Steering Committee Meeting
June 18-20, 2016
Approved report
Meeting Objectives:
- Welcome seven new SC members and provide an orientation
- Agree on CSO positions to be taken at June Gavi Board meeting
- Approve updated CSO Constituency Charter
- Elect new Vice Chair
- Elect new OAG
- Receive update from each SC Working Group on accomplishments and challenges in past six months
- Hear from CRS and REPAOC on the CSO country platforms project and regional Francophone platform
- Meet with key Gavi Secretariat staff, receive updates on key areas of interest and provide feedback
- Acknowledge out-going SC members
- Welcome new Gavi Board Chair Dr. Ngozi Okonjo-Iweala

Saturday, 18 June – meeting room: Douglas and Dornier, 1st floor

Welcome and housekeeping (Meg Fisher/Dorothy Esangbedo)
- Review 3-day agenda, main goals and ground rules
- Review rapporteur/time-keeper duties and schedule
- Housekeeping issues/announcements
- Conflict of interest policy and signing Conflict of Interest declarations
- Pairing mentors and mentees (to sit next to each other for duration of meeting; mentors to provide support to mentees throughout their first year on the SC)
  - Dorothy Esangbedo is paired with Amy Whalley
  - Louis Tsamo is paired with Marie-Christine Adjobi
  - DS Akram is paired with Sarah Kirk
  - Jackson Ndegwa is paired with Lubna Hashmat
  - Rick Santos is paired with Pramod Jog
  - Naseem Muhammad is paired with Rafael Vilasanjuan
  - Naveen Thacker is paired with Nathalie Ernoult

New member orientation
- History of and introduction to the Gavi CSO Constituency and Steering Committee- Amy Dietterich,
  Communications Focal Point-- Presentation and organigram
- Introduction to Gavi-Naveen Thacker, CSO
representative to the Gavi Board-- interactive quiz based on basic facts about Gavi and the benefits of immunisation

- Introduction to the Gavi CSO Country platforms project and Regional Francophone platform- Patrick Bertrand, Chair, OAG

- Small group discussion sessions (each group will spend 30 minutes in each room):
  - Room 1 (breakout room 1: Zeppelin) The role of an SC member (discussion leaders: Roma, Jack, Patrick)
  - Room 2 (breakout room 2: Lillebthal) The Gavi Board and Committees (discussion leaders: Naveen, Clarisse Loe Loumou, Ashish Pathak)
  - Room 3 (remain in Douglas): Gavi CSO Charter (discussion leaders: Rick Santos, DS Akram, Meg Fisher)

- Gavi CSO web resources (website, listserv, googledrive) and films- Amy

- Questions

Action item: Need to conduct SC self-evaluation for December meeting—CC to lead.

Working group report-backs (Meg and WG leaders)
Current working groups presented their priorities and progress. In most cases, little was achieved over the past six months. There was agreement that there is significant overlap among the different working groups and this needs to be addressed before groups can move forward and new SC members join the working groups.

DS and Amy were tasked with looking across all working groups to address overlaps and suggest changes that might lead to increased productivity by these groups.

Approval of revised Charter (Rick)
Revised Charter passed.

Discussion of how to involve past SC members
Brainstorming:
- Involve them as subject matter experts for future advisory purposes
- Participation in JAs
- As members of OAG and participating on monitoring visits/experts
- Can be part of SC working groups
- Reviewers of PPC and Board papers
- As advocacy and resource mobilisation partners/experts
- Contact past members and ask how they would like to be involved and what they consider themselves as expert in.
• Former SC members with platforms in their country should stay involved with the platform in their country and the current SC member from their country (if applicable)

Evening activity: Dinner on the Salève and recognition of SC members finishing their terms

Sunday, 19 June

Introduction to the day and housekeeping announcements (Meg)

Gavi CSO country platforms project update (Bettie Githinji, CRS)
Update covers Dec 2015-June 2016

Key questions/comments from SC
• Sustainability planning- from what sources besides Gavi do platforms plan to access funds? Reaching out to other funding sources will be important, but how realistic is this expectation given the challenges that exist with audit and contracting requirements from donors/funders?
• Money can be a divisive issue in platforms, requiring platforms to register and establish independent Secretariats/coordination mechanisms in some cases is just creating more competition for funding.
• Example of Pakistan platform: platform has established a resource mobilisation plan although platform is not yet registered. Platform has survived on its own for six months as there was no financial support coming via CRS. Nevertheless, activities have not stopped and platform has focused on activities that can be done at no cost or at low cost, in cooperation with provincial EPI managers. Pakistan gov’t has not yet received next round of Gavi HSS funds. Important to make use of key opportunities, regardless of when they fall in the funding cycle. UNICEF hesitant to officially partner with the platform as a legal entity because it is so new in terms of an administrative structure.
• Every country requires a different solution; we may need to rethink our expectations in terms of the platforms becoming independent.
• Technical capacity building for platforms is needed.
Key questions for and from SC:

- What is SC’s long-term vision for OAFRESS?
- What lessons can we learn from this experience to inform our upcoming Asia meeting?
- OAFRESS functioned for 2-3 years without any funding, leveraging contributions in kind (donated work time) to maintain a presence and accomplish work.

OAG updates followed by discussion (Patrick Bertrand)

Synopsis of June OAG meeting:

- Objectives of Meeting: Go over points from previous OAG mtg, Common understanding of the new phase of the project, How does platform fits into new Gavi Strategy, what is role of OAG in new phase, agreement on OAG coordinator
- Had high level delegation from Gavi Secretariat, with discussions on team, which was an outcome on all the discussions on RFP, realized many miscommunication, and now there is a direct link and need structured face to face meeting
- CSOs are driving force to achieve the new Gavi strategy, still pushing for dual track financing, we should be on all SFA groups.
- We have cross cutting work to do
- Confirmed possibility that co-funding from HSIS funding—platforms could apply for funding directly
- Need to organize ways to showcase the platforms, to do at next Board meeting
- OAG coordinator—will also have budget and have funds for TA
- Asia CSO Regional Meeting—not talking about a platform
- SWAT analysis—Discussion on OAG role in HSIS; Don’t have capacity or mandate to do oversight HSIS, but do have ability to “advise” and help with advocacy
- Responsible for work and finances...need a common tracking tool, and insure more funds go to the platform
- Need urgent high level OAG mission to Kenya—Hennet does not have capacity to manage 3.7 million of HSIS funds.
- South Sudan—FO terminated. Need to have new FO—
- Conversation--GVAP Report and participation of platform in Joint Assessment
- Issues needing SC discussion
  - Role of SC in overseeing Gavi HSS funds to platforms proposed by OAG
- Ghana update from Nana - Leadership challenges faced here, urgent OAG and SC attention needed.
- The SC will send a letter to the Ghana Health Services, WHO, UNICEF, MOH, etc., stating that Nana is the Gavi CSO Steering Committee’s representative in Ghana
  - Agree on OAG membership and Chairmanship for coming year

Current OAG composition:
Members: Patrick, Rick, Joan, Roma, Mayunga, DS
Observers: SC Chair, PPC rep, Board member, Special advisor, Clarisse
Observers Ex-officio: CRS reps and REPAOC reps

Motion: Extend existing arrangement for the next six months, minus Mayunga. New OAG to be nominated for two-year term in December 2016. Accepted by SC.
Motion: nominate replacement for Mayunga and an additional new OAG member. Accepted by SC.
New members nominated: Sarah, Jack
Accepted by SC.

OAG members for next six months: Patrick, Rick, Joan, Roma, DS, Sarah, Jack
Observers: SC Chair, Board member, Special advisor, Clarisse

Presentation of PPC meeting outcomes (DS Akram)

Board paper discussions (Naveen, Clarisse, Ashish)
- Paper 2- Consent agenda papers- Ashish and Meg
- Paper 4- CEO report (paper to come)- Frank and Roma
- Paper 7- Financial Update- Ayo and Mayunga
- Paper 8- Report from Audit and Investigations- Rick and Amy
- Paper 9- Malaria Vaccine Pilots- Johnpaul, Louis and Nana
- Paper 12- Health Systems and Immunisation Strengthening Support (and appendices)- Clarisse and Patrick
- Paper 13- Partners Engagement Framework and Alliance Accountability Framework- DS and Naseem
- Paper 15- Supply and Procurement Strategy 2016-2020- Dorothy, Hannah and Jack

A full report by the Special Adviser to the CSO Board member of CSO interventions made at the June 2016 Gavi Board meeting is available here.

Action item: We will transition so that bi-annual SC meetings take place before the PPC meeting, with a smaller meeting held before the Gavi Board. This item will be added to the
next CC call so that it can be more thoroughly planned and thought through, it will likely start in 2017.

Agree on points to raise with Secretariat (Meg)
Presentation for Ngozi

Monday, 20 June

Election of SC Vice Chair
Rick Santos nominated and elected as Steering Committee Vice Chair.

Update from Gavi Secretariat Policy & Performance team (Judith Kallenberg and Emma Clarke) – Judith and Emma follow up on the HSIS paper (presentation); update on fragile states policy and immunisation in humanitarian crisis

SC comments and follow-up requests on Fragile states policy update:

- Steering Committee requests to be included in Expert Committee reviewing Fragile States policy; importance of asking CSO Constituency to nominate a member of the Expert Committee.
- Possibility for Gavi to give funds to countries receiving large amounts of refugees? Gavi does not have a policy in refugees in non-Gavi countries, even if they’ve come from a Gavi-eligible country. We could ask the question of whether Gavi has a role to play when these refugees are in lower-middle income or middle-income countries.
- Are we incentivizing chronic fragility with this policy? Given that Gavi funds make up such a small proportion of a country’s health budget, this is unlikely.
- Broaden this beyond immunisation- many of these children lack access to basic services, not just immunisation.
- This is bigger than Gavi, we need global coordination to deliver services in affected areas, need to be careful not to duplicate. Gavi is aware that this is a huge issue and lots is happening. Gavi is not trying to take a lead or go it alone.
- This should not just be a Gavi policy, it should be integrated with a larger approach, this must be a collaborative effort. A number of other agencies are also developing special approaches.
- Should Gavi have the possibility to fund 3\textsuperscript{rd} parties directly?
- Suggestion to involve EPI programs in process.
- SC to nominate three to five participants for consultation workshop on 22 August. This will be a full day of discussions followed by a meeting of the Expert Committee

SC comments and follow-up requests on HSIS:

- Please change where slide says CRS is providing technical assistance. This should reflect Gavi CSO Constituency.
• The funding that goes to Gavi-supported CSO platforms does not support any operational programs, it only goes towards setting up and governance of the platforms. We are being asked to show the CSO platforms to increasing coverage and equity, but the platforms and their members are not supported by Gavi to do this.
• Governments are not keen to fund CSOs to advocate towards them and hold them accountable.
• Difference between Government-led process and country-led process. How can the new HSIS structure help to ensure that HSIS conversations are truly country-led.
• Are other donors aligned with Gavi’s concept of HSIS? Donors must be aligned at the country level.
• Country-level reality is that government systems are heavily bureaucratic, concern that this HSIS approach adds to that.
• HSIS language should be stronger and say that CSOs must be part of the process.
• Gavi invests a lot in measles. In the recent few years, quality of measles campaigns has suffered. It seems that operational support going to the countries is not being given to groups that are able to achieve better coverage. Why is sustaining high-quality measles campaigns not an SFA? Especially the important role of CSOs in social mobilisation.
• In which countries are CSOs currently implementing Gavi HSS funds?
• More decisions should lie with the ICC, if we leave key decisions to government we will not see enough resources dedicates to social mobilisation. When support is allocated, there must be a balance between supply and demand. WE cannot focus 90% of our interventions on the supply side and dedicate 10% to the demand side. In the future, it would be important to provide a breakdown of what % of HSIS funds are given to supply side interventions and what % to demand side.
• Country programs will need support to report on CSO indicators.
• If HSIS funds will continue to be provided only to Government, there needs to be specific monitoring of whether and when those funds are getting to the agreed CSO partners.
• Only US $4 million left for Demand Generation SFA?
• Purpose of setting up CSO platforms in countries is defeated in settings where Government eventually hand-picks CSOs to receive the CSO funding.
• Our end goal in all of this is to strengthen countries’ RI systems. Demand creation is one of the key elements in SIAs that helps countries to strengthen their RI systems. There needs to be more of a focus on this and we must track fund distribution on this.

Follow-up comments from Secretariat:
• There is a real change of mind set here. Under HSIS there will be more opportunities for changes, learning, continuous iterative process and participatory dialogue at the country level.
• Gavi does not currently have a Board-approved HSS policy. The proposed HSIS policy will be the first Board-approved policy around Gavi’s approach.
• Remaining challenge is in disbursement of HSS funds to CSOs once those funds reach the country level. We expect this to be an area of improvement going forward.
• Strategic focus on in-country leadership, management and coordination and ensuring that these are inclusive.
• Government capacity: Gavi is aware that not all governments have sufficient capacity to manage and distribute these funds. In order to strengthen these systems, Gavi feels it is important to work through them as opposed to bypass them. In response, Gavi has introduced the PCA (Program Capacity Assessment) to identify how gov’t systems need to be strengthened.

• Demand generation (Social mobilisation) is an SFA. Need to once again request to HIND DIRECTLY to be part of DG SFA.

• What is Alliance doing to support higher-quality measles SIAs? Improving early national planning. Social mobilisation SFA will be an important part of this equation.

• Community engagement is highlighted as one of the key principles in the new HSIS framework. The global budget set for community engagement comes from another area and is led by country demand. In the new HSIS strategy, Gavi will encourage countries to invest more in community engagement and demand creation.

**Country Updates (Patrick) (5-minute verbal update for each country)**

**Cameroon- Louis, Clarisse**
CSO platform (PROVARESSC) has 200 members and receives Gavi HSS funds (reprogrammed and current). Focusing on how CSOs had be better involved in the ICC, platform is a member. Platform aims to organize a general assembly to renew their Board. Delay in funding has affected the platform’s work.

**Ghana- Nana**
Platform is Ghana Coalition of NGOs in Health. It is present in all regions in the country and includes over 400 members, 33 of these working in immunisation, 11 of these working as recipients of Gavi HSS funds. Ghana Health Service recognizes the platform. Platform’s major challenge is that it has good governance on paper but not always in action. The platform works in ante-natal care, social mobilisation. Finds challenges in accessing very rural areas, hopes that motorbikes will help. Country has received 2nd yr of Gavi HSS funding but this has not yet been disbursed to CSOs.

**India- Roma, Naveen**
Platform (the Alliance for Immunisation and Health) is now 2.5 years old. There is state and national membership, the platform is registered and has a good relationship with the Government. Anuradha has been very supportive. Platform has taken part in two evaluations: Penta and Mission Rainbow. Platform has submitted proposal to UNICEF for upcoming Gavi HSS grant with a specific focus on demand generation. Gavi is supporting India with a US $500 million India strategy. India has
applied for Pneumo, to be introduced in Q1 2017, also MR campaigns to be followed by MR introduction into routine. This is an exciting time for immunisation in India, private and public sectors working well together.

Kenya- Jack, Johnpaul
Platform is HENNET. Country is preparing to enter Gavi transition, thus there is a focus on domestic resources for immunisation. Platform was part of the Gavi HSS proposal and money has been allocated though not yet disbursed. Platform advocated actively for remittance of Gavi co-financing. Switched from OPV to IPV, introduced MR vaccine, platform supporting country’s immunisation advocacy and communications activities. Challenge with TT campaign. Kenya will host TICAD meeting later this year. A CSO position paper has been developed on the upcoming TICAD meeting. CSOs also pushed for the Nairobi declaration to include health. Challenges: coverage in Kenya has decreased; Dadaab refugee camp and unimmunised people there. With Kenya’s devolved system, there have been social mobilisation issues.

Pakistan- DS- film. Challenges mentioned previously throughout the SC meeting

Nigeria-Ayo
Nigeria platform has been set up to meet the specificities of the country. Platform still pushing to have a seat on the ICC. Primary Health Care System is key to achieving what the platform aims to do, thus they are also focusing on this. There will be a national conference on PHC. Civil Society wants to be part of the solution, not just point out what needs to be improved. Greatest challenges are with third-level of government.

Afghanistan- Naseem
We do not have a Gavi-supported CSO platform in Afghanistan, this needs to change. Thus far in 2016 the country has reported six polio cases. In Afghanistan, health services are contracted out to NGOs and CSOs; government does the monitoring. In Afghanistan CSOs and NGOs are very organized. There is a registered structure comprised of 35 organisations (Alliance of Health Organisations), they have a single voice to the ministry and are involved in policy discussions. Gavi had previously supported this group (through type A and type B). HealthNet TPO is represented on the cross-border Polio working group. HealthNet is currently vice-Chair of the Global Fund CCM. Alliance of Health Organisations regularly takes part in in-country review processes, has regular meetings with Gavi SCM and with IFRC.

Cote d’Ivoire- Marie-Christine
FENOSCI is the platform, has been supported since 2015. They are on the ICC and have been participating in the country’s HSS application.

Updates from Gavi Secretariat followed by discussion with SC after each item
- Communications & Advocacy teams – (Pascal Barollier, Director of Media and Communications, Chioma Nwachukwu, Senior Manager, Advocacy and Public Policy
and Masha Savchuk, Programme Officer, Public Policy Engagement) -- Discuss how CSOs and CSO platform content can be showcased better; role of CSOs in advocacy under new strategy. Opening de-brief by Jack on EAC and African Union meetings.

New department created in Gavi that brings together existing teams (advocacy, public policy, communications, IT and knowledge management). Team aims to have better engagement with CSOs at the country and regional level, this is a shift in focus. Team will aim to have a 70% focus on regional/country and 30% on global. This balance may shift in the run up to the next Gavi Replenishment.

SC comments:
- Strategy heavily skewed to Africa—what about the other regions?
- Do we need a full-blown SFA for political will? Or should political will activities be embedded in existing SFAs? This will be discussed at PPC
- Step-down trainings and information in immunisation programs could help us to carry people along with us better and could help to increase political will.

- Coverage & Equity team (together with demand generation team)-
  (Marina Ruat, Consultant, and Liat Langenkamp, Consultant)
  - Marina- C&E presentation
  - Liat- Demand Generation SFA presentation
- Discussion:
  o Demand Generation Forum- Individual organisations invited but SC as an element not informed/invited.
  o SC reiterates central role of CSOs in demand generation and the fact that the CSO Steering Committee should have been involved as an entity from the beginning, and in fact requested this several times.
  o Measles outbreaks are a canary in the coal mine, it should be a priority to stop them.
  o Demand generation is a complex issue and its more than about getting people to come to vaccination centres. A toolkit cannot be developed at the global level, this needs to be something that’s done at the country level.
  o If CSOs can’t tap into Gavi HSIS funding, who will be implementing the demand generation work?
  o It is our understanding that SFAs are for the global and regional level, not the country level. Demand generation needs to be handled at the country level. There seems to be a mis-alignment here.
  o SC requests to be engaged much more before the work continues.
Statement by Secretariat rep that “Civil Society is not part of the Alliance”—this is not the impression we were under but if this is the way the Secretariat sees it then we need to have a discussion.

(SCMs joining for lunch and afternoon discussions): Anne (Afghanistan, Sudan); Dirk (Bangladesh, Bhutan, Myanmar), Hamidreza (Pakistan), Rehan (Liberia, Sierra Leone, Yemen, South Sudan); Antonia (Kenya), Homero (Haiti), Tito (Ethiopia, Uganda), potentially Karan (Nigeria), Nilgun (CSOs)

- Monitoring & Evaluation team- CSO indicator update and Joint Appraisals update- (Peter Hansen, Director, Monitoring and Evaluation, and Roice Fulton, consultant)
  - Presentation
  - Key discussion point:
    - Desk review this summer on ways CSO activities are characterized in country plans
    - Engagement with SCMs to gather more info on CSO activities in countries
    - Increase CSO participation in JAs
    - Propose a face-to-face meeting to finalize CSO indicator data source discussions

- PEF team (Shantanu Misra, Strategy Manager)
  - The CSO country platforms project sits within the Gavi Partners Engagement Framework (PEF)
  - However, there is not complete clarity on how our progress will be tracked and reported
  - http://pef.gavi.org- Targeted Country Assistance (TCA) reporting tool. We will most likely be using this, but there is still some discussion needed around how

- HSS team- (Alan Brooks, Director of Health Systems and Immunisation Strengthening, and Marya Getchell)
  - Alan’s presentation
  - SC requests Gavi Secretariat to contact CSO Steering Committee for data and information on CSO activities funded through Gavi HSS, we can help to provide complementary information to what is already being reported.

Technical Session: Immunisation Supply Chain Logistics (Cristina Bisson, PATH)
Resources from Cristina’s presentations

SC comments:
- What to do in areas with unreliable electricity supplies?
- Rational planning at the national level
- The ideal is to have vaccines that don’t need a cold chain
- Information sheet on what is available through Gavi supply chain support
- Improving the supply side is important; we must also continue to work on the demand side
- Even when we no longer need cold chain we will still supply chain
- India has established a national cold chain training center—this is being developed as a regional center. There is also a regional center in Kigali, Rwanda.
- There is a very good WHO training called “supply chain management on wheels” that covers vaccines as well as other supplies and biologicals.
- All of this effort is lost if we’re not properly training providers at the very last stage.

Closing of SC meeting by Gavi Board Chair Dr. Ngozi Okonjo-Iweala

Comments and questions to CSO Steering Committee from Ngozi:
- What does Gavi need to do better? Especially with regard to governance and the substance of Gavi’s work. Requests comments on sustainability issues. How can countries take over their immunisation programs?
- What would we like Ngozi as incoming Chair to deliver?
- How effective is the Gavi model in reaching the last mile?
- Would like to meet with us once per year

SC responses:
- Gavi is doing a wonderful job but there seems to be a disconnect between the level in the country at which Gavi functions and where the real action is taking place, i.e. communities.
- How can we better tap into the philanthropic sector in Gavi-eligible countries to help us deliver. Have we properly identified all of the resources that can help us?
- A country led model does not mean a government-led model. Encouraging multi-stakeholder decision making is something that Gavi can do better in this next phase.
- The communities that we go to are suffering from lack of water, poor health, poverty, we must address all of these points.
- Need a balance of involvement and engagement of all partners and stakeholders throughout the intervention and management cycle.
- Are Gavi goals realistic for countries? Are we setting them up for failure?
• Encouraging local vaccine production in developing countries- it is important to do this as we believe that this will help to decrease prices.
• We should encourage research, data collection and data use in low-income countries
• Demand generation—we believe that CSOs are closest to the communities and we need find a way of encouraging and resourcing CSO activities at the community level.
• Importance of finding ways to report on what CSOs do and to make that information available at all levels, including to communities themselves.
• How can Gavi help in donor coordination? At both the global and country level.
• We are on audit and finance committee and we find it very valuable.
• We want the Alliance to trust us as partners on the field. Give us the opportunity to show what we can do. You cannot ask us to deliver in one month or one year what has taken countries in the developing world 50 years to deliver. And we cannot be expected to deliver without funding.
• Need for Gavi to have a process whereby people working in the communities can give feedback.
• Gavi could engage with certification bodies that would certify CSOs according to agreed standards.

Ngozi comments:
• Likes the idea that country-led is not government-led
• Countries are phasing out of WB, GFATM and Gavi support at the same time and all are planning to rely on domestic resource mobilisation.
• We must work not only with the health ministries but also the finance ministries in countries.
• CSO community can play a much stronger role in helping to manage risk by playing a whistle-blowing function. CSOs must alert their country when they know of funds mis-use.
• We must find a way for CSOs in country to help Gavi sit down with ministers of finance and ensure that they understand why it is so important to finance immunisation.
• 20 years from now there should be at least one vaccine manufacturer on the African continent. We just need to understand how to start.
• Very strong belief in CSO community but there needs to be a way of weeding out those who are not genuine. Platform building is one way of doing this.
End of meeting

**Action items from June 2016 face-to-face SC meeting**

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<thead>
<tr>
<th>ITEM</th>
<th>PERSON RESPONSIBLE</th>
<th>DUE DATE</th>
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<tbody>
<tr>
<td>Post approved, revised Charter on website</td>
<td>Amy</td>
<td>30 June, 2016-- Done</td>
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<tr>
<td>Set up monthly SC calls</td>
<td>Amy</td>
<td>1 July, 2016-- Done</td>
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<tr>
<td>Write message to wider Gavi CSO Constituency in English and French regarding key outcomes of the SC meeting and Gavi Board meeting</td>
<td>Amy</td>
<td>15 July, 2016-- Done</td>
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<tr>
<td>Send written request to Hind to join Demand Generation SFA and meet with Sam Sternin</td>
<td>Amy</td>
<td>15 July, 2016-- Done</td>
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<tr>
<td>Delineate SC plan for coming 12 months</td>
<td>Dorothy/Rick/Amy</td>
<td>31 July, 2016-- Done</td>
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<tr>
<td>Address working group overlap, propose new structure</td>
<td>DS/Amy</td>
<td>31 July, 2016-- Done</td>
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<tr>
<td>Add new SC member profiles to website</td>
<td>Amy</td>
<td>31 July, 2016-- Done</td>
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<tr>
<td>Schedule one-on-one orientation calls with new SC members</td>
<td>Amy</td>
<td>Ongoing through September, 2016</td>
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<tr>
<td>Create Gavi CSO organigram and post on website</td>
<td>Amy</td>
<td>31 July, 2016-- Done</td>
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<tr>
<td>Produce meeting report and post all related materials on googledrive</td>
<td>Amy</td>
<td>31 July, 2016-- Done</td>
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<tr>
<td>Address Ghana platform leadership issues urgently (send letters to GCNH and GHS; support Nana and Joan to move this forward, monitor the situation)</td>
<td>Dorothy/ Patrick/Amy</td>
<td>1 August, 2016-- Done</td>
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<td>Contact Hind regarding statement that “Civil Society is not part of the Alliance”</td>
<td>Dorothy/Amy</td>
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<td>Contact past SC members and invite them to get involved in monitoring visits and other SC activities (as per notes above)</td>
<td>Amy</td>
<td>15 August, 2016-- Done</td>
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<tr>
<td>Conduct SC self-evaluation</td>
<td>Coordinating Committee</td>
<td>1 December, 2016</td>
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<td>Agree on when to transition to holding regular SC meetings before PPC—will begin Spring 2017</td>
<td>Coordinating Committee</td>
<td>1 December, 2016</td>
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Annex 1: Participant list

Participant list Gavi CSO Steering Committee meeting- June 2016

1. Margaret Fisher, American Academy of Pediatrics, USA
2. Muhammad Naseem Naeem, HealthNet TPO, Afghanistan
3. Naveen Thacker, CSO representative on Gavi Board, India
4. Clarisse Loe Loumou, Alternative Santé, Cameroon/France
5. Ashish Pathak, Special Advisor to Board member, India
6. John Paul Omollo, HENNET, Kenya
7. Dorothy Esangbedo, International Pediatric Association, Nigeria
8. Frank Mahoney, IFRC, Switzerland
9. Jackson Ndegwa, KANCO, Kenya
10. Patrick Bertrand, Global Health Advocates, France
11. Louis Merlin Tsamo, Coalition 15%, Cameroon
12. Dure-Samin Akram, Health Education Literacy Project (HELP), Pakistan
13. Roma Solomon, CORE Polio Group, India
14. Ayo Ipinmoye, ACOMIN, Nigeria
15. Hannah Bowen, ACTION Network, USA
16. Becklyn Ulzen-Christian, Pathfinder’s Outreach Ministry, Ghana
17. Richard Santos, IMA World Health, USA
18. Amy Dietterich, IFRC, Switzerland

Observers

19. Elizabeth (Bettie) Githinji, Catholic Relief Services, Kenya
20. Monica Njoroge-Ndoria, Catholic Relief Services, Kenya
21. Lubna Hashmat (New member), Civil Society Human and Institutional Development Programme (CHIP), Pakistan
22. Aho (Guy) Tete Benissan, REPAOC, Senegal
23. Marie-Christine Adjobi (New member), Association de Soutien à l’Autopromotion Sanitaire Urbaine (ASAPSU), Cote d’Ivoire
24. Pramod Jog (New member), Indian Pediatric Association, India
25. Sarah Kirk (New member), RESULTS Australia
26. Amy Whalley (New member), RESULTS UK
27. Rafael Vilasanjuan (New member), IS Global, Spain
28. Joan Awunyo-Akaba (Saturday only), Future Generations International, Ghana
29. Luc Soulié (Monday) (Admin support)
30. Rea Ivanek (Saturday) (Admin support)