Abstract

The meeting was hosted by BRAC held at BRAC Centre in Dhaka, Bangladesh on February 27-28, 2017 with the support of Gavi CSO Steering Committee funded by Gavi, the Vaccine Alliance.

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Executive Summary

Empowerment of Civil Society in Asia: Boosting Collaboration and Involvement in Immunisation and Health Programmes

Background and Objectives

The Global Alliance for Vaccine and Immunization (Gavi) recognizes the important role played by Civil Society Organizations (CSOs) in supporting routine immunization services, creating demand for underutilized and new vaccines, and strengthening health systems. As members of the Gavi Alliance, UNICEF and WHO share similar interests in developing strategic partnerships with civil society, additionally, this is an objective of United Nations reform.

CSOs in Asia have long been involved in promoting public health, including community mobilisation and increasing access to services for marginalised and hard-to-reach populations, especially in areas with sub-optimal government infrastructure. CSOs also play a vital role in providing technical assistance, programme monitoring, evaluation and documentation, and operational research, to name just a few. Despite the recognition that CSOs play vital roles in immunisation and health systems, they often have difficulty accessing fora where they can share their experiences and expertise to influence health policy.

The decision to conduct a regional CSO activity in Asia originated from the June 2015 Gavi CSO Constituency Steering Committee meetings in Geneva. The Steering Committee aims to strengthen the collaboration of CSOs in Asia by bringing organisations together to reflect upon the role of CSOs in immunisation programmes in the region and to facilitate the creation of synergies among CSOs and agencies who contribute to reaching the SDGs. Countries identified for this activity were: Afghanistan, Bangladesh, Bhutan, Cambodia, East Timor, India, Indonesia, Laos, Myanmar, Nepal, Pakistan, Papua New Guinea, Sri Lanka and Vietnam. Representatives from the following countries participated: Bangladesh, Bhutan, India, Indonesia, Myanmar, Nepal, Papua New Guinea, and Sri Lanka.

Most of the above countries grapple with inequities in access to immunization. A regional meeting is conducive to sharing best practices, discussing what works in increasing coverage and equity in immunization services, and understanding where Asia Pacific regional collaborations on health currently exist, and how we might strengthen them. The Gavi CSO Steering Committee therefore organized an Asia Regional CSO Workshop in Bangladesh to:

1. Bring CSOs and partners together to discuss challenges faced in the region in increasing access to immunisation and immunisation uptake
2. Identify opportunities for collaboration with a focus on health promotion, social mobilisation and demand creation
3. Understand the landscape of current regional initiatives around immunisation and health systems and how these initiatives could be strengthened
4. Inform CSOs in Asia about the Gavi CSO Constituency’s desire to strengthen regional CSO
dialogue around immunisation and health systems, and establish a mutual understanding
among CSOs in the region
5. Incentivise local CSOs to join the collaborative effort and link up with other organisations in the
region

Outcomes

Participants furthered their understanding of the role of CSOs in increasing access to immunization in
countries across the Asia region. They also discussed challenges faced at the country level and how CSOs
are responding. Additionally, participants developed a shared understanding of existing health-focused
regional efforts, including CSO/NGO regional platforms and collaborations.
Participants identified five key common challenges across their countries which became the backbone of
a suggested roadmap for future CSO engagement and cooperation. The roadmap includes:

- Sustainable financing for immunization
- Equitable coverage
- Political will and advocacy
- Parental education and card retention
- Increasing CSO capacity

Participants will have had the opportunity to connect with national and regional colleagues and will
leave the two-day meeting with a better understanding of Gavi and the Gavi CSO Constituency, how
they work at the global and regional levels, and how to become more actively engaged.

Date:
February 27-28, 2017

Venue:
BRAC Inn (Dhaka), BRAC Centre, 75 Mohakhali, Dhaka 1212, Bangladesh
Phone: 880-2-9886681-82 | Fax: 880-2-9886683 | E-mail: info@bracservicesltd.com | Website:
www.bracservicesltd.com
See the venue in Google Maps: https://goo.gl/maps/UksHf2R8LRs
Session 1: Inauguration

The inaugural session started with a welcome note from Dr. Kaosar Afsana, Director, Health Nutrition Population Program (HNPP), BRAC. She recalled the contribution of civil society organizations of Bangladesh in the chronological successful path of immunization of the country.

A video message from Anuradha Gupta, Deputy CEO of Gavi, the Vaccine Alliance was presented to the audience as opening remarks. She highlighted that “as Gavi moves into a new strategic era in 2016-2020, which is focused on improving coverage equity and sustainability of immunization making sure that every child who is today missed receive the full range of lifesaving vaccines, the role of CSOs is going to become even more critical than before.”

See the full video message on https://www.youtube.com/watch?v=6O3CgtCePz0

Hamzah Mangal Zekrya, CSO Advocacy Senior Specialist, Public Policy Engagement talked about Gavi CSO Engagement. His presentation introduced Gavi and focused on increasing the equitable use of vaccines in lower-income countries. He highlighted that CSOs are instrumental in vaccine delivery, providing up to 60% of immunisation services in some countries.

See the full presentation in annex section and on the following link https://www.dropbox.com/s/jyhmg19x83084ab/GAVI%20PRESENTATION_HAMZAH%20M%20ZEKRYA.pptx?dl=0
Dr. Dorothy Esangbedo, Chair, Gavi CSO Steering Committee, in her presentation described what and who is the Gavi CSO Constituency, the reason behind focusing on the Asia region, and why the meeting was important. See the full presentation in annex section and on the following link
https://www.dropbox.com/s/1s5r38tsb04317p/GAVI%20CSO%20SC%20presentation%20for%20Asian%20meeting_Dorothy.pptx?dl=0

Dr. Md. Jahangir Alam Sarker, Director, Primary Health Care (PHC) & Line Director, Maternal, Neonatal, Child & Adolescent Health (MNC&AH) was the Chief Guest of the event. He claimed that the success of immunization coverage (more than 82%) in Bangladesh is a result of high-level political commitment. He thanked the present government for focusing on the health needs of the country and recognized CSOs for contributing to this success.

Dr. Faruque Ahmed, Executive Director, BRAC International, delivered closing remarks in the inaugural session of the event. Dr. Faruque is a former Director of HNPP, BRAC, with a long experience working in the immunization sector. He gave credit for the success of immunization in Bangladesh to all the sector actors working together, including the government.

The session was moderated by Mr. Jamil Ahmed.
Session 2: Country Experience Sharing

This session consisted of 10-minute presentations from each participating country to cover a brief summary of the current immunization situation in the country, main challenges to immunization in the country, how CSOs are working to address these challenges, and what more was needed. Each presentation was followed by 10-minute Q&A.

Presentations were delivered from the following countries and can be found here:

- **Bangladesh**
  (https://www.dropbox.com/s/46tl3koy28dt1tu/Final%20Country%20Presentation%20of%20IPC%20SB.pptx?dl=0)
- **Bhutan**
  (https://www.dropbox.com/s/aa9j3qmcky3d3sn/CountryPresentation_Bhutan.pptx?dl=0)
- **India**
  (https://www.dropbox.com/s/0zdpjacownfsatd/India%20Country%20Presentation.pptx?dl=0)
- **Indonesia**
  (https://www.dropbox.com/s/oixqieeivtdfhaj/Indonesia_YOP_Presentation_Dhaka_2017%5B1%5D.pptx?dl=0)
- **Myanmar**
  (https://www.dropbox.com/s/h7uacbc01tpdjhj/Myanmar%20Presentation%20-%20ZH.pptx?dl=0)
- **Nepal**
  (https://www.dropbox.com/s/shq3na1zak71gtv/CSO%20Presentation_Nepal%20Final.pptx?dl=0)
- **Pakistan** (via Skype)
  (https://www.dropbox.com/s/3postec0xp1y6x2/Presentation%20by%20Pakistan%20for%20Asia%20Regional%20Meeting%20Feb%202017.pptx?dl=0)
- **Papua New Guinea**
  (https://www.dropbox.com/s/b23z43il83ursqdg/updated%20Country%20Presentation%20PNG.pptx?dl=0)
- **Sri Lanka**

A comprehensive list of challenges faced by CSOs in each country in the region, and list of cross-over issues came out of the presentation and subsequent discussion.
Session 3: Identifying Common Challenges

Session 3 used group work methodology to identify shared challenges within the region. Participants split into groups of no more than 10 and worked for 45 minutes to identify five shared challenges within the region. Participants also discussed how individual countries have addressed those challenges.

To jump-start the discussions, a set of challenges was prepared beforehand, but participants had no trouble identifying main challenges in their countries and across the region.

Group work to identify challenges

Each group came up with five shared challenges across several countries in the region. These lists then formed the basis of priority areas to be addressed through regional-level collaboration. Coming together in a plenary session, all of the groups cross-references their lists to identify the top-five shared challenges in the region:

1. Sustainable financing for immunization
2. Equitable coverage
3. Political will and advocacy
4. Parental education and card retention
5. Increasing CSO capacity
Session 4: Existing Structures and Resources

Amy Dietterich, Gavi CSO Constituency Focal Point, presented two presentations in this session. The first one, titled “About the Gavi CSO Constituency and Steering Committee,” described the existing global-level structures and resources of the Gavi CSO Constituency and Steering Committee. She clearly outlined Gavi CSO Constituency, how to get involved, their 2017 strategic priorities and so on. See the full presentation in annex section and on the following link https://www.dropbox.com/s/j0ey69sza1bvzpc/GAVI-CSO%20Constituency_for%20Asia%20meeting%20-%20Amy.ppt?dl=0

The second presentation was on Regional level: About the Fracophone regional CSO platform in West and Central Africa that described experience of the francophone CSO network for immunization advocacy in francophone African countries. The presentation focused on the vision of the platform as well as its strategic objectives, which include strengthening communications; sharing experiences; building CSO technical capacity; reinforcing country-level advocacy; and building regional-level advocacy. Along with the operations and activities, she also mentioned the overarching challenges and priority next steps for the platform. See the full presentation in annex section and on the following link https://www.dropbox.com/s/euutn3quo74qddk/OAFRESS%20presentation_English_Feb%202017.ppt?dl=0

Dr. Tareq Salahuddin delivered a presentation on the Mapping of Asia regional health initiatives to build a shared understanding of the current landscape of existing health-related Asia regional CSO collaborations. The objective of the mapping was to identify health-related networks in the Asia Pacific Region; study their objectives and strategy; consider whether a dialogue could be initiated with some and whether any of their strategies could be adapted by CSOs working in the Asia Pacific.

The presentation outlined some organizations as regional platforms including World Alliance for Breastfeeding Action (WABA), South Asia Paediatric Association (SAPA), Asia Pacific Paediatric Association (APPA), Asian Pan Pacific Society for Paediatric Gastroenterology, Hepatology and Nutrition (APPSPGHAN), South Asian Federation of Obstetrics and Gynaecology (SAFOG), Asia Pacific Quality Network (APQN), Asia Pacific Regional CSO Engagement Mechanism (APRCEM), Asia Pacific Academic
Consortium for Public Health (APACPH), and the World Federation of Public Health Associations (WFPHA).

See the full presentation in annex section and on the following link
https://www.dropbox.com/s/4igk12lmxe0jabd/Asia%20Pacific%20Health%20networks%2028-2-17.pptx?dl=0

Paul Wilson, Assistant Professor, Columbia University, presented an immunization financing advocacy toolkit via Skype. The presentation, titled “Introduction to Immunization Financing: A Resource Guide for Advocates, Policymakers, and Program Managers” was an exposure to the toolkit developed by Results for Development. The presentation covered why immunization financing is so important and responded to a number of immunization financing questions. A soft copy of the toolkit was distributed to participants, along with other resource materials.

See the full presentation in annex section and on the following link
https://www.dropbox.com/s/4zwvvtme3g0el7w/Wilson%20Dhaka%20GAVI%20CSO%2028Feb2017%20FINAL.pptx?dl=0

The toolkit is also available on

Following the presentation of Paul Wilson, Dr. Kaosar Afsana, Director, HNPP, BRAC shared BRAC's Experience of Resource Mobilization. She described how BRAC has worked in immunization throughout its history. She also mentioned the challenges of working in urban slum areas, recalling how BRAC worked together with the government to support populations living in these areas.
Session 5: Outlining the Roadmap of CSO Movement for Immunization in Asia

The Group agreed that the roadmap should focus on the following top five challenges:

1. Sustainable financing for immunization
2. Equitable coverage
3. Political will and advocacy
4. Parental education and card retention
5. Increasing CSO capacity

Please see below for further thinking and possible activities in each of these areas:

1. Sustainable Financing for Immunization

Goal – To enhance and sustain immunization coverage

Proposed activities:

1. Policy advocacy
   a. For gradual increase of annual budget for immunization. Advocacy should be targeted at: decision makers, such as politicians, MPs, bureaucrats, ministers, and high levels (like the Prime Minister).
   b. Review countries’ health policies and include immunization issues in these policies. As laws changes, we need keep an eye on this; if immunization issues can be reflected in a country’s health policies, then it becomes easier for implementation.
   c. Ensuring universal health coverage and health insurance.
2. Increasing CSO engagement – even in resource-neutral contexts.
3. Resource mobilization from alternative sources, e.g. endowment fund and philanthropic lottery. Experience of Bhutan can be an example where fund from the King is being used for immunization. Some religious funds can also be used. Private sector should also be engaged.
4. Taking advantage of regional forums where issues can be discussed and revitalized for the way forward.

2. Equitable Coverage

Goal — To ensure equitable coverage of immunization

Proposed activities:

- Conducting desk review to gather information in the region with extensive and authentic research that will be accessible by all.
- Extensive mapping of stakeholders in the field of immunization. Some indirectly relevant stakeholders should also be incorporated, e.g. the stakeholders work particularly with gender issues.
- Gap identification is a key area to increase coverage.
- In resource-constrained situations, issue prioritization is very important.
- Define the target population.
• Define an Action Plan with the focus of following aspects
  o Service Delivery
  o Advocacy
  o Monitoring and evaluation
  o Sustainability
  o Access

3. Political Will and Advocacy

Goal — To increase the political will by advocacy in different forum

Proposed activities:
• Engage with regional bodies, including SAARC / ASEAN / APEC, to increase political will and advocacy.
• Work with parliamentarians to sensitize them to importance of health systems and immunization.
• Develop regional briefs on immunization status and send to key ministers in each country to make them aware of the situation. Not only the Health Ministers, but also the Finance Ministers should be engaged as they decide the funding allocation.
• Participate in WHO-SEARO meetings – specifically in CSO forum (also in EMRO + WPRO) as a formal engagement.
• Engage with Asian Development Bank, advocate for inclusion of immunization in reporting indicators for all health programs as they are extensively involved with immunization programs.
• Engage in regional inter-sectoral meetings and lobby different stakeholders like Gavi, WHO, Unicef, the World Bank and various CSO platforms to bring together ministers of planning, Finance, health etc.
• We should also explore how to work with the private sector.

4. Parental Education and Card Retention

Goal – To increase retention of immunizations cards by enhanced parental education

Proposed activities:
1. Identify the low coverage areas and focus our work there.
2. Conduct situation analyses to identify gaps and understand why people are not taking children for vaccination.
3. Develop IEC materials targeted at the vaccinators, the media, peer groups, religious leaders etc. We need to emphasize not missing the opportunity, as sometimes children miss vaccination due to minor illnesses.
4. Identify the myth spreaders and address them accordingly.
5. Monitor and evaluate interventions. If coverage rates increase, report this to the community – that is the way to celebrate the success ultimately. That could be in fact used to motivate the community again.
6. Parents should be charged to obtain a new immunization card in case they lose the original one. At the same time, it must be ensured that the new card is issued with no delay.
7. The card should be kept with the utmost importance like a credit card. When a child is enrolled into a school, the card can be kept with the school authority. Teachers can also educate the parents in this regard.
8. Celebrities should be engaged to motivate /make parents aware of the importance of the cards.

5. Increasing CSO Capacity

Goal – To increase the capacity of the CSOs to work for immunizations

Proposed activities:
- Providing trainings, orientations to service providers, activists (i.e. Update, refresher etc.) knowledge and experience sharing (regional)
- Engagement of CSOs in different platforms
- Development of appropriate human resource
- CSOs should introduce/explore self-income generating activities
- Making networks with different donors
Session 6: CSO Activities in the Future and Way Forward

This session chalked out clearly the steps for designing the roadmap mentioned above within a resource-neutral context, i.e. working within current resource levels and ensuring sustainability. The session was chaired by Muhammad Musa, Executive Director, BRAC.

Participants shared the following recommendations:

- We need **follow-up** on our activities. We should begin by making a benchmark and then track our progress.
- We have identified some challenges and we have identified some global activities – now all that should be crystalized, who needs to do what, when are we going to do it, **who is responsible** – so that at the end of the day we have a very broad action plan.
- We need to have a potential **focal point** and an organization to take this initiative forward. A CSO representative suggested BRAC to take that role. After maturing the platform, the responsibility can go on rotational basis, but first someone needs to start.
- The Asia region is very large. So, we should think how we can get connected. WHO has divided Asia into regions, we can also think along those lines. Also, we need to be very **practical** in shouldering responsibility, otherwise it would not be very effective.
- If we would like to have a programmatic approach moving forward, this needs a sensitized and verified mechanism. Would it be a practical way forward to identify five focal points for dealing with five top most challenge areas, even involving Gavi or CSO Steering Committee? **Expression of willingness to participate** is necessary in this regard. Participants would like to have the opportunity to indicate which of the five areas they would like to be involved in.
- Making a group can be a potential way to get connected. Then people can contribute according to their strength and capacity using the interconnectivity.
Annex 1 – Presentations
GAVI CSO engagement
Hamzah Mangal Zekrya
27th of February 2016
Dhaka

#vaccineswork

Gavi’s mission: to save children’s lives and protect people’s health by increasing equitable use of vaccines in lower-income countries

GAVI VACCINE SUPPORT
Currently supported vaccines

- Pentavalent (DTP-Hib-hepatitis B), pneumococcal, rotavirus, human papillomavirus (HPV), yellow fever, measles second dose and inactivated polio vaccine (IPV)
- Yellow fever, meningococcal A, measles-rubella and Japanese encephalitis vaccines
- For Board review in 2016: yellow fever, meningitis, cholera and Ebola vaccines for outbreak response

Routine Campaign Stockpile
- For Board review in 2016

CSOs are also instrumental in vaccine delivery, providing up to 60% of immunisation services in some countries.

CSOs provide a large proportion of health services:
- 15% in India (which has over 200 CSO hospitals), 13% in Bangladesh, 12% in Indonesia
- 43% of medical services in Tanzania, 40% in Malawi, 34% in Ghana, and 9% in the Democratic Republic of Congo.

WHAT WE HAVE ACHIEVED TOGETHER 2000–2015

- 580,000,000 children immunised
- >8,000,000 future deaths averted

IMPROVED HEALTH OUTCOMES AND EQUITY

CSOs are also instrumental in vaccine delivery, providing up to 60% of immunisation services in some countries.

CSOs provide a large proportion of health services:
- 15% in India (which has over 200 CSO hospitals), 13% in Bangladesh, 12% in Indonesia
- 43% of medical services in Tanzania, 40% in Malawi, 34% in Ghana, and 9% in the Democratic Republic of Congo.

GAVI’S PARTNERSHIP MODEL

Building on the comparative advantages of both public and private partners
HOW GAVI, THE VACCINE ALLIANCE WORKS

HEALTH SYSTEM STRENGTHENING (HSS)

Gavi supports health systems to address bottlenecks and achieve better immunisation outcomes

CSO in Gavi Strategy 2016-2020

CSOs have access to and work in areas where governments cannot always deliver immunisation services (ex: Ethiopia, Pakistan…), vital to enhancing coverage and equity

CSOs can be a strong contributor to and driver of demand generation

CSOs perform are our eyes and ears on the ground and can exert pressure on governments to provide effective and sustainable immunisation programmes

CSOs have a powerful voice and can address issues other players might not be able to, enhancing political will and accountability.

CSO-C&E

Cross-cutting issues for C&E Intensification

- Implementing stand-alone activities rather than evidence-based packages of interventions; often with significant gaps that reduce effectiveness
- Lack of tailoring of service delivery to marginalized population needs, urban in particular (India, Pakistan, Bangladesh)
- Ensuring that last-mile service delivery personnel are motivated and resourced to conduct outreach
- Demand Generation consistently under-resourced under-prioritised, and those interventions that Gavi funds are often of limited efficacy/limited evidence base

Gavi Engagement with CSOs

Advocacy & Communications

- Global
  - Gavi CSOs (200 members), Gavi Steering Committee, Gavi
  - Gavi CSOs and advocacy networks (e.g. Save the Children, World Vision, etc.)
- Regional
  - Advocacy with AU, EALA, etc.
- National
  - Advocacy with WHO, MOHs, etc.

Service Delivery

- Global
  - DCCs (District Cold Chain), etc.
- Regional
  - Regional Health Management Information Systems (RHIMS)
- National
  - DCCs and CSO networks platforms for training, etc.

Governance & Policy

- Global
  - CSOs as partners in Gavi governance
- Regional
  - CSOs as partners in Gavi governance
PRIORITIES FOR ENGAGEMENT OVER THE NEXT STRATEGIC PERIOD

Support CSOs with content and capacity building, as needed, to engage decision makers to improve immunisation outcomes.

Aligning alliance and partner voices allows a unified push towards decision-makers for improved immunisation outcomes.

Leveraging the CSO Constituency (5,000+ organisations) and the Steering Committee.

Leveraging the national platforms.

Leveraging global CSO partners more.

CONCLUSIONS

- Leveraging global to local
- Result based framework: embrace the milestones
- Sustainability is our collective benefit and responsibility
- Partnership is part of our DNA

@Gavi can’t achieve its objectives alone. We need human and political networks to scale-up solutions for immunization. CSO’s role is important.
**Gavi CSO Constituency for Immunisation and Stronger Health Systems**

**Helping to reach Every Child with Immunisation and Health Services**

Dr. Dorothy Evangbede
Chair, Gavi CSO Steering Committee
Member, Executive Committee of the International Paediatric Association (IPA)

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**OVERVIEW**

- Introduction to the Gavi CSO Constituency
- Focus on the Asia region
- Why this meeting is important

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**INTRODUCTION TO THE GAVI CSO CONSTITUENCY**

- Long history of CSOs supporting immunisation services
- Gavi's Partners’ Forum, Nov 2009, Hanoi, Vietnam: Civil Society Call to Action initiated a major effort to self-organize and formalize civil society's role as a core Gavi partner
- Gavi CSO Constituency and Steering Committee officially formed in early 2010;
  - Aim: to increase cohesion among CSOs working in immunisation and health systems strengthening
  - Governed by charter approved in 2010 and updated in 2013 and 2016; led by 18-member Steering Committee
  - 1st Chair and Vice Chair elected in October 2010

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Gavi CSO Constituency for Immunisation and Stronger Health Systems

- ~4000 member CSOs from across the globe
- "CSOs" includes international NGOs, faith-based organisations, grassroots CSOs, advocacy-focused CSOs, professional associations and academic & research institutions
- Focal Point is based at International Federation of Red Cross and Red Crescent (IFRC), Geneva
- More in-depth look at the Constituency tomorrow

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Gavi CSO Constituency for Immunisation and Stronger Health Systems

Today, the Gavi CSO Constituency participates in many aspects of Gavi, including:

**Governance:**
- Seat on the Gavi Board
- Representation on the Program and Policy Committee
- Representation on the Governance Committee
- Participation in Gavi task teams

**Implementation:**
- Working with governments to support immunization delivery
- Implementing Gavi HSS programs
- Providing immunization in fragile states and complex settings

**Advocacy:**
- Active support of Gavi Replenishment campaigns
- Political advocacy towards implementing governments and regional bodies

Civil society engagement with Gavi continues to evolve
FOCUS ON THE ASIA REGION

Asia in numbers

- Asia is home to nearly 60% of the world’s population; almost 50% live in urban areas
- % of population living in slums as of 2010 ranges from 28% (East Asia) to 35% (South Asia). This situation has improved since 1990, when nearly 50% across the region were living in slums
- Asia and the Pacific account for >41% of under-five deaths in the world, >44% of maternal deaths, and >56% of newborn deaths. About 60% of stunted children live in Asia and the Pacific, and two-thirds of babies born with low birth weight are from the region

Sources: Asian Development Bank, Dadax population data, Asian Century Institute

Immunisation in Asia

- Significant progress has been made in protecting children in most of the 11 Member States in the South East Asia Region (SEAR) against vaccine-preventable diseases
- DTP 3 coverage in SEAR increased from 66% (2000) to 73 % (2009)
- Seven countries in SEAR have achieved the national-level coverage target of 90% for DTP3 (Bangladesh, Bhutan, DPRK, Maldives, Myanmar, Sri Lanka, and Thailand)
- Lowest DTP3 rate in Asia is Papua New Guinea with 62%; highest is Sri Lanka with 99%
- South East Asia region certified polio free…but challenges remain in Afghanistan and Pakistan

Sources: WHO SEARO

WHY THIS MEETING IS IMPORTANT

The importance and challenges of engaging CSOs

Importance:
- Often closest link to community, truly on the ground
- Sustainability—will remain in-country when other actors have left
- Often trusted by communities, parents, local leaders
- Able to nimbly navigate rapidly changing contexts, respond quickly

Challenges:
- Which CSOs to engage with?
- How to systematize, organize and sustain engagement?
- Encouraging CSOs to work together
- Donor preference for working with large NGOs; Varying capacities
- Challenges around “proving” CSO impact

Why is this meeting important?

- Opportunity to better understand CSO contributions to immunisation and health systems in the region
- Forum for CSOs and partners in the region to come together and discuss shared challenges
- Increase involvement of under-represented countries in Gavi CSO Constituency
- Opportunity to develop shared vision for increasing equitable immunisation coverage within countries and across the region
- Learn about existing regional efforts to address health issues and how immunisation might be incorporated
- Draft a roadmap for joined-up efforts across the region
THANK YOU FOR JOINING US!
Country Presentation

BANGLADESH

Presented by

Masuda Begum
MSS, LLM, MPH
Chairman
Immunization Platform of Civil Society in Bangladesh (IPCSB)

Current Health Scenario in Bangladesh

Bangladesh with a population estimated at 160 million
Population under 15 years is 29.4%
Population over 60 years is 7%
Life expectancy (Male 70.6 years and female 73.1 years) 71.8 years
Maternal mortality ratio 176 per 100,000 live birth
Child mortality ratio 46 per 100,000 live birth
Infant mortality ratio 38 per 100,000 live birth
Neonatal mortality ratio 28 per 100,000 live birth
Delivery by Skilled Birth Attendant 42%
DPT3 immunization coverage among 1 year old 95%
Exclusive Breastfeeding Rate 55%
Appropriate Complementary Feeding rate 23%
Children under five stunted 36%
Children under five wasted 14%
Children under five underweight 33%

Source: BDHS 2014

Trends in Early Childhood Mortality

Percent of childhood mortality

Death per 1,000 live births

Source: BDHS 2014

The NCD Country Profile (WHO, 2014)

Non Communicable Diseases account for 59% total death in Bangladesh

Current immunization situation
Crude vaccination coverage in 2015

Valid vaccination coverage in 2015

Crude full vaccination coverage by age of 23 months in urban areas by City Corporation and Municipality in 2015

Valid full vaccination coverage by age of 23 months in urban areas by City Corporation and Municipality in 2015

The Role of IPCSB in Immunization

- CSOs are giving routine immunization to children, adolescent girls & women of child bearing age.
- Conduct regular EPI sessions in static and satellite clinics;
- Conduct awareness program on immunization with
  a. adolescent girls,
  b. newly married women,
  c. ANC and PNC mothers,
  d. mother in laws
- Social media campaign;
- Follow up in monthly meeting with doctors, paramedics and field workers;
- Celebrate World Immunization Week;

The Role of IPCSB in Immunization

- Closely work with government for immunization program.
- Vaccination at urban wards is the primary responsibility of the Local Government through the appointed service provider (CSOs/NGOs) of the City Corporation, Municipalities.
- EPI headquarter provide vaccine and relevant logistics to the urban CSOs for regular vaccination for children & women of child bearing age.
- NGOs/CSOs provide reports to the EPI head quarter.
- CSOs participate in government mass campaign (eg. for polio, measles, rubella and tetanus)
The Role of CSOs in Immunization

Whether receiving funds from HSS:
- Not yet received Gavi HSS Fund (Established in 2015).

Whether included as members of ICC, NITAG, other expert bodies in immunization:
- Immunization Platform of Civil Society in Bangladesh (IPCSB) has approached to ICC with a request to be a member of ICC. Now, it is on process. However, one member of IPCSB, BRAC is one of the member of ICC.

Whether receiving any donor funding for immunization:
Presently, IPCSB is not receiving any donor funding for immunization activities.

Main challenges:

Challenges to Immunization In the Country,
1. Education level
2. Migration
3. Continuous vaccine supply sometime disrupted
4. Lack of resource /fund for monitoring and supervision
5. Hard to reach area like Slum and peri-urban

Main challenges faced by CSO in Bangladesh
1. Monitoring mechanism is not enough for growing further
2. Duplication of work in some places
3. Lack of quality training for service providers
4. Accountability
5. Inadequate field worker/Counselor
6. Due to inadequate resources, expansion in whole country is restrained.

Main challenges:
Urban Challenges in Vaccine Coverage,
1. Less Urban Health force as city corporation of Ministry of Local Government and Rural Development has no adequate Vehicle, Manpower, Funds etc.
2. No baseline survey specific for urban areas (area based).
3. Invalid dose due to providers training and people’s awareness
4. Poverty
5. No appropriate system exist for drop out tracking
6. Fear of side effects
7. Frequent urban migration
8. Inadequate follow up mechanism
9. Inadequate address tracking record and of common electronic reporting system
10. Cold chain
11. Mainstreaming the issue

CSOs working in Urban Slums
CSOs are closely working with immunization in Urban Slum areas. Their strategy are given below,
1. Prepare Micro plan on slum and non slum areas with GoB
2. CSOs are giving vaccine to the children of urban slum areas.
3. Arranging awareness campaign occasionally.
4. Acting as main key player in the urban areas for immunization.
5. Taking part in IPCSB work plans such as-
   a. Campaign
   b. Research
   c. Communication

Brief about IPCSB
Background: Bangladesh Breastfeeding Foundation (BBF) was awarded the Gavi CSO Constituency Project in Bangladesh by bidding process on December 2013. Immunization Platform of Civil Society in Bangladesh (IPCSB) has been established and launched by BBF in December 2014 with the support of Ministry of Health and Family Welfare (MOHFW), EPI, Ministry of Local Government and Rural Development (MOLGRD), Gavi the Vaccine Alliance & Catholic Relief Services (CRS). The platform consisted of sixteen members.

Duration of work: 2 years

Geographic coverage: Dhaka City Corporation (DNCC & DSCC).

Involvement with Immunization in urban/rural areas: At present urban areas of Dhaka City but has a plan to expand to 8 divisions emphasizing on Drop out & Hard to Reach areas. And Hard to reach people.
• **Type of involvement:** The partner organizations providing the following services:
  a. Immunization service delivery,
  b. Increasing demand,
  c. Monitoring and reporting of the immunization activities
  d. Health service
  e. Campaign
  f. Observe “Immunization Week”
  g. Research

**Success stories:**
• GoB and NGO relationship increased
• People are already know about the IPCSB within GoB, INGO, NGOs and development partners.
• Increased awareness among the urban population

**Challenges faced:**
a. Lack of funding (continued after initial 2 years by CRS)
b. Inclusion in ICC is still in process.
c. Expansion to other Divisions

---

**Routine & Polio Vaccination**

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**13 February Elected new EC committee**

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**Thank you**
Country Presentation

Presented by
Dechen Wangmo, Ex Director Bhutan Cancer Society
Thimphu Bhutan

Background–Country Context
Bhutan's Development physiology of Gross National Happiness

<table>
<thead>
<tr>
<th>GENERAL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Area (sq.km)</td>
<td>38,394</td>
</tr>
<tr>
<td>Districts (Dongkhag)</td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POPULATION (estimated)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>751,042</td>
</tr>
<tr>
<td>Male/Female</td>
<td>390,231/360,811</td>
</tr>
<tr>
<td>Under 5 years old</td>
<td>82,710</td>
</tr>
<tr>
<td>0-18 years old</td>
<td>236,910</td>
</tr>
<tr>
<td>19-24 years old</td>
<td>94,900</td>
</tr>
</tbody>
</table>

Background – Health System

- Free health care enshrined in the Constitution – Both health and education free to all Bhutanese
- Allopathic health system was introduced in 1961
- Alma-Ata declaration on Primary Health Care in 1978
- Approximately 35% of the national budget allocated to health and education sectors
- High level of political will and support

Current immunization situation

Graduated from GAVI support in 2016
National financing through Bhutan Health Trust Fund – Established in 1998
Immunization card (Health card) is a prerequisite for school enrolment
Immunization services delivery integrated in the primary health delivery system

The Role of CSOs in Immunization

Immunization services are exclusively provided by the Government including demand generation
Currently three CSOs working in the area of health
Bhutan cancer Society more: http://www.bhutancancer.org
Lhaksam more: http://www.lhaksam.org.bt
Bhutan Kidney Foundation More: http://www.bhutankidneyfoundation.org

In recent years, CSOs have started playing a complementary role in demand generation and awareness program.
Main challenges

• Sustainability of funding in light of growing healthcare cost and epidemiological shift from communicable to non-communicable diseases trend.
• Defining role, responsibility and accountability in case a CSO delivering immunization awareness services.
• Limited technical capacity and HR of the CSOs.
• Access to adequate technical information and platform for collaboration (nationally and regionally).

Brief about your CSO

Mission

"To improve cancer care and reduce the incidence of cancer through cancer control activities (Education, Prevention, and Research) and provide psychosocial support to those affected and affected by cancer."

10th April 2015
Youngest Organization to be Awarded the national Order of merit.

Regional collaboration

• Keen on establishing regional collaboration
• High potential to develop advocacy and exchange learning programs for the region.

Thank you
Country Presentation
Name of the country: INDIA

ASIA CSO REGIONAL MEETING – Dhaka | February 27-28, 2017

Presented by
Dr Roma Solomon
Dr Girish Chandra Singh

Background

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Current Status (2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonatal Mortality Rate</td>
<td>27.7 per 1000 live births (2015)</td>
</tr>
<tr>
<td>Under-5 Mortality Rate</td>
<td>47.7 per 1000 live births (2015)</td>
</tr>
<tr>
<td>DPT-3 (or Penta-3) immunization coverage among 1 year old</td>
<td>87% (2015)</td>
</tr>
<tr>
<td>Malaria Mortality Ratio</td>
<td>171 per 100,000 live births (2015)</td>
</tr>
<tr>
<td>Physician Density</td>
<td>0.732 per 1000 population (2012)</td>
</tr>
<tr>
<td>Nursing and midwifery personnel density</td>
<td>1.711 per 1000 population (2011)</td>
</tr>
<tr>
<td>Gender inequality Index rank</td>
<td>130 (2014)</td>
</tr>
</tbody>
</table>

Source: WHO India Key Indicators

Current Immunization Situation

- National Immunization Coverage – 87% (till December 2016)
- National drop out rate – Penta-1 to Penta-3 is 6%.
- Rota virus vaccine was launched in 4 states in 2016, expanded to 5 more states in 2017.
- Out of 204 JE endemic districts, 182 districts have undergone JE campaign and now have included JE vaccination under RI.
- MR vaccine launched in 5 states.
- PCV has been approved for introduction under UIP. In 2017, it will be introduced in 5 states.

Vaccine National Coverage

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>National Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>90%</td>
</tr>
<tr>
<td>Penta-3</td>
<td>89%</td>
</tr>
<tr>
<td>MCV-1</td>
<td>88%</td>
</tr>
<tr>
<td>MCV-2</td>
<td>75%</td>
</tr>
<tr>
<td>Hep-B (birth dose)</td>
<td>71%</td>
</tr>
<tr>
<td>JE (2nd dose)</td>
<td>73% (in endemic areas)</td>
</tr>
<tr>
<td>DPT Booster (10-12 months)</td>
<td>79%</td>
</tr>
<tr>
<td>DPT Booster (1-4 years)</td>
<td>68%</td>
</tr>
</tbody>
</table>

Source: IITU-immunization Dashboard

The Role of CSOs in Immunization

- Demand generation for immunization
- Advocacy with all stakeholders
- Membership of immunization action group (IAG) at the national level as well as task forces for routine immunization at the sub-national levels.
- Participate in monitoring vaccine introduction, post-introduction evaluation, preparedness assessment before vaccine launch.
- Participate in monitoring of vaccination campaigns like MR and Mission Indradhanush.
- Providing support to the government in conducting other health initiatives like Village Health and Nutrition Day (VHND).
- 15 million children are reached by Indian Academy of Pediatrics through Immunize India Project.

Main Challenges

<table>
<thead>
<tr>
<th>Challenges for immunization programme</th>
<th>Demand side</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccines</td>
<td>Myths and taboos</td>
</tr>
<tr>
<td>Vaccine Shortage</td>
<td>Lack of education and awareness</td>
</tr>
<tr>
<td>Accessibility</td>
<td>Gender issues</td>
</tr>
<tr>
<td>Training</td>
<td>Fear of AEFI</td>
</tr>
<tr>
<td>Gaps of cold chain and vaccine logistics</td>
<td></td>
</tr>
<tr>
<td>Poor social mobilization</td>
<td></td>
</tr>
</tbody>
</table>

Challenges faced by CSOs

- Limited human resource
- Perceived lack of technical competency by the government
- Financial limitations and donor dependency
- Limited human resource
- Perceived lack of technical competency by the government

Vaccine National Coverage

<table>
<thead>
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<td>68%</td>
</tr>
</tbody>
</table>

Source: IITU-immunization Dashboard
CSOs working in Urban Slums

<table>
<thead>
<tr>
<th>State</th>
<th>Number of CSOs working in urban slums</th>
<th>Total Number of CSO-members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bihar</td>
<td>25</td>
<td>39</td>
</tr>
<tr>
<td>Jharkhand</td>
<td>12</td>
<td>41</td>
</tr>
<tr>
<td>Rajasthan</td>
<td>7</td>
<td>42</td>
</tr>
<tr>
<td>Uttar Pradesh</td>
<td>28</td>
<td>40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>72</strong></td>
<td><strong>162</strong></td>
</tr>
</tbody>
</table>

Success Story

In Lakheri block of Bundi district in Rajasthan, Mahatma Gandhi Integrated Development and Educational Institute found out 21 Anganwadi Centres were not organizing Maternal and Child Health Nutrition Day. The immunization coverage of the block was 58%. The CSO brought the issue to the notice of the authorities and since then (from 2013) the CSO has been supporting as well as monitoring the work done in AWCs and giving a feedback to authorities. Now the immunization coverage in the block has gone up to 87%.

Brief about your CSO

- Alliance for Immunization and Health was formed in 2013 as the country CSO platform under the GAVI-CSO Project.
- Registered as an organization in 2016.
- Has 18 National Level CSO members in its Steering Committee.
- Has 162 state level membership.
- Current coverage is across 4 states – Bihar, Uttar Pradesh, Rajasthan and Jharkhand.
- Member CSOs primarily focus on demand generation, awareness etc.
- The CSO platform is seeking access to GAVI-HSS funding.

Regional collaboration

- Address inequality issues jointly, by stratification of its determinants in Asian countries.
- Bring up issues of immunization to regional political forums.
- Enable multi-country studies on vaccination, particularly on CSO’s work and facilitate cross-learning.
- Advocate for addressing vaccination related issues in conflict zones in the region.
- Design strategy to address vaccination issues among refugees in the region.

Thank you
Country Presentation
Indonesia

Purnamawati, MD, MMPed
Founder
The Concerned and Caring Parents Foundation

Key indicators

**MNC survival**
- Mortality rate under 5:
  - 34/1000 (Indonesia Demographic and Health Survey/IDHS, 2007)
  - 26/1000 LB (IDHS, 2012)
  - 55.2% due to pneumonia & diarrhea

**Maternal mortality rate**
- Maternal & newborn health

**Child health**
- Immunization
- Nutrition

**Percentage weight/age (children under five)**

<table>
<thead>
<tr>
<th>Urban</th>
<th>Rural</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight/age below -3SD</td>
<td>7.1</td>
<td>Below -3SD</td>
<td>8.7</td>
</tr>
<tr>
<td>Below -2SD</td>
<td>24.6</td>
<td>Below -2SD</td>
<td>29.2</td>
</tr>
<tr>
<td>Female</td>
<td>25.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WHO global database 2004

Current Immunization Situation

- **Coverage report in public sector:** good
- **Data in private sector:** N/A
- **Rural:** coverage up to measles vaccination age 9/12 – good
- **Urban:** public & private
The Role of CSOs in Immunization

- To address increasing immunization coverage: education & engagement
  - Education: IT based-social media, Face to face discussion, service delivery
  - Engagement: mother teach other mothers (immunization ambassadors)
- Collaboration with government immunization program: encouragement
- No funding (from HSS or others)
- Not included as members of ICC, NITAG (ITAGI), other expert bodies in immunization

Yayasan Orang Tua Peduli: Multi Strategy

PROMOTING PATIENT SAFETY TO THE COMMUNITY

CSO’S CHALLENGES

YOP:
- Urban
- Education
- Empowerment
- Engagement

- Demographic profile
- Geographic situation
- Political leadership
- Small “ship”

URBAN:
- Varied confusing schedules,
- Varied; high cost
- Counterfeit vaccine
- Antibiotics

RURAL:
- Illiteracy, low awareness
- Shortage, access
- Cold chain
- Skill – juru suntik

MAIN CHALLENGES

NATIONAL level: ?
- Decentralization/politics
- Schedule
- Access/shortage
- Demography- Geography
- Data – overall coverage
- Patient/family/community engagement

URBAN:
- Varied confusing schedules,
- Varied; high cost
- Counterfeit vaccine
- Antibiotics

RURAL:
- Illiteracy, low awareness
- Shortage, access
- Cold chain
- Skill – juru suntik

PREVENTIVE MEASURES
- Breastfeeding
- Complimentary feeding
- Dental health
- Pregnancy, labour
- Newborn care, Jaundice
- IMMUNIZATION
- Monitoring growth

CURATIVE MEASURES
- Rational Use of Medicine
- Responsible use of antibiotics
- Patient/family engagement & Quality of care

sehat@yahoo.com @misksehat (Twitter) milissehat.web.id (web RUM) bijak- antibiotik.com (web SUA) GESAMUN (Facebook)
Community Health Course: 2004 - 2016

Aceh 1x
Medan 2x
Batam 3x
Jakarta 17x
Tangerang 4x
Bogor 3x
Bekasi 4x
Depok 2x
Bandung 4x
Surabaya 4x
Jogja 5x
Solo 2x
Balikpapan 1x
Sorowako 1x
Makassar 1x
Bali 5x
Biak 2x
Pontianak 1x

“Success” story:
• Awareness of patients’ rights
• Starts asking Qs
• Starts seeking information
• Tries to have an active role in decision making
• Better immunization record status

GESAMUN
People’s Movement for Immunization Awareness

VISION & MISION
Anti-vaccination movement
Friendly access regarding immunization
Raising awareness
Reaching wide population
Forming opinion

Further steps ....
Champions; TOT Studies

Together we can make a difference

Regional Collaboration

Networking
Learning from others: THE ROLE of CSO in
Expanding coverage
Implementing single recommendation for the whole country
Cold chain
Making costs affordable
Raising awareness & changing behavior
Developing IEC materials, including visual aids for campaigners/health workers/volunteers

Thank you
Country Presentation

MYANMAR

Some key health indicators of Myanmar, pertaining to mortality, morbidity rates in children.

- Under 5 Mortality Rate, Infant Mortality Rate, Neonatal Mortality Rate
- Total number of under 5 children who received treatment from health staff at clinics, health facilities and during field visits
- % of under 5 children with severe dehydration
- % of under 5 children receiving ORT and Zinc
- % of under 5 children with ARI
- % of under 5 children receiving antibiotics treatment for pneumonia
- % of newborn care coverage
- Number and percentage of newborns who received early initiation of Breast Feeding within 1 hour after birth (disaggregated by sex)
- Number and percentage of under one immunized with DPT3/Penta3 (disaggregated by sex)
- Number and percentage of under one immunized with Measles (disaggregated by sex)

Routine vaccination schedule (September 2016)

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Age of administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>Births to 2 months</td>
</tr>
<tr>
<td>DTP-Hib-HepB</td>
<td>2 months, 4 months, 6 months</td>
</tr>
<tr>
<td>OPV</td>
<td>2 months, 4 months, 6 months</td>
</tr>
<tr>
<td>PCV</td>
<td>2 months, 4 months, 6 months</td>
</tr>
<tr>
<td>IPV</td>
<td>4 months</td>
</tr>
<tr>
<td>MR</td>
<td>9 months</td>
</tr>
<tr>
<td>Measles</td>
<td>18 months</td>
</tr>
<tr>
<td>TT</td>
<td>During pregnancy (at first contact and 28 days later)</td>
</tr>
</tbody>
</table>

Immunization coverage in Chin State (2016)

<table>
<thead>
<tr>
<th>No.</th>
<th>Township</th>
<th>DPT3</th>
<th>Tetra3</th>
<th>OPV</th>
<th>Measles</th>
<th>TT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hakha</td>
<td>94.7</td>
<td>100.0</td>
<td>94.7</td>
<td>100.0</td>
<td>83.9</td>
</tr>
<tr>
<td>2</td>
<td>Falam</td>
<td>86.7</td>
<td>93.9</td>
<td>90.6</td>
<td>93.9</td>
<td>77.7</td>
</tr>
<tr>
<td>3</td>
<td>Tedim</td>
<td>94.1</td>
<td>98.1</td>
<td>95.3</td>
<td>98.1</td>
<td>88.1</td>
</tr>
<tr>
<td>4</td>
<td>Tunza</td>
<td>88.4</td>
<td>91.1</td>
<td>90.6</td>
<td>93.9</td>
<td>88.1</td>
</tr>
<tr>
<td>5</td>
<td>Mrauk Lay</td>
<td>97.4</td>
<td>97.4</td>
<td>97.4</td>
<td>97.4</td>
<td>88.1</td>
</tr>
<tr>
<td>6</td>
<td>Mrauk</td>
<td>96.3</td>
<td>94.9</td>
<td>91.1</td>
<td>91.1</td>
<td>88.1</td>
</tr>
<tr>
<td>7</td>
<td>Pindaya</td>
<td>93.3</td>
<td>96.3</td>
<td>95.3</td>
<td>95.3</td>
<td>88.1</td>
</tr>
<tr>
<td>8</td>
<td>Kanpyet</td>
<td>92.2</td>
<td>99.3</td>
<td>99.3</td>
<td>99.3</td>
<td>88.1</td>
</tr>
<tr>
<td>9</td>
<td>Ponekre</td>
<td>90.4</td>
<td>90.4</td>
<td>90.4</td>
<td>90.4</td>
<td>88.1</td>
</tr>
</tbody>
</table>

Total | 90.6 | 90.6   | 90.6 | 90.6    | 88.1 |
The Role of CSOs in Immunization

How CSOs are working to address increasing immunization coverage. CSOs are working to address increasing immunization coverage as a supportive role to BHS in the areas of community mobilization, advocacy to community level, organizing children to be immunized at outreach immunization posts.

Collaboration with government Immunization program.
MRCS as a member of ICC
Whether receiving funds from HSS.
Not received funds from HSS
Whether included as members of ICC, NITAG, other expert bodies in immunization. MRCS is included as a member of ICC
Whether receiving any donor funding for immunization.
Received 3MDG fund for MNCH inclusive of budget for outreach immunization activities and Crash campaign activities in Mindat and Matupi townships, Southern Chin State.

Main challenges

- Main challenges to immunization in Myanmar
  - Mobile peri-urban population (Area of migrants, Work sites and Farming places)
  - Immunization coverage in urban areas available only a limited period in a month
  - Hard to reach areas (Geographically and Socially hard to reach)
  - Security Concerns in ethnic groups areas
  - Inadequate Human Resources for service availability and readiness

- Challenges faced by CSOs in Myanmar
  - Limited capacity, Availability of funds, Human Resource
  - Specially mention urban challenges in vaccine coverage.
  - Areas of migrants
  - Work sites
  - Farming places

CSOs working in Urban Slums

Any CSOs working with immunization in Urban Slums. If yes, what is their strategy.

Some CSOs like MRCS is working with immunization in Urban Slums as volunteers to support MWs from DOPH, but there is no definite strategy for this purpose.

Any success stories. NA

Brief about my CSO-MRCS

- Duration of work.
  - 80 years since 1937 separated from Indian Red Cross
- Geographic coverage.
  - All over the country with nationwide network of Red Cross Volunteers
- Involvement with Immunization in urban/rural areas.
  - RCVs support THD in immunization activities and other health campaigns
- Type of involvement, i.e. service delivery, increasing demand, monitoring and reporting.
  - Supporting role, monitoring and reporting
- Success stories.
  - NA
- Challenges faced.
  - Limited capacity, Availability of funds, Human Resource

Regional collaboration

- Do you feel that your CSO/ other CSOs in your country would like to communicate and work with CSOs from other countries in this Region.
  - MRCS/other CSOs in Myanmar like to communicate and work with CSOs from other countries in this Region
- How /what do you feel are the potential areas of immunization coverage in which collaboration with CSOs from other countries is desirable/beneficial.
  - The potential areas of immunization coverage in which collaboration with CSOs from other countries is desirable/beneficial are:
    - Information sharing, Regional meetings/ workshops, Capacity building trainings

Thank you
12 antigens are included in national immunization schedule.
- Nationally the average coverage of BCG, DPT/ HepA/Hib and OPV3 is 87.6.
- Smallpox was eradicated in 1977.
- Achieved 80% coverage of all antigens through "Universal Child Immunization Approach" in 1990.
- Sustained R7 coverage of BCG, 100% HR, IPV started.
- MNT eliminated and sustained since 2005.
- Measles controlled in 2010 and moving towards elimination.
- Polio free status maintained since August 2010.
- 1979 EPI started through 16000 EPIClinics.
- 87% coverage, 21 districts were declared as full immunized districts (2000 VDC).

We have achieved MDG 4 - Successes

Cause of Child Mortality:

Current immunization situation in Nepal

<table>
<thead>
<tr>
<th>Year</th>
<th>% of children under one year immunized with BCG</th>
<th>% of children under one year immunized with DPT/ HepA/Hib 3</th>
<th>% of children under one year immunized with OPV3</th>
<th>% of one-year-old children immunized against Measles/Rubella</th>
<th>% of planned immunization clinics conducted</th>
<th>% of children 12-23 months immunized- Japanese Encephalitis</th>
<th>Average number of visits among children aged 0-24 months for growth monitoring</th>
<th>Incidence of diarrhoea per 1,000 under five years children (new cases)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>99</td>
<td>93</td>
<td>93</td>
<td>88</td>
<td>66</td>
<td>104</td>
<td>2.5</td>
<td>578</td>
</tr>
<tr>
<td>2014/15</td>
<td>96</td>
<td>92</td>
<td>90</td>
<td>88</td>
<td>67</td>
<td>104</td>
<td>2.5</td>
<td>629</td>
</tr>
<tr>
<td>2015/16</td>
<td>96</td>
<td>91</td>
<td>90</td>
<td>88</td>
<td>67</td>
<td>104</td>
<td>2.5</td>
<td>502</td>
</tr>
</tbody>
</table>

Source: DHS annual report 2015/16
Immunization and various quantiles

Trend Analysis (2006-15) DPT-HepB-Hib1 & 3 Coverage

Fully Immunized children (%)

National Immunization schedule 2014

Inequities in Nepal:
Factors influencing Immunization Uptake

Sources of Financing for NIP FY 2070/71
GVAP global targets and Nepal achievements

By 2015
- Coverage: All countries DTP3 >90% national coverage, and >80% in every district by end 2015
- Polio: transmission stopped by end 2014
- Maternal and neonatal tetanus: eliminated by 2015
- Measles: eliminated in 4 regions by end-2015
- Rubella: eliminated in 2 regions by end-2015
- Introduction of under-utilized vaccines: At least 90 LMIC have introduced one or more such vaccines by 2015

By 2020
- Coverage: all vaccines in national programs >90% national coverage, and >80% in every district by end 2020
- Polio: eradicated by end 2018
- Measles: eliminated in 5 regions by end-2020

The Role of CSOs in Immunization

Please mention how CSOs are working to address increasing immunization coverage.

- Increasing demand from community level
- Policy level advocacy
- Health system strengthening
- Sustainable immunization Fund (By Rotary district 3292)

Challenges

- Major challenges
  - Inadequate HRH and ill-defined JD of AHW & ANM
  - In defined provision of field allowance for Vaccinators
  - Poor quality immunization data: Under and over reporting
  - Poor inventory keeping and distribution system
  - In effective immunization month celebration
  - Poor Cold Chain and Vaccine management
  - Inadequate CC Equipment and no repair, maintenance and replacement

- Major issues faced by country
  - Reaching 3% unreached
  - Catch-up 10% drop out children for the completion of their scheduled dose
  - Timely Quality Supplies
  - Vaccines wastage
  - Introduction of New Vaccines
  - Sustainability

Rotary District 3292 Nepal/Bhutan

World Vision International Nepal

- World Vision formally started its long-term development work in Nepal after signing both general and project agreement with the Social Welfare Council in 2001. Our focus on increasing demands.
- Over the past years, World Vision International Nepal (WVIN) has funded community development in 17 districts

Regional collaboration

Capacity Building
Experience sharing
Advocacy
GAVI Graduation Policy

1977 Small Pox eradicated in Nepal
1979 EPI started through 16000 EPI Clinic
2015 MR, HPV started
87% coverage, 13% are still missed
22 districts (2000 VDCs) are fully immunized

Value for money:
• Without any wastage of vaccine: Cost per child to full immunization = NRS 5,000
• National: Per child cost with administrative & cold chain management = NRS 30,000
• Total National cost for Rs 30,000 * 610,000 child = Rs 18,300,000,000 (18.3 Billion)

Rate of Return 1 $ = 16 to 18% (44% through Immunization)

Investment on NIP of Nepal (per child fully immunized)

Economic Status of SAARC Countries

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Country</th>
<th>Economic Growth in %</th>
<th>Per capita in $</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Bangladesh</td>
<td>6.6</td>
<td>1380</td>
</tr>
<tr>
<td>2.</td>
<td>Bhutan</td>
<td>6.5</td>
<td>2380</td>
</tr>
<tr>
<td>3.</td>
<td>Pakistan</td>
<td>4.7</td>
<td>1440</td>
</tr>
<tr>
<td>4.</td>
<td>Sri Lanka</td>
<td>4.8</td>
<td>1800</td>
</tr>
<tr>
<td>5.</td>
<td>Maldives</td>
<td>2.4</td>
<td>8850</td>
</tr>
<tr>
<td>6.</td>
<td>Nepal</td>
<td>2.7</td>
<td>730</td>
</tr>
<tr>
<td>7.</td>
<td>Afghanistan</td>
<td>0.8</td>
<td>630</td>
</tr>
</tbody>
</table>

Source: Annapurna Post Dec 22, 2016 By: Raju Baskota
To meet the challenge we have to invest more in infrastructure dev eg Hydro, Road, irrigation, Industries etc.
Advocacy on sustainable immunization financing
“Kathmandu Declaration by Rotary District 3292”
June 15, 2010

Establishment of “Sustainable Immunization Support Fund” by Rotary

The fund will not be used for...
- Covering the salary of staffs
- For international travel
- To bear the cost of consultancy services
- For purpose other than immunization system strengthening
- For other than vaccine procurement and cold chain maintenance.

Purpose upcoming activities
- Fund Rising
- Advocacy
- Consultative meeting
- Airing of Information
- Recognition of Fund contributors
- Designing of recognition pin
- Annual review meeting and dissemination of progress
- Explore the possibilities of Expansion of PPP Model
- Any Others

Supporting Organization
- WHO Nepal
- UNICEF/Nepal
- SABIN Vaccine Institute
- Ministry of Health and Population Child Health Division
- Immunization Section Gov. Nepal
- Ministry of Finance
- National Planning Commission
- Other relevant stakeholders
The square wheels cart

The two persons in the picture are probably blaming to each other.

Civil Society

Cartoon- Hole in a Boat

Can these people achieve their goal?

Coming together is a beginning, Keeping together is progress, Working together is success,

:Quote by Henry Ford

BELIEVE YOU CAN MAKE A DIFFERENCE AND YOU WILL!

Thank You
Thank you
Country Presentation
Pakistan

Background
1. Infant Mortality Rate (IMR) is estimated to be 74 deaths per 1000 live births for the approximate calendar years 2003-2012 (PDHS 2012-13)
2. Under five mortality rate is 89 deaths per 1000 live births (PDHS 2012-13)
3. Maternal Mortality Rate (MMR) is 170 deaths per 100,000 live births (Data from WHO “Trends in Maternal Mortality”)

Current immunisation situation

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>51</td>
<td>56</td>
<td>58</td>
<td>57</td>
</tr>
<tr>
<td>Sindh</td>
<td>36</td>
<td>37</td>
<td>40</td>
<td>42</td>
</tr>
<tr>
<td>KPK</td>
<td>51</td>
<td>60</td>
<td>62</td>
<td>53</td>
</tr>
<tr>
<td>Balochistan</td>
<td>37</td>
<td>24</td>
<td>27</td>
<td>29</td>
</tr>
<tr>
<td>Punjab</td>
<td>58</td>
<td>65</td>
<td>69</td>
<td>65</td>
</tr>
</tbody>
</table>


The Role of CSOs in Immunization
1. Pakistani CSOs are organised into a National Platform known as Pakistan CSOs Coalition for Health and Immunisation – PCCHI
2. PCCHI is represented in ICC
3. 81 CSOs from four out five provinces of Pakistan are members of PCCHI
4. 10-15 PCCHI member CSOs have donor funding for immunisation
5. CSOs are engaged in:
   a. Conducting researches on immunisation related topics
   b. Implementing initiatives on demand generation for immunisation
   c. Extending service delivery for immunisation
6. CSOs are not receiving funds from HSS as yet but this is included in the HSS proposal and would be done shortly
**Key Results In Relation to Baseline Situation, in Sindh, “Hard to reach” Mountainous Region – By CHIP established in 2005.**

<table>
<thead>
<tr>
<th>Baseline Situation</th>
<th>Key Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>60% children immunized at FLCF/other community health care providers in project area</td>
<td>67% children immunized at FLCF/other community health care providers in the project area</td>
</tr>
<tr>
<td>No functional cold chain equipment, supply of vaccines, EPI syringes and EPI Cards at FLCF and tertiary level facilities.</td>
<td>33% EPI centers have a functional cold chain and 48% increase in health facilities which have delivery sets.</td>
</tr>
</tbody>
</table>

---

**Health, Education & Literacy Programme**

**Mother & Child Immunization in URBAN Communities**

- Need assessment and baseline.
- Sensitizing & involving reputable community leaders.
- Establishment of community based groups and focal families for demand creation.
- Selection and training of women & men from the communities as CHW & SM.
- Liaison with the Government Health Sector on EPI Programme.
- HELPs three urban centers are fixed centers for the Polio Campaign.
- Working in six urban slums of Karachi.
- Initial introduction in communities is through Vaccination.

**Our Strategy**

- Daily immunization clinic and weekly for BCG and measles.
- Identification and usual system of delivery through CHVs.
- Integrated vaccination with primary health care.
- App for performance for CHVs and DEs.
- Third party M&E.
- Feedback from community.

**Results**

- Children’s vacc. coverage: base line on an average: **23-30%**
- TT base line on an average: **10%**
- Present coverage of fully vaccinated children: **95-98%**
- Present coverage for TT: **85-90%**
- No Polio affected child in >10 years
Main challenges- in Pakistan

**Demand:**
- Lack of knowledge and misinformation, Biases
- Side effects (fever, pain), loss of Vacc. Card, increases ‘drop out’ rates
- Distance of EPI service providers from the house of the child, with weak outreach

**Supply:**
4. Routine immunisation vs. Polio campaigns
5. Migrant population is often missed
6. Limited availability of vaccine during outreach vaccination camps
7. Children over 15 months age are not provided BCG, P1, P2, P3
8. Security risks, remote, snow-covered and mountainous areas are often missed
9. Limited research done on status and challenges of immunisation in urban slums

**Challenges faced by CSOs in your country**
1. Limited funding for CSOs to create evidence of its effectiveness for improving immunisation coverage
2. CSOs are expected to bring in money for improving EPI coverage
3. Power imbalance between CSOs and Government, lack of skills for Advocacy

Regional collaboration

1. PCCHI and its member CSOs would be very happy to communicate and work with CSOs from other countries in this region
2. Best practices can be shared about strategies for demand generation, addressing barriers to immunisation
3. Successful CSOs can offer capacity building workshops and exposure visits to other fellow CSOs

Thank you
Country Presentation

PAPUA NEW GUINEA

Background

Pneumonia has been the most common reason for admission (30% of admissions).

Neonatal conditions are the second most common cause for admission (17% of admissions).

Although malnutrition is often not the primary reason children present, severe malnutrition was present in 15% of admissions, making it the third most common problem seen in hospitals. Malnutrition either directly caused or contributed to 33% of all deaths.

Diarrhoeal disease (12% of admissions) and Malaria (7% of admissions).

In the post-neonatal period, pneumonia (29% of deaths) and meningitis (21% of deaths) were the leading causes of death.

Neonatal deaths accounted for 27% of all deaths. The leading causes of death in neonates were: birth asphyxia (45% of neonatal deaths), neonatal infections (39% of neonatal deaths) and very low birth weight (2%).

Addressing unnecessary child deaths will depend to a large extent on reducing deaths from pneumonia and neonatal conditions, which combined made up 47% of admissions and 44% of deaths in the 2013 national report (trend is still the same).

Current immunisation situation

EPI was launched in PNG in 1977. Initially, the program targeted 6 vaccine preventable diseases – tuberculosis, polio, diphtheria, pertussis and tetanus. Measles vaccine was introduced in 1982 (infants 9 months of age) and 1992 (infants 6 months of age). Hepatitis B vaccine was introduced in 1989. DTP-Hep B vaccine was introduced in the country in 2008, while Haemophilus influenzae type b (HIB) vaccine was introduced as part of DTP-Hep B-Hib vaccine in 2009.

<table>
<thead>
<tr>
<th>Province</th>
<th>BCG</th>
<th>Hep_BD</th>
<th>Penta3</th>
<th>OPV3</th>
<th>MS_Smon</th>
<th>TT2+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gulf</td>
<td>36</td>
<td>17</td>
<td>20</td>
<td>28</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td>Central</td>
<td>33</td>
<td>13</td>
<td>44</td>
<td>43</td>
<td>56</td>
<td>23</td>
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<td>Southern</td>
<td>48</td>
<td>36</td>
<td>44</td>
<td>40</td>
<td>44</td>
<td>38</td>
</tr>
<tr>
<td>Milne Bay</td>
<td>81</td>
<td>51</td>
<td>97</td>
<td>97</td>
<td>99</td>
<td>63</td>
</tr>
<tr>
<td>Nat Capital Dist</td>
<td>99</td>
<td>95</td>
<td>97</td>
<td>93</td>
<td>66</td>
<td>54</td>
</tr>
<tr>
<td>National Coverage</td>
<td>65</td>
<td>32</td>
<td>62</td>
<td>63</td>
<td>60</td>
<td>50</td>
</tr>
</tbody>
</table>

Table 1: Antigen wise Coverage (%), 2015

The Role of CSOs in Immunization

- This is an area that needs to be explored for PNG
- All immunization programs are supported by the Government of PNG through existing health facilities.
- In the National Capital District – the World Vision through its Maternal Child Health program did work with the National Capital District Health Services to provide immunization to children in their project sites over a period of 2 – 3 years but that ceased more than 2 years ago.
Main challenges

• Main challenges to the immunization program remains in the high drop out rates of the second and third doses of DTP-HepB/Hib (Pentavalent).
• Partnership with CSO and government for vaccine services is an area that needs to be explored.
• The nation’s capital is rapidly expanding and there is a rapid increase in the number of unplanned settlements in the city which makes it difficult to assess the actual denominators used to calculate coverage. NCD has remained as one of the best performing provinces in the country.

CSOs working in Urban Slums

• World Vision was the only CSOs working with immunization in targeted Urban settlements of the National Capital District when there was funding for their Maternal Child Health Program. The strategy they used was program their outreach programs with the Government outreach team.
• The story from this program – there was good coverage in the project areas, however, the population covered were small and did not have much impact in the overall immunization coverage in the district.

Brief about your CSO

Brief about your CSO - PNG Red Cross Society

**National Legal Status**

- The Papua New Guinea Red Cross Society is officially recognized by the Government of Papua New Guinea through the Papua New Guinea Red Cross Society Incorporation Act No.9 of 1976.
- The Papua New Guinea Red Cross National Society is officially recognized by the Papua New Guinea Government as a voluntary aid society, auxiliary to public authorities in the humanitarian field, in accordance with the Geneva Conventions
- The Patrons – Governor General

Red Cross branches

- 14 out of 22 Established branches
- 4 Active branches (National Capital District, Western Highlands, Popondetta & Bougainville
- Reasons: previous disaster prone areas and activities were more focused

Main activities

- Disaster Management, Risk reduction & preparedness activities, Resilience (livelihood programs)

Public Health programs

- Not at the moment
- No immunization program

Way forward

- To see how we can integrate such public health programs as part of the preparedness activities during Disaster and within our core functions

Regional collaboration

- Because I work in both government and also involved in a lot of CSO activities, I can comment by saying that couple of large CSOs are interested in supporting local NGOs.
- At the same time, it is important that CSOs communicate and work with CSOs from in the country, and in other countries in this Region.
- Regional collaboration is important for countries like PNG to learn from other established programs conducted by CSOs in other countries.
- Form a regional advocacy group to advocate for technical and financial support from donor agencies to support CSOs.
- Learn from other CSOs in the region how they are participating in the Reaching Every District Concept.
Thank you

Protecting our girls from Cervical Cancer with HPV vaccination
Country Presentation
Sri Lanka

Key Health Indicators

- Infant Mortality Rate (IMR): 9.9 per 1000 live births
- Neonatal Mortality Rate (NMR): 7.6 per 1000 live births
- Under-five Mortality Rate: 12.2 per 1000 live births
- Maternal Mortality Rate: 22.0 per 100,000 live births
- Low-birth-weight in government hospitals: 16 per 100 births
- Percentage of under-five children: Underweight (weight-for-age): 16.4%
- Wasting (weight-for-height): 12.2%
- Stunting (height-for-age): 10.5%

(Source: Annual Health Bulletin, 2014)

Current immunisation situation

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Percentage of Immunisation Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>91.0</td>
</tr>
<tr>
<td>PVV1</td>
<td>97.9</td>
</tr>
<tr>
<td>PVV3</td>
<td>99.1</td>
</tr>
<tr>
<td>OPV1</td>
<td>97.9</td>
</tr>
<tr>
<td>OPV2</td>
<td>99.5</td>
</tr>
<tr>
<td>LIVE JE</td>
<td>99.0</td>
</tr>
<tr>
<td>MMR 1</td>
<td>100</td>
</tr>
<tr>
<td>MMR 2</td>
<td>95.5</td>
</tr>
</tbody>
</table>

(Source: Annual Health Bulletin, 2014)
The Role of CSOs in Immunization

In Sri Lanka Immunization is exclusively a government function (with limited private sector involvement) and NGOs are not at all involved in delivering immunization services. However, NGOs play an important role in community mobilization, education etc. for promoting immunization.

Sarvodaya was the only local CSO serving as a member of Inter-Agency Coordinating Committee when GAVI was introduced to Sri Lanka in 2002 and played an active role in the committee at Policy level during the 1st five years of the program.

Currently there is no direct involvement of CSOs with government Immunization program.

Sri Lanka Graduated from GAVI in December 2015.

Main challenges

By National Immunization Program
- Sustaining the high coverage (service, coverage, quality, financial)
- Addressing regional disparities (previously war affected areas)
- Adverse Events Following Immunization (AEFI) – 2009/10 incidents
- Achieving elimination/eradication targets
- Introduction of new vaccines (cost and public acceptance)

By CSOs
- Resistance to joint programming with the government
- Obtaining technical expertise

CSOs working in Urban Slums

Immunization coverage in urban areas is also satisfactory in Sri Lanka, however, some survey reports indicate pockets of under-coverage.

CSOs are involved in education and creating demand for health services/linking with services including immunization but no direct involvement in provision of clinical services.

Many CSOs including Sarvodaya are involved in other areas related to child health such as nutrition, early childhood care and development (ECCD).

Sarvodaya Shramadana Movement

- Founded in 1958 as a grassroots, participatory self-help development Movement based on Buddhist and Gandhian thinking.
- Outreach to 15,000 out of 38,000 villages in Sri Lanka.
- Involved in community health activities in the areas of child health, nutrition, water and sanitation, HIV/AIDS prevention and control, gender and reproductive health, disease control (NGO PR for GFATM from 2004 – 2014)
- Mainly in preventive services, education, increasing demand (no direct provision of services except in emergencies and disasters)
- Advocating for policy change – HIV/AIDS, RH, ECD,
- Has been able to demonstrate effective models to address community health issues which could then become state policies to scale up (eg. ECD, Nutrition, Malaria control)

Regional collaboration

- Welcome Regional Collaboration
- Sharing experience
- Addressing “structural” causes of ill-health
- Understanding interconnections and to mount an integrated approach.

Thank you
Gavi CSO Constituency
for Immunisation and Stronger Health Systems
Helping to reach every Child with Immunization and Health Services

Amy Dietterich, Gavi CSO Constituency Focal Point,
International Federation of Red Cross and Red Crescent Societies (IFRC)

Order of presentation
- 2017 strategic priorities
- Our resources
- Communication
- How you can get involved
- Questions, comments

Gavi CSO Constituency - What?
- 3000+ CSOs worldwide
  - Service providers
  - Local, national, regional and global advocates
  - Accountability and transparency champions
- Support Gavi’s mission to “save children’s lives and protect people’s health by increasing equitable use of vaccines in lower-income countries”...
  - ... and sustainably strengthening health systems
  - “Don’t forget Communities!”
  - Voices for Universal Health Coverage

Gavi CSO Constituency - Who?
- Membership includes:
  - Local CSOs
  - International NGOs
  - FBOs
  - Professional associations and health personnel
  - Research and academic institutions
- Led by 18-member Steering Committee
- Representatives on Gavi Board
- Supported by Focal Point at IFRC

Gavi CSO Constituency - Where?
- Cloud Constituency at global level
- Permanently represented in Geneva by Focal Point and OAG Coordinator
- Constituency members on every continent except Antarctica
- Regional Francophone Africa Platform
- 26 country platforms (including 3 in Asia)

Gavi CSO Constituency - Why?
- Originally a governance mechanism to support CSOs rep on Gavi Board
- With time, leadership and support, became much more:
  - Advocacy partner
  - Keystone of country ownership and good governance in health systems and beyond
  - A community change-maker
  - Conduit for voices from affected communities
Gavi CSO Constituency - How?

- How do we work? By making space for CSOs to do what they do best, and ensuring they are supported to do so.
- Advocacy towards: Governments, Regional bodies, Donors, Vaccine manufacturers, Gavi Alliance itself.
- Participation in Gavi governance, strategic planning, task teams.
- Flagship projects and implementation.
- Measure CSO impact and outcomes, GVAP reporting.
- Build and maintain relationships with Gavi Secretariat and Gavi partners.

2017 Strategic Priorities

- Internal:
  - Support CSO representatives on Gavi governance bodies.
  - Increase communication + partnership within Constituency.
- In partnership with Gavi Secretariat:
  - CSO indicators in Gavi strategy.
  - Increase/amplify CSO-generated communications from the field.
  - CSO participation in Joint Appraisals.
  - Demand generation Strategic Focus Area.
- External:
  - Build and strengthen relationships with other CSO networks.
  - Support UHC movement.
  - Develop CSO GVAP reporting framework.

Our resources

- Implementation:
  - Constituency members organisations.
  - Country platforms, Francophone platform.
- Guidance, oversight:
  - SC and OAG.
  - Chair, vice-Chair.
  - Charter.
- Operationalisation, coordination and communication:
  - Focal Point and OAG Coordinator.
- Representation:
  - Board and Committee representatives.
  - SC.
  - SAGE rep.

Communication methods and tools

- Website: www.Gavi-CSO.org.
- Listserv.
- Facebook.
- Twitter.
- Quarterly calls.
- Face-to-face meetings.
- Newsletter.

How you can get involved

- Encourage your organisation to join the Gavi CSO Constituency (and country platform, where applicable).
- Sign up to our listserv.
- Learn more about health-focused CSO platforms in your country and encourage them to link up with Gavi CSO.
- Check the Gavi CSO website regularly.
- Follow us on twitter.
- Contact Amy with questions.

Questions? Comments? Suggestions?

Thank you for listening!
In the beginning...

2011: Dakar meeting-15 countries, vision, roadmap, workplan
Challenges identified:
- Lack of visibility and representation (culture, language, documentation)
- Increasing number of countries entering transition
- Less organized CS at regional level
Favorable context:
- Strong regional cohesion and cooperation, ease of movement (ECOWAS, ECCAS)
- Shared health/immunisation challenges across the region

OAFRESS Vision

“An effective platform recognized nationally, regionally and globally which harmonizes CSOs’ actions in vaccination and health system strengthening in French-speaking African countries.”

Composition (18 members)

Benin
Burkina Faso
Burundi
Cameroon
Central African Republic
Chad
Comoros
Democratic Republic of Congo
Gabon
Guinea Conakry
Madagascar
Mali
Niger
Senegal
Togo
Ivory Coast

Project Support Elements

- **Implementing agency**: REPAOC: coordinating function, communications, project management (including budget and M+E)
- **Technical committee (volunteer)**: Strategic direction tailored to region, implementation monitoring, capacity building of implementing agency, advises OAG (language barriers). Comprised of Global Health Advocates, Alternative Santé and Medecins Sans Frontières
- **Oversight Advisory Group (volunteer)**: High-level project vision and oversight, cohesion between projects and implementers, facilitate relationship with Gavi Secretariat. Comprised of Steering Committee members and CSO Constituency members with implementation expertise.

Project Organigram
Strategic Objectives

1) **Strengthen Communications**: Improve communication between CSOs within the region; improve communications to and from the global level.

2) **Share experiences and build CSO technical capacity**: With a focus on policy formulation, and design and evaluation of vaccination and health programs.

3) **Reinforce country-level advocacy, build regional-level advocacy**: Identify regional advocacy priorities and act on them; increase participation of Francophone CSOs in the Gavi CSO Constituency; strengthen dialogue between Northern and Southern partners, particularly around health system and immunization issues.

In practice...

Daily functioning ensured by regional coordination hosted at REPAOC:

- Facilitating regular exchange of immunisation information among countries
- Alerting members to capacity building and funding opportunities
- Facilitating member participation in regional workshops and meetings
- Supporting members to more strategically document their activities
- Maintenance of OAFRESS website and blogspot

Budget Tracking Project

**Overarching objective:** By 2020, governments OAFRESS-member countries devote 15% of national budget to Ministry of Health.

**Sub-objectives:**
- Develop expertise in budget tracking
- Advocate for timely co-financing payments by countries
- Advocate for transparency and accountability of health public accounts
- Advocate for and participate in the design of countries’ innovative financing mechanisms for immunization and health

**Sample activity:** Coalition 15% (Cameroon) mentored Guinea and Mali in the establishment of a national advocacy network for health budget tracking

www.oafress.org

Overarching Challenges

- Maintaining momentum, including within coordination team
- Identifying expertise inside the network
- Maintaining member interest that’s not tied to funding
- Keeping up with changes in Gavi model
- Language (still keeping some members apart)
- Funding level

Priority Next Steps

- Reinforce mentoring model among the CSOs
- Ensure all members adopt OAFRESS guidelines and standards
- Reinforce capacity of immunization champions to act at regional level
- Increase focus Gavi transition issues (financing, vaccine prices)

Merci à toutes et à tous!

www.oafress.org
A search for existing collaborative health networks in the ASIA PACIFIC REGION was made. The results are presented here.

Objectives of Presentation

To:

• Identify Health related Networks in the Asia Pacific Region
• Study their Objectives and Strategy
• Discuss if a dialogue can be initiated with some, for cooperation in increasing immunization coverage
• Consider if any of their strategies can be adapted by CSOs working in the Asia Pacific

I. World Alliance for Breastfeeding Action (WABA)

Background:
Initiated on 14 February 1991 in Malaysia.
Related to a global network of organizations and individuals who are dedicated to protect, promote and support breastfeeding rights.

Website:
www.waba.org.my

II. South Asia Pediatric Association (SAPA)

Background:
It is an Association of Pediatric Societies of South Asia. Bangladesh, India, Nepal, Pakistan and Sri Lanka are among the founder member countries. SAPA is affiliated with International Pediatric Association (IPA).

Mission:
Common mission of promoting child health through regional co-operation.

The Objectives of SAPA are:
1. Promotion of friendship between the Pediatricians of all South Asian countries
2. Benefit of children and the promotion of child health throughout the region.

Website:
http://a‐p‐p‐a.org/pdf/SAPA‐BULLETIN.pdf

III. Asia Pacific Pediatric Association (APPA)

Background:
Association of Pediatric Societies of the South‐East Asian Region (APSSEAR). Name changed to, Asia Pacific Pediatric Association (APPA) in 2003. Was established in 1974. From the original fifteen countries, it has now grown to 20 members. Affiliate member of the International Pediatric Association (IPA).

Mission:
To improve the health status of children living in the region and in surrounding areas

The essential Objectives of APPA:
1. Establishing linkages amongst pediatricians for promotion of Research in all aspects of Pediatrics.
2. Providing them with educational programs to enable them to improve the services they provide
3. Advocating programs and health care services to provide overall benefit to children.

Strategy:
1. Research in all aspects of Pediatrics
2. Dissemination of Pediatric Knowledge
3. Holding of an Asian Congress of Pediatrics every three years
4. Promotion of National Pediatric Meetings
5. Quarterly Bulletin for Knowledge and Update dissemination
6. Establish Fellowships for young Pediatricians as exchange program
III. Asia Pacific Pediatric Association (APPA)
Members Societies:
2. Bangladesh Paediatric Association (2015) (Bangladesh)
3. Chinese Pediatric Society (China)
4. The Hong Kong Paediatric Society (2014-2015) (Hong Kong)
5. The Indian Academy Of Paediatrics (India)
6. Indonesian Pediatric Society (Indonesia)
8. Malaysian Paediatric Association (Malaysia)
9. Myanmar Paediatric Society (Myanmar)
10. Nepal Paediatric Society (Nepal)
11. Paediatric Society Of New Zealand (New Zealand)
12. Pakistan Pediatric Association (Pakistan)
13. PNG Paediatric Society (Papua New Guinea)
14. Philippine Pediatric Society Inc (Philippine)
15. Singapore Paediatric Society (Singapore)
16. The Korean Pediatric Society (Korea)
17. Sri Lanka College Of Paediatricians (Sri Lanka)
18. Pediatric Society Of Thailand (Thailand)
19. Taiwan Pediatric Association (Taiwan)
Website: http://www.a-p-p-a.org/index.php

IV. Asian Pan Pacific Society for Pediatric Gastroenterology, Hepatology and Nutrition.
APPSGPHAN.

Background:
Formed in 1976. Members in 18 countries.
Objectives:
To address problems of gastrointestinal, hepatobiliary, pancreatic and nutritional disorders of children in the Asia Pacific Region.
Strategy:
Organise World Congress every 4 years
Hold biennial teaching workshops
Biennial society Congress.
Financed through subscriptions to journal and conferences.
Website: www.appsgphan.org

V. South Asian Federation of Obstetrics and Gynaecology (SAFOG)
Background: Collaboration of countries through Journal of South Asian Federation of Obstetrics and Gynaecology.
Mission: Provide a platform for better communication and exchange of reproductive indices among member countries and to amalgamate with world bodies.
Objectives: To provide access to scientific and peer-reviewed clinically oriented guidelines for practice and professional updating of subject of obstetrics and gynaecology.
Strategy: Work through publication of Journal, Organise Regional meetings.
Website: http://www.jasafog.com/Default.aspx

VI. Asia Pacific Quality Network (APQN)
An Education Network.

Background:
Founded on January 18, 2003, the Asia Pacific Quality Network (APQN) was founded in Hong Kong, China. APQN has 166 members from 38 countries and territories, is the largest and most influential non-profit international organization in the field of higher education quality assurance in Asia Pacific Region.
Mission: 'To enhance the quality of higher education in Asia and the Pacific region through strengthening the work of quality assurance agencies and extending the cooperation between them.'
Objectives: Devoted in improving higher education quality in the Asia-Pacific Region.
Website: www.apqn.org

VII. Asia Pacific Regional CSO Engagement Mechanism (APRCEM)
Background:
They mainly work to strengthen SDGs.
APRCEM is a civil society platform aimed to enable stronger cross constituency coordination and ensure that voices of all sub-regions of Asia Pacific are heard in intergovernmental processes in regional and global level. The platform is initiated, owned and driven by the CSOs, and seeks to engage with UN agencies and Member States in the Post-2015 as well as other development related issues/processes. As an open, inclusive, and flexible mechanism, RCEM is designed to reach the broadest number of CSOs in the region, harness the voice of grassroots and peoples’ movements to advance development justice that addresses the inequalities of wealth, power, resources between countries, between rich and poor and between men and women.
Mission:
The idea to establish an Asia-Pacific Regional Civil Society Engagement Mechanism (APRCEM) derives from engagement experiences in processes leading up to the 2014 RIO-II conference on sustainable development. A group of Asia-Pacific regional CSOs, who had been cooperating in this context, got together to share good and bad experiences from their engagement in the processes leading up to the global conference.
Website: www.asiapacificforum.org

VIII. Asia Pacific Academic Consortium for Public Health (APACPH)
Background:
They mainly work to strengthen SDGs.
This is a non-profit organization started in 1984, registered in Honolulu for improving professional education in Public Health.
Mission:
The mission of the Consortium is to achieve the highest possible level of health of all the people of the nations of the Asia-Pacific region.
The focus of the Consortium is to enhance regional capacity to improve the quality of life and to address major public health challenges through the delivery of education, research and population health services by member institutions.
Website: http://www.apacph.org/wp/
Discussion

• Many Regional collaborative networks are academic.
• There are networks working with childhood issues.
• Strategies vary, some work only through publications. Is this a strategy we can consider?
• Education Network deals with quality assurance. Can this be applied to quality of immunization through networking?
• Possibility of becoming affiliate members of Pediatric Health Networks
• Consider networking through Social Media, Annual Regional Meetings, Asia Pacific Gavi CSO Bulletin

Thank you
I. Context: why immunization financing is so important now

Immunization is one of the best buys in public health...

- Vaccines currently save 2-3 million lives every year.
- Vaccines introduced with Gavi support are estimated to have already prevented 8 million future deaths.
- Every dollar invested in immunization returns $16-44 in economic returns.*

* http://content.healthaffairs.org/content/35/2/199.abstract

but immunization programs need reliable, long-term financing.

- Unreliable financing can lead to stock-outs and unimmunized children.
- Predictable, long-term financing is crucial for planning and for obtaining the lowest possible vaccine prices.
- Some important newer vaccines are more expensive than traditional EPI vaccines.

Immunization financing is a particularly urgent issue for countries in accelerated transition from Gavi support.

In 2017, 26 Gavi countries are either in “accelerated transition” or are already fully self-financing.

Asian countries in accelerated transition: India, Lao PDR, Papua New Guinea, Timor Leste, Uzbekistan, Vietnam
Gavi transition involves rapid increase in vaccine expenditures for some countries.

Co-financing projections for Ghana, 2017-2021

Source: Gavi website

Other countries also face immunization financing challenges.

- Gavi countries that have not yet crossed the eligibility threshold
  - Increasing co-financing
  - Preparing for loss of eligibility
  (Asian countries in preparatory transition: Bangladesh, Cambodia, Myanmar, Pakistan, Tajikistan)

- Gavi countries that have completed the transition
  - Consolidating new financing and procurement strategies
  - Assessing and planning for new vaccine introductions
  (Fully self-financing Asian countries: Bhutan, Indonesia, Mongolia, Sri Lanka)

- Middle-income countries never eligible for Gavi support
  - Higher and uncertain prices for many vaccines
  - Uncertain supply and inefficient procurement
  (Examples from Asia region: Kazakhstan, Malaysia, Thailand)

II. Overview of the Resource Guide

What is the Immunization Financing Resource Guide?

- 26 accessible briefs on topics in immunization financing
- Written to be accessible and practical
- Available in hard copy and online
- Briefs can be read (and downloaded) individually or as part of the whole.
- Produced by the Results for Development Institute (R4D), based on research funded in part by the Bill and Melinda Gates Foundation.

The Immunization Financing Resource Guide is an update to the Immunization Financing Toolkit.

The Immunization Financing Resource Guide is an update to two editions of the Immunization Financing Toolkit.

Why prepare a new edition? What has changed?

- Countries and international community have made new commitments to immunization and immunization financing.
  - GVAP’s Strategic Objective 5 calls for immunization programmes to have “sustainable access to predictable funding”.
- Gavi has revised its policies for eligibility, co-financing, and transition (in 2009 and again in 2015).
- Many countries are reforming health systems in order to move toward Universal Health Coverage, with implications for immunization financing as well as delivery.
Whom is the Resource Guide for?

- Advocates at the national and international levels
- National policymakers and program managers
- Development partners working with countries
- Anyone with an interest in immunization financing in low- and middle-income countries, both Gavi and non-Gavi

The Guide is meant to be accessible and practical while remaining rigorous.

Overview of Resource Guide (1 of 2)

PART 1: IMMUNIZATION FUNDAMENTALS

1. Why Immunization and Immunization Financing
2. Immunization Management and Immunization Financing
3. Governance and Immunization Financing
4. Immunization Financing Models

PART 2: SOURCES OF FINANCING

5. Domestic Trust Funds
6. Multilateral Funding
7. Bilateral Funding
8. Other Sources of Immunization Financing

Overview of Resource Guide (2 of 2)

PART 3: STRATEGIC PURCHASING AND PROCUREMENT

9. Vaccine Procurement
10. Non-Vaccine Procurement
11. Global Supply Chain Management

PART 4: STRATEGIES FOR POLICY CHANGE

12. Accelerating a Country’s Immunization Progress
13. Strengthening Immunization Systems
14. Improving Immunization Outcomes

PART 5: COUNTRY CASE STUDIES

15. Malawi: Immunization in Motion
16. Ethiopia: Immunization on the Move
17. Bangladesh: Immunization in Action

Overview of Resource Guide (1 of 2)

PART 1: IMMUNIZATION FUNDAMENTALS

- 2. Universal Health Coverage and Immunization Financing
  - Defines UHC
  - Explains main kinds of health financing arrangements and examines transitions many countries are going through as they move toward UHC
  - Outlines some of the opportunities and risks for immunization service delivery and financing that these transitions pose

Overview of Resource Guide (2 of 2)

PART 4: STRATEGIES FOR POLICY CHANGE

- 7. Domestic Trust Funds
  - Defines trust fund
  - Explains the main kinds of trust funds, possible sources of revenues, governance options
  - Outlines some possible advantages and disadvantages of trust funds as a way of financing immunization
  - Illustrates with the example of Bhutan (discussed in more depth in case study brief)
Main messages/cross-cutting themes

1. Immunization is a public responsibility.
2. Immunization financing should be considered in the context of plans for UHC.
3. Regular health sector budgets will remain the mainstay of immunization financing.
4. Different components of immunization programs have different financing needs.
5. Amount of funding is important, but also how it is spent.
6. Gavi-eligible as well as Gavi-transitioning countries must plan for life after Gavi.

III. Immunization financing questions for advocates

Brief #18 in the Resource Guide lists questions that advocates might find useful in holding governments and donors accountable.

Some examples:
- What are the current sources of financing for vaccines and immunization service delivery?
- If any vaccines are financed by donors, how predictable is that support?
- Does the government have a clear plan for financing immunization over the next five years?
- If new vaccine introductions are planned, is there a clear financing plan?
- How might any planned health reform initiatives affect immunization and immunization financing? Are responsibilities for the different elements of the immunization program clear?

IV. Dissemination plans

- Virtual launch in mid-February, books available and website up
- Material currently being translated into French. Spanish and Russian may follow, depending on demand.
- Media outreach to targeted in-country press and key publications
- Opportunities to introduce the guide
  - Regional and country-specific workshops
  - Presentations at major health financing/health systems conferences
  - Piggybacking on existing events
  - Briefings at partner organizations

Immunization Financing Resource Guide Team

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Points where we need your feedback

- How might the resource guide fit into your work?
- Which topics covered by the guide are of particular interest to you?
- Are there additional topics that we might consider adding?
- What might be some of the best ways to introduce the resource guide and help people to make the best use of it?
- Do you know of events where there would be interest in including a session/workshop on the resource guide?

Thank you!
Annex 2 – List of participants
<table>
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<td>39</td>
<td>Sohel Ahmed</td>
<td>HNPP</td>
<td>Assistant General Manager</td>
<td><a href="mailto:sohel.a@brac.net">sohel.a@brac.net</a></td>
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<tr>
<td>40</td>
<td>K.M. Farhadul Islam</td>
<td>HNPP</td>
<td>Communications</td>
<td><a href="mailto:farhadul.islam@brac.net">farhadul.islam@brac.net</a></td>
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<tr>
<td>41</td>
<td>Dr. Kazi Mahmood</td>
<td>HNPP</td>
<td>Senior Medical Officer</td>
<td><a href="mailto:mahmood.ki@brac.net">mahmood.ki@brac.net</a></td>
<td>8801709651600</td>
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<tr>
<td>42</td>
<td>Dr. Sharmin Zahan</td>
<td>BRAC International</td>
<td>Director, Advocacy for Social Change, Information and Communication Technology, Partnership Strengthening Unit, BRAC</td>
<td><a href="mailto:docsharmin@hotmail.com">docsharmin@hotmail.com</a></td>
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<tr>
<td>43</td>
<td>KAM Morshed</td>
<td>Advocacy for Social Change</td>
<td></td>
<td><a href="mailto:k.morshed@brac.net">k.morshed@brac.net</a>, <a href="mailto:kam.morshed@gmail.com">kam.morshed@gmail.com</a></td>
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</tr>
<tr>
<td>44</td>
<td>Md. Akramul Islam</td>
<td>TB &amp; Malaria Control, WaSH</td>
<td>Director, Tuberculosis and Malaria Control, Water, Sanitation and Hygiene (WASH), BRAC</td>
<td><a href="mailto:akramul.mi@brac.net">akramul.mi@brac.net</a></td>
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<tr>
<td>45</td>
<td>Nazia Islam</td>
<td>BRAC</td>
<td>Senior Sector Specialist</td>
<td><a href="mailto:nazia.islam@brac.net">nazia.islam@brac.net</a></td>
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**Other Organizations**

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Organization</th>
<th>Position</th>
<th>Contact Information</th>
<th>Phone Number</th>
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<tr>
<td>46</td>
<td>Dr. A. K. M. Musha</td>
<td>Bangladesh Concern Worldwide</td>
<td>Country Director</td>
<td><a href="mailto:musha.akm@concern.net">musha.akm@concern.net</a></td>
<td>8801713339792</td>
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<tr>
<td>47</td>
<td>Dr. Jahangir Hossain</td>
<td>Bangladesh Care Bangladesh</td>
<td>Director, Health</td>
<td><a href="mailto:jahangir.hossain@care.org">jahangir.hossain@care.org</a></td>
<td>8801712996211</td>
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<tr>
<td>48</td>
<td>Samir Saha</td>
<td>Bangladesh Child Health Research Foundation (CHRF)</td>
<td>Executive Director</td>
<td><a href="mailto:samirk.sks@gmail.com">samirk.sks@gmail.com</a></td>
<td>8801713461254</td>
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<tr>
<td>49</td>
<td>Dr. Abu Taher</td>
<td>Bangladesh International Federation of Red Cross and Red Crescent Societies, Bangladesh Delegation</td>
<td>Health Manager</td>
<td><a href="mailto:faruq.abu@ifrc.org">faruq.abu@ifrc.org</a></td>
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<tr>
<td>50</td>
<td>Dr. Sabbir Ahmed</td>
<td>Bangladesh Save the Children</td>
<td>Program Director, Newborn &amp; Child health</td>
<td><a href="mailto:sabbir.ahmed@savechildren.org">sabbir.ahmed@savechildren.org</a></td>
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<td>51</td>
<td>Tahrim Arb A Chaudhury</td>
<td>Bangladesh Save the Children</td>
<td>Regional Emergency Health Coordinator - Asia Pacific</td>
<td><a href="mailto:tahrim.chaudhury@savechildren.org">tahrim.chaudhury@savechildren.org</a></td>
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<td>52</td>
<td>Kym Blechynden</td>
<td>Kuala Lumpur / Asia Pacific Regional Emergency Health Coordinator - Asia Pacific</td>
<td></td>
<td><a href="mailto:kym.blechynden@ifrc.org">kym.blechynden@ifrc.org</a></td>
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<td>53</td>
<td>Ikhtiar Uddin Khandaker</td>
<td>Bangladesh Plan International</td>
<td>Head of Health Program</td>
<td><a href="mailto:ikhtiar.khandaker@plan-international.org">ikhtiar.khandaker@plan-international.org</a></td>
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<td>54</td>
<td>Momena Khatun</td>
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<td><a href="mailto:momena.khatun@cidapsudhakar.org">momena.khatun@cidapsudhakar.org</a></td>
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<td>Sylvia Islam</td>
<td>CIDA</td>
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<td><a href="mailto:sylvia.islam@international.gc.ca">sylvia.islam@international.gc.ca</a></td>
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<td>56</td>
<td>Baren Mandal</td>
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<td><a href="mailto:barenmandal@yahoo.com">barenmandal@yahoo.com</a></td>
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<tr>
<td>57</td>
<td>Dr. Md. Jasim Uddin</td>
<td>ICCDR,B</td>
<td></td>
<td><a href="mailto:jasim@iddrb.org">jasim@iddrb.org</a></td>
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<td>Dr. K. Zaman</td>
<td>ICCDR,B</td>
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<td><a href="mailto:kzaman@iddrb.org">kzaman@iddrb.org</a></td>
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<td>59</td>
<td>Dr. Sayed Islam A. Sari</td>
<td></td>
<td></td>
<td><a href="mailto:ssuleep@yahoo.com">ssuleep@yahoo.com</a></td>
<td>8801791187105</td>
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Annex 3 – Stakeholder Analysis Form
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Annex 4 – List of Challenges Form
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<th>CATALYST</th>
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<td>Funding shortfall</td>
<td>The government is not proactive</td>
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<td>Inequitable coverage</td>
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<td>Cold chain not</td>
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<td>Unavailability of</td>
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<td>Poor quality of vaccine</td>
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<td>Myth in the society</td>
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<td>Poverty</td>
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<td>Hard to reach area</td>
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<td>Shortfall of human</td>
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<td>Bureaucratic problems</td>
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<td>Anti-vaccine group more active</td>
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<td>Lack of political will</td>
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<td>Approval issue from the authority</td>
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<td>Low advocacy efforts</td>
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<td>Lack of collaboration</td>
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<td>Lack of cooperation from the local administration</td>
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<td>Add more ...</td>
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</table>
Annex 5 – Media coverage of the event

News Hour
Civil society organizations revitalized in Dhaka on immunization
https://newshour.online/2017/03/01/civil-society-organizations-revitalized-dhaka-immunization/

The Daily Star
Imperatives for ensuring immunisation: a CSO perspective
http://www.thedailystar.net/health/imperatives-ensuring-immunisation-cso-perspective-1367191

The Daily Star
CSOs revitalised in Dhaka on immunisation
http://www.thedailystar.net/health/csos-revitalised-dhaka-immunisation-1371112

Financial Express
CSOs playing important role in immunisation: Experts

Ittefaq
শিশুদের টিকাদান নিষ্পিতে সম্পন্ন উদ্যোগ জরুরি

Bhorer Kagoj
টিকার আওতায় ৮৬.৫ শতাংশ শিশু
https://goo.gl/aFZEZe

Kaler Kantha
টিকাদান কার্যক্রমের চ্যালেঞ্জ কাটিয়ে ওঠার তাগিদ

Rising BD
টিকার আওতায় ৮৬.৫ শতাংশ শিশু
http://www.risingbd.com/health-news/215615
Annex 6 – Some photographs

Photographs are available online on
https://www.flickr.com/photos/tareqsalahuddin/albums/72157677453974043
Annex 7 – List of some briefing materials


Gavi country factsheets.pdf
https://www.dropbox.com/s/vgxtahxjf1ds4aq/Gavi%20country%20factsheets.pdf?dl=0

ADB-CSB.pdf
https://www.dropbox.com/s/zamgf1iz3nzv2m2/ADB-CSB.pdf?dl=0

Mapping NGO Networks in Asia Pacific FINAL.pdf
https://www.dropbox.com/s/2x3dzv8b1qopfpy/Mapping%20NGO%20Networks%20in%20Asia%20Pacific%20FINAL.pdf?dl=0
Annex 8 – Program Flow
## Program Flow

### February 27, 2017

#### Session 1: Inauguration

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Details</th>
<th>Presenter/Facilitator</th>
<th>Method</th>
<th>Outcome</th>
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</thead>
<tbody>
<tr>
<td>9 am</td>
<td>Registration opens</td>
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<tr>
<td>9:30 am</td>
<td>Inaugural ceremony begins</td>
<td>Meeting opened by the Master of Ceremonies (MC)</td>
<td>Jamil Ahmed</td>
<td>Remarks</td>
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<tr>
<td>9:35 am</td>
<td>Welcome Note</td>
<td></td>
<td>Dr. Kaosar Afsana, Director, HNPP, BRAC</td>
<td>Speech</td>
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<tr>
<td>9:45 am</td>
<td>Opening Remarks</td>
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<td>Anuradha Gupta, Deputy CEO, Gavi, the Vaccine Alliance</td>
<td>Display of pre-recorded video message</td>
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<tr>
<td>9:50 am</td>
<td>GAVI CSO Engagement</td>
<td>Presentation by Gavi Representative on</td>
<td>Hamzah Mangal Zekrya, CSO Advocacy Senior Specialist, Public Policy Engagement</td>
<td>Presentation</td>
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<tr>
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<td>• Introduction to Gavi</td>
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<tr>
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<td>• Increasing equitable use of vaccines in lower-income countries</td>
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<td>10:05 am</td>
<td>Gavi CSO Constituency</td>
<td>Presentation by the Chair of Gavi CSO Steering Committee on</td>
<td>Dr. Dorothy Esangbedo, Chair, Gavi CSO Steering Committee</td>
<td>Presentation</td>
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<tr>
<td></td>
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<td>• What and who is the Gavi CSO Constituency</td>
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### Session 2: Country Experience Sharing

<table>
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<tr>
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<th>Method</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>11 am</td>
<td>10-minute presentation per country to cover:</td>
<td>• Brief summary of current immunization situation in the country</td>
<td>CSO representatives from the same country will work together</td>
<td>Presentations, Q+A.</td>
<td>Comprehensive list of challenges faced by CSOs in each country in the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Main challenges to immunization in the country</td>
<td>each country to present</td>
<td>Facilitator to capture running list of main challenges identified by</td>
<td>region, and list of cross-over issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• How CSOs are working to</td>
<td>Facilitator to tie session together</td>
<td>CSOs in each country</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>and areas of cross-over</td>
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</table>
address this challenge
  • What more is needed
Followed by 10-minute Q&A for each country

CSO delegations; they provided
the presentation beforehand;
challenges mentioned in the
presentations would top up the
already prepared list of challenges

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Details</th>
<th>Presenter/Facilitator</th>
<th>Method</th>
<th>Outcome</th>
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<td>Lunch break</td>
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<tr>
<td>2 pm</td>
<td>Country presentations continued</td>
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<td>3:30 pm</td>
<td>Tea break</td>
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</table>
| 3:50 pm | Group work to identify shared challenges within the region | Participants will split into groups of no more than 10 and work for 45 minutes to identify five shared challenges within the region. Where possible, participants will also discuss how individual countries have addressed those challenges.  
  A set of challenges prepared beforehand in a participatory way will be the basis of discussion. This will save time on identifying barriers and will facilitate discussions on the way forward. | Facilitator for each group identified ahead of time  
  Meeting facilitator to circulate among groups and get a feel for what is bubbling up  
  Groups will be facilitated by:  
  • Dr. Dorothy Esangbedo  
  • Dr. Naveen Thacker  
  • Amy Dietterich  
  • Hamzah Mangal Zekrya | Group work  
  Facilitator will make available list of challenges identified by countries, marking in bold areas where there is significant overlap  
  Based on this, groups will then identify five shared challenges. | Each group will come up with five shared challenges across several countries in the region. These lists will then form the basis of priority areas to be addressed through regional-level collaboration. |
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Details</th>
<th>Presenter/Facilitator</th>
<th>Method</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:35 pm</td>
<td>Plenary session to present each group’s list of five and synthesize an agreed ranking of top regional challenges</td>
<td>A rapporteur from each group will have five minutes to present their list of five, followed by five minutes for any questions.</td>
<td>Dr. Tareq Salahuddin</td>
<td>Facilitated plenary session</td>
<td>Agreed list of five prioritized challenges to be addressed in the regional road map</td>
</tr>
<tr>
<td>5:30 pm</td>
<td>Session closed</td>
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</table>

**Gala dinner**

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<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>6:30 pm</td>
<td>Pre-Gala Dinner reception</td>
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<tr>
<td>7 pm</td>
<td>Gala Dinner begins</td>
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<tr>
<td>7:10 pm</td>
<td>Remarks by BRAC</td>
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<tr>
<td>7:15 pm</td>
<td>Remarks by Gavi CSO Steering Committee representative on the Gavi Board, Dr. Naveen Thacker</td>
<td>Importance of CSO role in increasing equitable access to immunization in Asia</td>
<td></td>
<td></td>
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<tr>
<td>7:20 pm</td>
<td>Remarks by Gavi</td>
<td></td>
<td></td>
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<tr>
<td>7:30 pm</td>
<td>Dinner</td>
<td></td>
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<tr>
<td>9 pm</td>
<td>Closing of dinner event</td>
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</table>
## Session 4: Existing structures and resources

<table>
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<tr>
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<th>Presenter/Facilitator</th>
<th>Method</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 am</td>
<td>Global level: About the Gavi CSO Constituency and Steering Committee</td>
<td>Existing global-level structures and resources of the Gavi CSO Constituency and Steering Committee</td>
<td>Amy Dietterich</td>
<td>Presentation followed by Q&amp;A</td>
<td>Shared understanding of current set-up of the global CSO constituency, how we work and how to engage</td>
</tr>
<tr>
<td>9:30 am</td>
<td>Regional level: About the Francophone regional CSO platform in West and Central Africa</td>
<td>Experience of the francophone CSO network for immunization advocacy in francophone African countries</td>
<td>Amy Dietterich</td>
<td>Presentation followed by Q&amp;A</td>
<td>Understanding of one example of regional cooperation for immunization advocacy</td>
</tr>
<tr>
<td>10:00 am</td>
<td>Results from mapping of Asia regional health initiatives</td>
<td>Sharing of results of mapping of Asia regional CSO networks in health-related sectors [presentation prepared by Dr. Dure Samin Akram]</td>
<td>Dr. Tareq Salahuddin</td>
<td>Presentation followed by Q&amp;A</td>
<td>Shared understand of current landscape of existing health-related Asia regional CSO collaborations with whom we could engage</td>
</tr>
<tr>
<td>10:30 am</td>
<td>Tea break</td>
<td></td>
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<tr>
<td>10:50 am</td>
<td>Financing in Immunization</td>
<td>Skype presentation</td>
<td>Paul Wilson, Assistant Professor, Columbia University</td>
<td></td>
<td>Exploring financing mechanism</td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
<td>Details</td>
<td>Presenter/Facilitator</td>
<td>Method</td>
<td>Outcome</td>
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<tr>
<td>11:30 am</td>
<td>BRAC experience of Resource Mobilization</td>
<td>The presentation will portray the success stories of BRAC</td>
<td>Dr. Kaosar Afsana</td>
<td>Presentation followed by Q+A</td>
<td></td>
</tr>
<tr>
<td>12 pm</td>
<td>Lunch</td>
<td></td>
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<tr>
<td></td>
<td><strong>Session 5: Outlining the Roadmap</strong></td>
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<tr>
<td>1 pm</td>
<td>Group work to outline key activities for each of the five agreed regional challenges</td>
<td>Participants will split into five small groups. Each group will focus on one priority and flesh out goals, key activities and next steps for that challenge. Groups will work for 45 minutes Groups should assume a resource neutral context, i.e. working within current resource levels</td>
<td>Facilitator for each group identified ahead of time Meeting facilitator to circulate among groups and get a feel for what is bubbling up Groups will be facilitated by: • Dr. Dorothy Esangbedo • Dr. Naveen Thacker • Amy Dietterich • Hamzah Mangal Zekrya • Dr. Tareq Salahuddin</td>
<td>Group work</td>
<td>Proposed goals, activities and next steps for each of the five challenge areas</td>
</tr>
<tr>
<td>1:45 pm</td>
<td>Plenary session to present each group’s thinking around the goals, activities and next steps for their group</td>
<td>Each group will have 5 minutes to present, followed by plenary discussion for 10 minutes per group Rapporteurs from each group to present</td>
<td>Facilitated plenary session</td>
<td></td>
<td>Agreed first draft of roadmap, to be further refined by</td>
</tr>
</tbody>
</table>
challenge area | minutes to refine the groups’ thinking and begin to flesh out a draft roadmap | Facilitator to keep time and maintain pace of discussion | consultant and participants

| 3 pm | Tea break |  |

**Session 6: CSO Activities**

<table>
<thead>
<tr>
<th>Time</th>
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<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:30 pm</td>
<td>Wrap up session</td>
<td>After comments from Gavi partners and donors, there will be a half an hour wrapping up using the roadmap and responsibilities with timelines.</td>
<td>Facilitator to ensure representation from CSO Constituency, CSO Reps, Gavi, donors, Brac etc.</td>
<td></td>
<td>This session will try to chalk out clearly the NEXT STEPS for designing the roadmap at resource neutral context, i.e. working within current resource levels and ensuring sustainability.</td>
</tr>
<tr>
<td>5 pm</td>
<td>Closing and thank you</td>
<td></td>
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</tbody>
</table>

Annex 9 – Roadmap Matrix
## Identified challenge – Sustainable Financing for Immunization

### Goal – To enhance and sustain immunization coverage

<table>
<thead>
<tr>
<th>Serial</th>
<th>Proposed activities</th>
<th>Deliverables</th>
<th>Timeline</th>
<th>How to measure the progress</th>
<th>What does your organisation commit to doing? Please list name of organisation and commitment.</th>
<th>Name of lead contact person at organisation, and email</th>
</tr>
</thead>
</table>
| 1      | Policy advocacy for gradual increase of annual budget for immunization. Advocacy should be targeted at: decision makers, such as politicians, MPs, bureaucrats, ministers, and high levels (like the Prime Minister). | • Budget advocacy training workshop for the CSOs  
• Budget advocacy press conference  
• Memorandum submission to the Parliamentary Standing Committees | 3 years | Increased budgetary allocation for immunization | | |
| 2      | Reviewing countries’ health policies and include immunization issues in these policies. | • Review of health policy / Watchdog report  
• Submission of recommendation to the Health ministry | 1 year | Incorporation of recommendations in the health policy | | |
<p>| 3      | Ensuring universal health coverage and health insurance. | • Pressure by the UN agencies (WHO, | 5 years | Increased coverage of | | |</p>
<table>
<thead>
<tr>
<th>Serial</th>
<th>Proposed activities</th>
<th>Deliverables</th>
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<th>How to measure the progress</th>
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</thead>
<tbody>
<tr>
<td>4</td>
<td>Increasing CSO engagement – even in resource-neutral contexts.</td>
<td>• Engaging voluntary organizations in immunization</td>
<td>3 years</td>
<td>More CSOs working for immunization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Resource mobilization from alternative sources, e.g. endowment fund and philanthropic lottery, religious funds, private sector</td>
<td>• Sensitizing donor community • Lottery approved by the government • Lobbying with the religious leaders</td>
<td>3 years</td>
<td>Allocation of funds from the alternative source</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Discussing the issues in the regional forums and revitalize for the way forward</td>
<td>• Organizing pre-conference workshops with CSOs</td>
<td>5 years</td>
<td>Reflection in the report and recommendation</td>
<td></td>
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</tbody>
</table>

**Identified challenge – Equitable Coverage**  
**Goal — To ensure equitable coverage of immunization**

<table>
<thead>
<tr>
<th>Serial</th>
<th>Proposed activities</th>
<th>Deliverables</th>
<th>Timeline</th>
<th>How to measure the progress</th>
<th>What does your organisation commit to doing? Please list name of organisation and commitment.</th>
<th>Name of lead contact person at organisation, and email</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Conducting desk review to gather overall information in the region with extensive and authentic research that will be accessible by all</td>
<td>• Conducting research, meta-analysis • Producing geographic coverage</td>
<td>3 years</td>
<td>Desk review done and widely accepted by the stakeholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serial</td>
<td>Proposed activities</td>
<td>Deliverables</td>
<td>Timeline</td>
<td>How to measure the progress</td>
<td>What does your organisation commit to doing? Please list name of organisation and commitment.</td>
<td>Name of lead contact person at organisation, and email</td>
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</tr>
<tr>
<td>2</td>
<td>Extensive mapping of stakeholders in the field of immunization</td>
<td>• Stakeholder mapping</td>
<td>1 year</td>
<td>Increase in the involvement of the stakeholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gap identification to increase the immunization coverage</td>
<td>• Conducting research that will explicitly identify the gaps</td>
<td>3 years</td>
<td>Reducing the identified gaps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Issue prioritization in resource-constrained situations</td>
<td>• Multi-stakeholder meetings and workshops and submission of recommendation on the priority</td>
<td>2 years</td>
<td>Identified priority addressed by the government</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Defining the target population</td>
<td>• Sensitizing family, school (primary + secondary population)</td>
<td>3 years</td>
<td>Proactive families, religious leaders and institutions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Defining an Action Plan with the focus of service delivery, advocacy, monitoring and evaluation, sustainability, access</td>
<td>• Country / regional action plan</td>
<td>2 years</td>
<td>Rolling out of the plan in the health sector / policy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Serial** | **Proposed activities** | **Deliverables** | **Timeline** | **How to measure the progress** | **What does your organisation commit to doing? Please list name of organisation and commitment.** | **Name of lead contact person at organisation, and email**
--- | --- | --- | --- | --- | --- | ---
1 | Engaging with regional bodies, including SAARC / ASEAN / APEC, to increase political will and advocacy | • Lobbying with regional network | 5 years | Regional network proactive for immunization issues |  | 
2 | Working with parliamentarians to sensitize them to importance of health systems and immunization | • Sensitization workshop with the Ministers, Parliamentary standing committee members  
• Alliance with All Party Parliamentary Groups (APPG) | 5 years | More political leaders speaking for immunization issues |  | 
3 | Developing regional briefs on immunization status and send to key ministers (Health, Finance) in each country to make them aware of the situation | • Policy brief, evidence based information | 2 years | More regional information available |  | 
4 | Participating in WHO-SEARO meetings – specifically in CSO forum (also in EMRO + WPRO) as a formal engagement | • Lobbying with WHO | 2 years | WHO proactive for immunization issues |  | 

**Identified challenge – Political Will and Advocacy**

**Goal — To increase the political will by advocacy in different forum**
<table>
<thead>
<tr>
<th>Serial</th>
<th>Proposed activities</th>
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<th>Timeline</th>
<th>How to measure the progress</th>
<th>What does your organisation commit to doing? Please list name of organisation and commitment.</th>
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<tbody>
<tr>
<td>5</td>
<td>Engaging with Asian Development Bank, advocating for inclusion of immunization in reporting indicators for all health programs as they are extensively involved with immunization programs</td>
<td>• Workshop, meeting • Setting targets • Strategic direction • Visible increase of allocation</td>
<td>3 years</td>
<td>Measuring the target achievement in line with strategic direction</td>
<td></td>
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<tr>
<td>6</td>
<td>Engaging in regional inter-sectoral meetings and lobby different stakeholders like Gavi, WHO, Unicef, the World Bank and various CSO platforms to bring together ministers of planning, Finance, health etc.</td>
<td>• Workshop, meeting • Setting targets • Strategic direction • Visible increase of allocation</td>
<td>3 years</td>
<td>Measuring the target achievement in line with strategic direction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Working with the private sector</td>
<td>• Lobbying with Pharmaceutical companies to work on vaccine issues • Potential goodwill ambassador</td>
<td>5 years</td>
<td>Private sector more proactive on immunization issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serial</td>
<td>Proposed activities</td>
<td>Deliverables</td>
<td>Timeline</td>
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</tr>
<tr>
<td>1</td>
<td>Identifying the low coverage areas</td>
<td>• Updating the coverage map with an emphasis of pocket area of low coverage</td>
<td>2 years</td>
<td>Coverage in the pocket area increased due to identification</td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td>Conducting situation analyses to identify gaps and understand why people are not taking children for vaccination</td>
<td>• Situation analysis report by CSOs</td>
<td>2 years</td>
<td>Issues mentioned in the report addressed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Developing IEC/BCC materials targeted at the vaccinators, the media, peer groups, religious leaders etc.</td>
<td>• Developing new IEC/BCC materials • Use of existing materials</td>
<td>1 year</td>
<td>More IEC/BCC materials available for use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Identifying the myth spreaders and address them accordingly</td>
<td>• Engaging the champions and celebrities • Goodwill ambassadors • Media fellowships</td>
<td>5 years</td>
<td>Increased coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Monitoring and evaluation of interventions. If coverage rates increase, report this to the</td>
<td>• Producing monitoring report on immunization coverage</td>
<td>2 years</td>
<td>Increased coverage</td>
<td></td>
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</table>

**Identified challenge – Parental Education and Card Retention**

**Goal – To increase retention of immunizations cards by enhanced parental education**
<table>
<thead>
<tr>
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<tr>
<td></td>
<td>community – that is the way to celebrate the success ultimately. That could be in fact used to motivate the community again</td>
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</table>
| 6      | Increasing retention of immunization card; School authority to keep the immunization cards of the students and teachers will educate the parents in this regard. | • School registry  
• Electronic record system  
• Single registry  
• Advocacy with parents | 5 years | Improvement in the record system |                                                                                 |                                                 |
| 7      | Engaging the celebrities to motivate/make parents aware of the importance of the immunization cards | • Goodwill ambassadors  
• Identifying champions and recognizing them  
• Media follow-up | 5 years | More media engagement |                                                                                 |                                                 |
|        | **Identified challenge – Increasing CSO Capacity**  
**Goal – To increase the capacity of the CSOs to work for immunizations** |              |          |                             |                                                                                 |                                                 |
| 1      | Providing trainings, orientations to service providers, activists (i.e. Update, refresher etc.) knowledge and experience sharing (regional) | • Exchange of regional experience  
• Exchange visits  
• Government training | 5 years | Exchange visits |                                                                                 |                                                 |
<table>
<thead>
<tr>
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<th>Deliverables</th>
<th>Timeline</th>
<th>How to measure the progress</th>
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</thead>
</table>
| 2      | Engaging CSOs in different platforms | • Support to local administration  
• Support from CSO Steering Committee of Gavi | 2 years | More CSO engagement on the issues | | |
| 3      | Developing appropriate human resource | • Training of CSO members on immunization | 5 years | Increased trained human resource and they are getting priority in monitoring | | |
| 4      | Exploring self-income generating activities by CSOs | • Distributing cards | 3 years | More CSOs are coming with new initiatives | | |
| 5      | Making networks with different donors | • Local Consultative Group (LCG)  
• Involving iNGO forum | 2 years | More support from the donor side | | |