meetings with Ghana Health Service have been renewed. Gavi HSS fund will flow via regional Chairpersons. Coalition needs to hire a coordinator and an M+E person, people with proper qualifications must be hired. GHS will do a better job of monitoring the platform and its Gavi HSS implementation in the future. Concern that SC member in country was not notified when CRS came to deliver an important training.

Action item: Get list of platforms receiving Gavi HSS/HSIS funding. When OAG members conduct a monitoring visit this should be taken into account.

OAG needs to conduct another visit to Ghana.

India- (update provided following message from Roma)—Platform severely affected by funding delay. India is going through the Gavi HSIS proposal process, funding for CSOs in India will likely be channelled via UNICEF. This is a challenge for us as it leaves the platform beholden to one of its biggest competitors. **Need to advise Gavi to look at UNICEF's processes and how challenging it is for CSOs to get funding from them. Key to get Gavi involved in this.**

Kenya- Johnpaul, Jack—Kenya's HSS proposal approved in July. JA went well, platform had a high level of engagement. Platform also involved in Targeted Country Assistance (TCA) processes. MR will be introduced in the country this December. CSO mapping undertaken; platform working closely with Government's health promotion unit. Health service provision has been devolved to the countries. Polio SIA planned in country on 14 December. Health bill coming to Kenya parliament, platform has been working on this. Bill states that immunisation will be free and is a right of all citizens. MOH has requested platform to help them develop an advocacy plan and a media plan. Gavi HSS grant to come to CSO platform (KANCO as primary recipient): US\$ 3.6 million directly from Gavi. CSOs are in the spotlight.

Pakistan- DS, Lubna— [Presentation](#). Government of Pakistan is requiring all CSOs (Int'l and local) to register and get a No Objection Certificate (NOC). This is leading to funding challenges for CSOs in the country. The Gavi SCM is strong and supportive of the platform.

Nigeria- Dorothy— [Presentation](#). The Gavi-supported CSO platform in the country is called the Civil Society Platform for Health. The platform has a draft constitution and meets three times per year; platform is in the country's RI working group but not on the ICC. Nigeria has not received its HSS funding because its currently on hold; the country is in a recession.

Afghanistan- Naseem—There is no Gavi-supported platform in this country, but there is platform of CSOs and NGOs working in health. Out of 34 provinces, the health systems of 31 provinces are entirely contracted out to NGOs and CSOs. Country introduced IPV and Rota last year; country still struggles with Polio. Gavi HSS grant goes via MOPH. **Request for Steering Committee support for an Afghanistan CSO platform. IFRC may be able to support Afghan platform, need to confirm this with their leadership. How this will work? Needs to be discussed in OAG. We will need a proposal from the Afghan platform.**

Technical Session: Addressing Missed Opportunities for Vaccination (Ashish Pathak)
[Presentation](#) followed by discussion. **There is an opportunity for us here to do some published work on this topic. Those who are interested should contact Ashish.**

Technical Session: Adverse Events Following Immunisation (AEFIs) (DS)
[Presentation](#) followed by discussion. Health workers are sometimes hesitant to report AEFIs for fear of scrutiny. Misinformation can persist for decades (faulty MMR research in the 1990's is still causing some parents to question whether they should vaccinate their children). Misinformation must be addressed immediately before it spreads and has implications for generations to come.

Role of IFRC in Gavi CSO—for information and discussion (Frank, Amy)
[Presentation](#) and [IFRC Health department organigram](#). **SC agrees that a formal review would be helpful. Small group to work on ToRs: Amy W, Rafael, Rick, Nana, Johnpaul. Review to take place on both sides (Feedback from IFRC and SC members).**

Include technical sessions in future meeting objectives.

Sunday, 4 December

Gavi CSO country platforms project update (Bettie Githinji)
[Update presentation](#) covering July 2016-Dec 2016 with a focus on platform workplans and JA participation/findings

OAFRESS update and country platforms under REPAOC update (Clarisse Loe Loumou)
[Update presentation](#) covering July 2016-Dec 2016

Asia meeting planning update (DS)

[Update presentation](#). Suggestion that meeting could look at Gavi transition and co-financing. **Must identify existing regional coordination mechanisms. It will be important in platform countries that CSO representatives are fully aware that they represent the platform. All SC members from the region will be invited, plus OAG Chair and SC Chair.**

Request that Pramod inform us how many countries in Asia have a CSO representative on the ICC and/or NITAG.

OAG update followed by discussion (Patrick Bertrand)

Synopsis of November OAG meeting—



- See [OAG meeting agenda](#) and [report](#).
- This was Patrick's last meeting as OAG Chair, a new Chair will need to be appointed.
- We now have an OAG Coordinator, Raquel. This is our first full-time staff to support the OAG, a key development.
- We now have budget for OAG

monitoring visits and consultants to support the OAG.

- The focus of the next phase is ensuring that platform's workplans are in line with national plans.
- [OAG 2017 monitoring visit schedule](#) agreed. IFRC does not cover medical or evacuation insurance for any non-IFRC staff travelling, this includes OAG and CSO SC members. OAG and SC members travelling will not fall under IFRC's security umbrella.
- OAG also discussed skills needed for OAG members.
- Next dates of OAG meeting proposed for last week of March in either India, Kenya or Nigeria.

OAG and SC members who conduct country visits must issue a comprehensive report within a reasonable time frame after returning from their trip. Countries/CSO platforms expect this.

Issues needing SC discussion:

Skills needed from OAG members (all OAG members must have access to basic communication and should be available)

- **Financial**
 - Sub-granting: budgeting, audit, risk, compliance
- **Programmatic**

- Advocacy, including political advocacy
- Marketing, branding, visibility
- Knowledge of Gavi structures and policy
- Monitoring, evaluation and learning
- Strategic development, theory of change
- Proposal writing, business development
- **Technical (HSS, HSIS)**
 - Operational research
 - Public health policy with understanding of country-level processes

Profile of Chair: Should have a programmatic background, be a recognized leader, be reachable and available to respond quickly to emergencies, be recognized by the Secretariat, preferably be a member of the SC.

Approved OAG membership and Chairmanship for remainder of project (for SC discussion and decision)

Joan

Patrick

Dorothy

DS

Jack

Kirsten Mathieson

Rick-- Chair

Up to two seats remaining

Rick steps down as Vice-Chair of SC to take up OAG post. Thus, we need to elect a new SC vice-Chair. Three nominees: Naseem, Lubna, Amy Whalley.

Demand Generation SFA (Frank, Lubna)

CSO Constituency is expected to lead on [suggestions for modalities for engagement with communities](#) for the planning, implementation, and monitoring of immunisation service delivery, as well as for increasing demand for immunisation.

Frank and Lubna wish to consult with the group. This is very contextual from country to country.

Presentation of AFC meeting outcomes (Clarisse)

AFC ensures that programme requests from PPC are able to be funded, committee also deals with misuse of funds. PNG recently had misuse issues. Nigeria misuse issues are quite significant and have not been improving, although a number of positions have been changed. SC is concerned about the way Gavi deals with WHO and UNICEF at the country level compared to the way they deal with country governments and CSOs. **We should use the Gavi risk assessment template and apply it to ourselves and our member platforms.**

There will be another cross-Alliance visit to Nigeria in 2017, we must be sure to follow up on this and be included in this visit and resulting meetings.

Jack, Leila and Clarisse to work on risk management and accountability framework.

Board paper discussions (Naveen, Clarisse, Ashish)

- Paper 03-- [2016-2020 Strategy: Implementation and progress](#)
- Paper 05-- [Financial forecast and programme funding envelopes](#)
- Paper 06-- [Partners Engagement Framework](#)
- Paper 08-- [Fragile settings and emergencies](#) and [Syria paper](#)
- Paper 11-- [Risk Management Update](#)
- Paper 12-- [Review of Gavi’s support for HPV vaccine](#)
- Paper 13-- [Gavi’s support for emergency vaccine stockpiles](#)
- Paper 14-- [Gavi’s continued role in yellow fever control](#)

[Final agreed CSO statements to be delivered during Gavi Board meeting.](#)

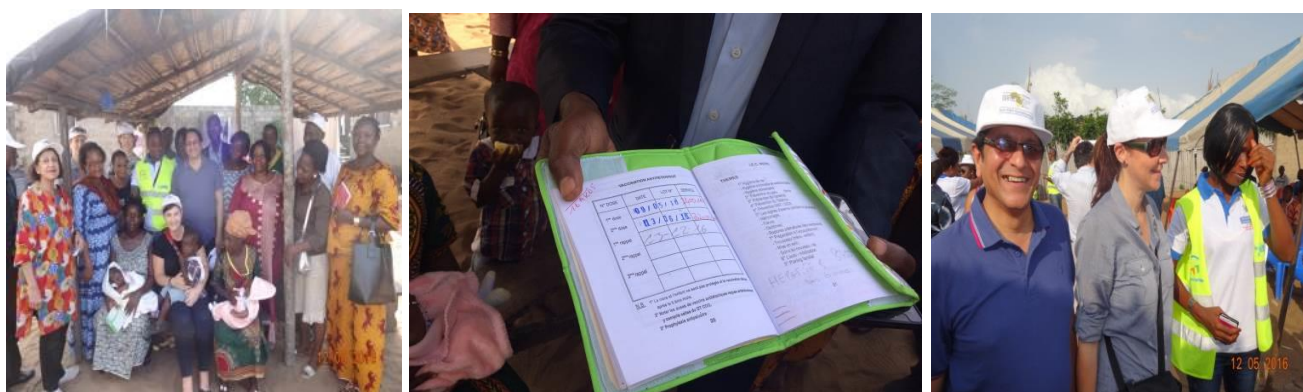
Monday, 5 December

Depart hotel for field visit (Grand Bassam, urban community in Abidjan)



Heure	Activités
7:45	Leave hotel
8:15	Arrive on site: presentation from OVERLOVE, CSO active in the community
8.30	Beginning of site visit <ul style="list-style-type: none"> - 4 subgroups of people will visit concurrently (25 minutes) four sites, including the community leader's court; participation in a health education session; and participation in an immunization awareness

	session
9:15	End of community visit
9:30	Départ
10:00	Arrivée at the hotel



The Gavi CSO Steering Committee, with the help and support of FENOSCI, received permission from the local Chief to visit the community of Anani. Steering Committee members were received by the Chief and then split into smaller groups to accompany local CSOs, including OVERLOVE, as they sensitized mothers to the importance of immunisation. SC members were also able to observe a community immunisation session and discuss with local CSO colleagues and mothers.

Steering Committee observations during the field visit were as follows:

- The community immunisation session, and social mobilisation around it, were well organized. The community was receptive and cooperative.
- It would have been helpful to receive a briefing about the community, the CSOs working there and the immunisation initiative specifically. It would also have been good to understand the division of tasks between CSOs and government-supported health workers.
- It was apparent that community members trusted the local CSO staff, and that they were often present in the area. House visits showed community is used to receiving health workers - no hostility, warm people
- Generally, the mothers and babies looked well-nourished. Mothers had high levels of knowledge around appropriate infant feeding. Good integration of immunisation and nutrition. For example, optimal breastfeeding practices were promoted alongside providing access to vaccines.
- Cote d'Ivoire's EPI program includes newer vaccines - pneumococcal and Hib vaccines. The vaccines were provided free of charge at point of service until the child was 12 months old. Beyond that, families must pay. Mothers expressed concern at this.
- Immunization records showed evidence of previous timely vaccinations and the outreach station was located within easy access for the community
- Vaccination was done using country-approved WHO guidelines.

- A referral system is in place with a direct link to the government general hospital.

Recommendations for improvement:

- FENOSCI should develop a community research project in partnership with its member CSOs. This is a great opportunity to collect community-level data.
- The immunisation book with a colourful water-proof cover was a great idea, however, it was mentioned by the mothers that many of them were illiterate and could not read the information (including appointment dates) provided to them. This means mothers are dependent on health care workers to notify them of appointments. A simple solution could be to use pictures instead of words, Ghana has a good example of this. It was also mentioned that most women have a mobile phone – immunisation alerts/reminders could be images received via text.
- Healthcare workers are giving Penta IM in the deltoid muscle of the upper arm. Best practice in other settings is to do the injection in the anterolateral aspect of the thigh. It would be good to verify why there is a difference and, if, needed, to correct this practice.
- Vaccines were only available free of charge for children up to one year of age. Parents of older children had to pay a hefty sum to make up for missed doses. This may have an advantage in making parents aware about the importance of vaccinating on time, but the WHO recommendation is to provide vaccines to children up to 5 years if there is a missed or late dose. FENOSCI should try and get this practice changed in Cote d'Ivoire and ensure that vaccines are provided free to every child that needs it; this will require some advocacy with the government.
- There was some concern that mothers were “coached” prior to the visit. In the future this should be avoided so as to allow for more honest discourse.
- Owing to the high temperatures in Abidjan, vaccine temperature monitoring should be a priority.
- A great deal of focus by the outreach workers was directed to the under ones. For the sake of identifying missed opportunities, it would be good to give some attention to children older than one year.
- Not all individuals in a household had the same level of immunisation knowledge. It is important to target fathers as well as mothers.
- It would be helpful to have community-level coverage data, and to share that with the community.

Meeting with Cote d'Ivoire platform

- [Presentation](#) of Cote d'Ivoire platform priorities and work streams
- [Presentation](#) of Steering Committee priorities and work streams



- Discussion (20 mins)—CSOs cannot share data directly with the MoH, they must go through the health districts, which don't have a data validation system. We need to work to see how we can validate the data that's collected by CSOs. We must ask Gavi to work with us on this.
- CSOs often fail to evaluate their work after being on the field.
- Even some well-educated individuals harbour anti-immunisation sentiments, which often are related to traditional beliefs.
- Ask all CS members to put down main recommendations following field visit.



Discussion with Gavi Secretariat leadership (guided by [slide deck](#))

- Anuradha Gupta, Deputy CEO
- Hind Khatib-Othman, Managing Director of Country Programmes
- Pascal Barollier, Managing Director of Public Engagement and Information Services
- Marthe-Sylvie, Regional Head, Francophone Africa



Anuradha:

- Anuradha would like to spend more time with us, around board meetings is difficult.
- Requests that we focus on priority countries.
- We need to be more specific about our added value, be more concrete in saying exactly by how much we will move the needle.
- We must be open to embracing the new movement to accountability frameworks
- Demand promotion is an area where CSOs can play a very important role.
- Absence of thinking about flexible immunisation schedules
- Requests that we put missed opportunities high on our agenda
- CSOs as service providers in urban slums and peri-urban areas, mobile clinics
- Federating field-based CSOs, how do we do this? We've started with platforms in 24 countries but we can't stop here.
- CSO representation on NITAGs is valuable, many of us have technical skills.
- Continuity of CSO activities and support goes without saying.

- Gavi Secretariat telling countries that CSOs must be a part of ICCs and JAs
- Disappointed to see slow uptake of Ebola funding
- Pakistan platform contacted by Muslim religious leaders in UK expressing interest in working together. Anuradha offers to provide support for this process. Lubna will keep SCM informed.
- The issue of reaching children over 12 months of age is one that we must solve. Gavi is looking into this.

Hind:

- Waiting for consolidated plan, budget, and deliverables.
- Secretariat will present a funding analysis of HSS funds flowing to CSOs in June 2017

Pascal:

- Would be good to focus on how we can operationalize our relationship.
- Susan Brown will be our main point of contact going forward
- Susan Mackay is the new Director of Communications
- Gavi happy to have us harness their social media platform
- Share social media strategy with Pascal, let's see where there is overlap and where we can leverage
- We should be looking for local resources to generate content
- Help with website!
- Meeting in Q1 Geneva to discuss our social media and communications strategy

Visit by Gavi Board Chair Dr. Ngozi Okonjo-Iweala ([guided by slide deck](#))



Ngozi:

- The role of CSOs on the ground is undeniably vital, we are the “truth on the ground” and this is recognized at high levels.
- Advises us to put together a paper about data collected by CSOs. CSOs can couple anecdotal information with data.

Financial Accountability of National Immunisation Programmes (Jack Ndegwa)
[Presentation](#)

End of meeting



Agreed action items

Action	Person(s) responsible	Due date
Next SC meeting 8-10 May, Geneva	Amy D	Planning to begin Feb 2017
Develop communication strategy and social media policy	WG 2—Marie-Christine, Louis, Amy W, Rafael, Leila, Naveen	To be presented to SC at May 2017 meeting
Develop set of communications/social media asks for Pascal Barollier, Gavi MD of Public Engagement at Gavi Sec	WG 2—Marie-Christine, Louis, Amy W, Rafael, Leila, Naveen	To be presented to SC at May 2017 meeting Leila and Amy to meet with Pascal in end of Jan, 2017
Review objectives of working group 3 and focus more narrowly, submit updated plan for 2017	WG 3- Jack, DS, Clarisse, Johnpaul, Ashish, Bettie	To be shared with SC by 1 March; final plan to be submitted in agreed format by 10 March.
In depth review of Gavi JAs and CSO participation in anticipation of bringing concerns to Gavi Board, including collecting experiences of CSO reps who	WG 4- Lubna, Frank, Rick, Pramod, Nana and Raquel as OAG Coordinator	Final review to be presented to SC at May 2017 meeting

participated.		
Compile list of CSO country platforms currently receiving Gavi HSS or HSIS funding. To be taken into account during platform monitoring visits	Raquel, Bettie	1 Feb, 2017
OAG to conduct monitoring visit to Ghana to follow up on leadership and financial management challenges	Raquel, Rick	By Dec 2017
Collect information from country platforms regarding challenges of working with UNICEF, prepare summary to be presented to SC for decision on how to approach this.	Raquel, Bettie	Summary to be presented to SC at May 2017 meeting
Guidance from OAG and IFRC regarding how to move forward with Afghanistan platform proposal	Rick, Raquel, Amy, Frank, OAG	1 Feb, 2017
Proposal from Afghanistan CSO platform	Naseem	April 2017
Write paper on missed opportunities for vaccination	Ashish and other interested SC members	Rolling deadline
Develop ToRs for SC formal review of IFRC support to Gavi CSO Constituency and SC (review to include IFRC reflection on whether hosting Gavi CSO Constituency and SC has helped it to reach institutional goals related to immunisation)	Amy W, Rafael, Rick, Nana, Johnpaul	15 Feb, 2017
Once ToRs approved by SC, IFRC to contract consultant for work	Amy D	1 March, 2017
Consultant to present report to SC	Amy D/consultant	May SC meeting, 2017
Reflect technical sessions in future SC meeting objectives	Amy D	Ongoing
Pre-work for Asia CSO meeting to identify and map existing regional coordination efforts and mechanisms, both formal	DS, Tareq (consultant for Asia meeting), Amy D	1 Feb, 2017

and informal		
Invite SC members from Asia region to February meeting	DS, Tarek, Amy D	1 Feb, 2017
Conduct mapping of how many countries in the Asia region have a CSO representative on their ICC, HSCC or NITAG	Pramod	15 Feb, 2017
Any SC/OAG member conducting a country visit or travelling on a Gavi CSO-supported mission to submit a full report.	All	Ongoing--within two weeks of returning from the mission
SC to elect new Vice-Chair—nominees: Naseem, Lubna, Amy W.	Dorothy, Rick, SC (as described in Charter)	At 8-10 May SC meeting
SC to elect new Chair	Dorothy	At 8-10 May SC meeting
SC to elect new Board alternate	SC, CC, Amy D. (as described in Charter)	Process to begin in Feb; nomination to be submitted to Governance committee by_____
SC to elect five new SC members	SC, CC, Amy D. (as described in Charter)	New SC members should attend May SC meeting, call for nominations to be sent in early Feb.
Ensure CSO representatives are included on cross-Alliance follow-up visit to Nigeria in 2017	Dorothy, Raquel, Rick, Amy D.	Request to be communicated to Hind face-to-face at Gavi Secretariat during OAG Chair transition meeting on 20 January
Draft CSO risk management and accountability framework based on Gavi risk assessment template. Framework to be applied by CSO platforms	Jack, Leila, Clarisse	To be presented to SC at Oct 2017 meeting

Participants

Participant list Gavi CSO Steering Committee meeting- December 2016

1. Muhammad Naseem Naeem, HealthNet TPO, Afghanistan
2. Naveen Thacker, CSO representative on Gavi Board, India
3. Clarisse Loe Loumou, Alternative Santé, Cameroon/France
4. Ashish Pathak, Special Advisor to Board member, India
5. John Paul Omollo, HENNET, Kenya
6. Dorothy Esangbedo, International Pediatric Association, Nigeria
7. Frank Mahoney, IFRC, Switzerland
8. Jackson Ndegwa, KANCO, Kenya
9. Dure-Samin Akram, Health Education Literacy Project (HELP), Pakistan
10. Becklyn Ulzen-Christian, Pathfinder's Outreach Ministry, Ghana
11. Richard Santos, IMA World Health, USA
12. Lubna Hashmat, Civil Society Human and Institutional Development Programme (CHIP), Pakistan
13. Marie-Christine Adjobi, Association de Soutien à l'Autopromotion Sanitaire Urbaine (ASAPSU), Cote d'Ivoire
14. Pramod Jog, Indian Pediatric Association, India
15. Leila Stennett, RESULTS Australia, Australia
16. Amy Whalley, RESULTS UK
17. Rafael Vilasanjuan, IS Global, Spain
18. Amy Dietterich, IFRC, Switzerland
19. Raquel Fernandes, IFRC, Switzerland

Observers

1. Patrick Bertrand, Global Health Advocates, France
2. Elizabeth (Bettie) Githinji, Catholic Relief Services, Kenya
3. Maureen Capps, Catholic relief Services, USA
4. Aho (Guy) Tete Benissan, REPAOC, Senegal