



Gavi CSO Constituency
for Immunisation and Stronger Health Systems

Helping to reach Every Child with Immunisation and Health Services

**INCREASING POLITICAL
COMMITMENT TO IMMUNIZATION:
THE ROLE OF CIVIL SOCIETY**

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Increasing political commitment to immunisation: a role for civil society organisations



The immunisation landscape is changing. With the highest number of children ever being vaccinated, risks to progress and inequality persists. Health systems in many places are fragile, ongoing budget constraints and economic pressures are preventing necessary budget increased, vaccine hesitancy is increasing and with shifting political agendas reaching every child with all their vaccines is an ongoing challenge. Civil society organizations (CSOs) are a critical partner and problem solver in addressing these challenges, ensuring that vaccination and other essential interventions remains a global and national political priority.

Civil society includes a wide range of organized and unorganized groups, integrating non-governmental organizations, labour leaders, faith-based organizations, religious leaders and other civil society representatives. The scale and size of our reach, to many places other organizations can't get to, means we are sometimes referred to as the third power or sector (compared to public and private sectors).

Civil Society organisations have a critical role to play in accountability and driving political will to ensure all children are immunized. We do this through driving citizen and social accountability for immunization and health services. This includes creating demand for immunization services from governments, for holding them to account for their immunization commitments, for advocating for increased immunization budgets and better program implementation, and for working with parliamentarians to ensure there is political will and reward for prioritizing immunization. Keeping immunization on the agenda, through advocacy and accountability, is essential if we are to tackle persistent inequalities and to prevent children dying from vaccine preventable diseases.

Civil society must be involved in health systems and in health systems accountability if we are to achieve the Sustainable Development Goals (SDGs). To achieve Universal Health Coverage (UHC) by 2030, essential health services, must be placed at the core of national health strategies, with an integrated and inclusive approach to ensure that no one is left behind. Vaccination reaches more of the population than any other health intervention and therefore a crucial element to prioritise within this agenda, and increase access to many more essential health services. We need to see greater accountability for immunization and UHC in this respect and CSOs can, and will, help achieve this.



REGIONAL COMMUNITY HEALTH OBSERVATORIES:

A SOLUTION APPROACH TO TACKLE THE CAREGIVER DEFICIT IN CHAD

Indeed, health workers are highly unequally distributed throughout the country. Numerous agents are available in the capital (N'Djamena) in contrast to specific regions such as near Lake Chad, bordering Cameroon and Nigeria where, for example, there was no midwife in 2013. The deficit is more alerting for specific categories: 1 doctor for 28,466 inhabitants against 1 for 10,000 according to the World Health Organization (WHO) standards. Added to this is a shortage of specialist doctors. For midwives, there are 1 for 7,537 women of reproductive age, compared to 1 for 5,000 according to WHO standards.

The observatories, which are an obligation placed on African countries by WHO, serve as a multi-stakeholder platform for consultation, exchange, and dialogue among partners on the significant health human resources issues.

In 2013, to face the workforce crisis within Chad's health sector, the government established a strategic human resources development plan. Following this strategy, Chad's Minister of Public Health, Dr. Ahmed Djidda Mahamat, together with The Platform of Civil Society Organizations for the Support of Immunization in Chad (POSVIT) and other partners, set up seven Regional Community Health Observatories across the country, to improve the access and quality of health services through advocacy and awareness raising.

The five members orchestrating all activities are a General Reporter, a Deputy General Reporter / Finance Officer, an Officer of Ethics and Professional Conduct, a Communications Officer, and a relations officer with communities and health services. They not only have the mission of sensitizing people to take ownership of health services but are also assigned to alert health and political authorities of social dysfunctions and gaps in vaccine supply chain and the population's access to health care.



For POSVIT, the Regional Community Health Observatory is also a citizen monitoring system of care governance, whose role is to promote the right to health care through the population. The effort aims to work in close cooperation with health services; to seek out ways and means to solve problems related to health care and services available; to contribute to the definition of health policies, and to participate in their implementation.

One can assume that in the long term, any person who is a beneficiary or observer will be able to participate in the collection of data to feed the observatory through various channels, with the active participation of all stakeholders. Far from playing the role of detective towards the practice of any medical profession, POSVIT and the observatories' members participate in Chad's healthcare sector good governance by monitoring the use of quality services and the working conditions of health personnel, while encouraging them to practice their profession with love, righteousness, dignity, and professionalism.

Unfortunately, to date not all the created observatories are functional. Support for maintaining this promising practice is actively sought. However, by promoting discussion, consultation, equity and respect for human rights, by engaging communities and health services in a frank and constant dialogue and synergy of actions, Chad is a country where immunization is becoming a top priority.

Source <https://www.gavi.org/library/audio-visual/galleries/chad-meningitis-a/>

GHANA

GOVERNMENT URGED TO INCREASE DOMESTIC FINANCING FOR UNDER-FIVE IMMUNIZATION

“CONCERN HEALTH EDUCATION PROJECT” AND “MUSLIM FAMILY COUNSELING SERVICES,” TWO NON-GOVERNMENTAL ORGANIZATIONS, HAVE CALLED ON THE GHANAIAN GOVERNMENT TO PRIORITIZE IMMUNIZATION FOR UNDER-FIVE CHILDREN TO PROTECT THEIR LIVES.

In a joint statement, the NGOs called the Government to assess and renew its commitment to the “Addis Declaration on Immunization” and to increase the health budget. Indeed, in 2016, African leaders at the first Ministerial Conference on Immunization in Addis Ababa (Ethiopia) committed to continue investing in immunization programs and a healthy future for all people on the African continent.

Ghanaian leaders agreed that to sustain progress on vaccine introduction and coverage to save children’s and adult’s lives, current national budgetary allocations to vaccination programs needed to be further increased.

The dialogue is essential as Ghana is set to graduate from Gavi support for its national immunization by 2022. Therefore, the statement specified that to make this graduation successful; it is imperative to ensure a joint involvement of all actors in child health.

Ghana’s aim to protect its children, both born and unborn, through routine immunization programs put in place by the government, and with the support of civil society has been admirable; and they do not plan on stopping here.

Men involvement in immunization services at the community level still must be encouraged, while religious leaders and traditional communities are involved and help in community mobilization and engagements in immunization services at all levels.



MADAGASCAR

RIGHTS-BASED ADVOCACY FOR HEALTH SYSTEM STRENGTHENING

The community of Ankarinarivo Manirisoa in Upper Matsiatra had lost confidence in its Basic Health Center. According to the community members, the health workers were repeatedly absent, and the service quality was poor. Data management was so weak that the center had no complete records of births or vaccinations. The CSO platform, COMARESS, was asked to intervene.

The Communal Committee for Social Development, in partnership with COMARESS, decided to hold a community dialogue to ask service users and the local community what could be done to improve the situation. Their rationale was that communities are a pillar of the health system, and they have both the right and the responsibility to monitor and inform the services available to them.

Local administrative officials, such as the district president and the local mayor were also invited to attend.

A plenary meeting was held with Communal Committee for Social Development members and local leaders in Fianarantsoa II. From this, a set of nine articles was drafted, explaining how the health center should be run, and what local people could expect from it. These articles are based on the people's right to health, which is enshrined in national legislation.

- Article 1: Every primary health care center must offer antenatal care services and assisted delivery services.
- Article 2: Every child from 0–9 months must be vaccinated and must finish their vaccines on time.
- Article 3: The Ankarinarivo Manirisoa health center must offer all essential maternal and child health services.
- Article 4: Birth and death registrations at the commune cannot be approved without presenting the health records of the mother or child.
- Article 5: Post-natal follow-ups at the health center are obligatory in case of delivery by a traditional birth attendant. Only a fully-qualified birth attendant can register births with the commune.
- Article 6: Self-medication is prohibited. All patients must attend the health center for treatment.
- Article 7: A community sanction (dina) will be applied to any person in violation of these provisions.
- Article 8: The Chief of the region and his community agents are responsible for disseminating and implementing this information within the community.
- Article 9: This decree is in force throughout the municipal territory once approved by the Mayor.

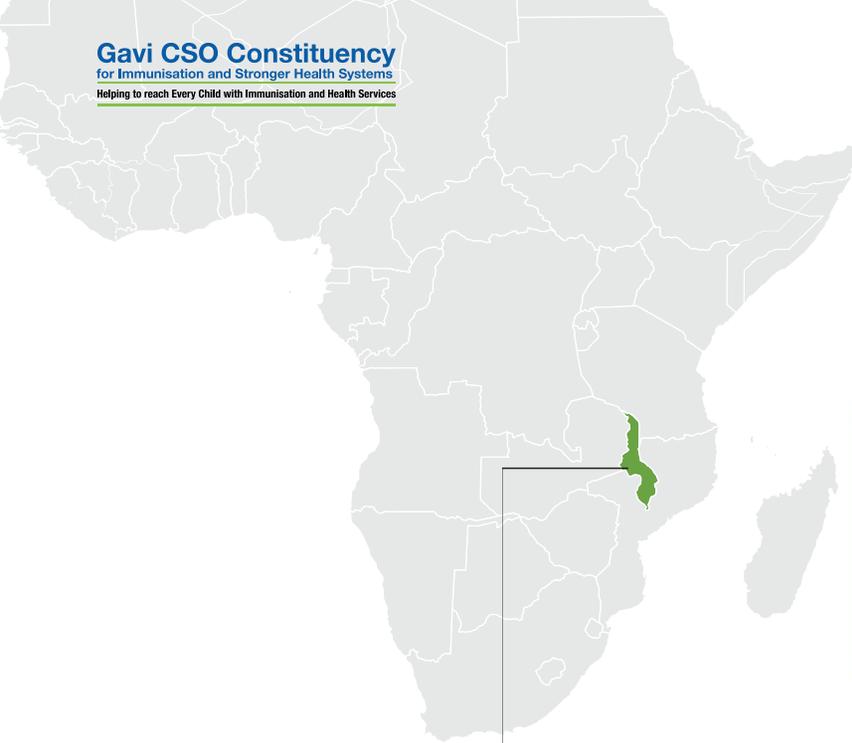
COMARESS and local health workers helped to share these articles with the local community, so that everyone understood the role of their local health center and their responsibilities as patients.

COMARESS participation in helping to draft these articles has strengthened its relationship with the local health center, and the performance of the health center has shown an improvement.

COMARESS continues to be involved in planning immunization activities within the local community and in assisting the health center to increase the quality of its service provision. This will ensure the ongoing immunization of all children and expectant mothers who live in this remote area.

Community members are essential actors in health system strengthening. By giving them the information and tools they need to engage with the health system, and by establishing an enabling environment, such as through the encouragement of local leaders, they can improve their local health center and hold service providers accountable for protecting and fulfilling their right to health.

Clearly outlining patients' expectations of their health center, and best practice policy, can help to build trust between local communities and their health centers. It also provides a point of reference if things aren't going to plan.



MALAWI

A NATIONAL CHALLENGE: ADVOCACY PAYS OFF BIG



Blessed with bountiful lakes and known by many as the “Warm Heart of Africa,” Malawi is a country with much to offer. Unfortunately, it is also a country where few people have access to quality healthcare. In recent years, this unequal access has been further exacerbated by a shrinking national healthcare budget. Civil society watchdogs report that the immunization program is among those hardest-hit.



Davies Mwachumu, Project Officer for the Malawi Health Equity Network (MHEN), speaks with Mother Care Group members at the Binje Health Post in Kuziona, Malawi. WHEN helps to move information up and down the Gavi network chain in Malawi.

“We conducted a situation analysis on immunization and found many gaps in services and creation of demand for immunization,” said Davies Mwachumu, Project Officer for the Malawi Health Equity Network (MHEN), a health advocacy group keeping tabs on the country’s health network. “We discovered that the biggest issue was the lack of funding.” With Malawi’s health care funding has shrunk from 14.1% of the national budget in 2010 to just 8.8% in 2014, the reach of the country’s national immunization program was diminishing. Established to boost immunization throughout Malawi’s 28 districts, MHEN saw firsthand that as funding dropped, children in underserved communities struggled to access healthcare. As a health advocacy platform with more than forty members, MHEN was well positioned to act.



"We analyzed the budget and found that the 2014-2015 allocation was not adequate to support healthcare and [immunization] activities," Mwachumu said. "So we provided the Parliamentary Committee on Health [with] information [that allowed them] to ably contribute to the debate. They took that information to Parliament and the Ministry of Finance during the budget session."

Equipped with the MHEN study findings, parliamentarians lobbied the government for increased healthcare funding. They showed evidence that much of the funding intended for the health sector was being diverted to national agriculture projects, a disturbing trend in a country where an estimated 68 of every 1000 children born dies before their fifth birthday.

The health budget advocacy campaign is just one example of civil society efforts to improve immunization in Malawi. In 2013, MHEN launched an immunization arm of their civil society network as a means of further engaging civil society organizations in the country's immunization achievements. Fifteen associations make up the platform's 'Core Team' and represent the platform at the national level in both the governmental and non-governmental sectors. Informed in turn by three Regional Committees, the Core Group works hand-in-hand with government health officers to extend the reach of Malawi's immunization program

To assist in reaching that goal, MHEN launched a pilot project in 2013 in five of the country's most underserved districts - a precursor to launching in all districts nationwide.

Known as "Mother Care Groups," these community-based volunteers help to sensitize residents on upcoming immunization campaigns, following up with mothers who have missed vaccination appointments and registering children under five in their communities.

According to Mwachumu, though the groups are still young, they have had an enormous impact on local communities' understanding - and acceptance - of immunization. Trained in data collection and report writing, these local groups are also informing national immunization policy, providing the ground-level knowledge which they often lack from national immunization policy.

Back in Parliament, the impact of MHEN's advocacy efforts soon became apparent. When the final budget for 2014-15 was passed, it included a 1% increase for health care - an approximately \$17 million boost, including more than \$2.1 million earmarked specifically for immunization.

"This will have an impact on the lives of people here," Mwachumu said. "It wasn't just for immunization, but for things like HIV/AIDS and under-five child care. It felt good because at the end of the day something good came from our work."

Encouraged by the success of their advocacy, MHEN aimed higher in 2016. Seeking to expand the Mother Care Groups into every district in the country, and recognizing the wide-ranging needs that still exist in Malawi's local healthcare network.



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