

CSO fact sheet – final

CSO involvement in immunisation and child health

Civil society organisations (CSOs) have a long history of involvement in public health and community mobilisation. Their work increases access to health care and is often targeted to people that, for geographical, socioeconomic or cultural reasons, are the hardest to reach. Civil society complements and extends the reach of public health services.

CSOs are important partners in achieving the 'unfinished agenda' – reaching the hard-to-reach, the last 10, 15 or 20% of the population in many GAVI-eligible countries that remain unimmunised – a key goal of the Global Immunization Vision and Strategy (GIVS).¹ Increasing immunisation and child health also contributes to reaching internationally agreed Millennium Development Goals.

CSOs include nongovernmental organisations, community based groups, academic institutions, professional organisations, faith-based organisations, women's organisations as well as technical and research institutions.

In many GAVI-eligible countries CSOs provide a large proportion of health services. CSO-run hospitals provide 43% of medical work in Tanzania, 40% in Malawi, 34% in Ghana, and 9% in Congo (DR). The figures for Asia are 15% for India (with over 200 CSO hospitals), 13% for Bangladesh, and 12% for Indonesia.²

CSOs are also strongly involved in vaccines, and in many countries they already deliver 10-60% of the immunisation services.³ The table below illustrates some concrete examples of CSO contributions.

Table: Examples of CSO contributions to immunisation programmes

Country	Proportion of routine immunisation delivered by CSOs
Cambodia	30% - to 40%
Bangladesh	8% - 12 %
Ghana	Up to 40%
Kenya	45% to 65% (Northern Kenya)

Source: *A Review to Identify the Role of Civil Society Organizations In Immunization*, Prepared for the GAVI Secretariat and the GAVI CS Task Team, Allan G. Bass, May 2006

¹ More information on GIVS is available at <http://www.who.int/immunization/givs/en/index.html>

² World Health Organization, *Annotated bibliography of selected research on civil society and health; Civil society – state interactions in national health systems*, R Loewenson, May 2003, page2

³ *A Review to Identify the Role of Civil Society Organizations In Immunization*, Prepared for the GAVI Secretariat and the GAVI CS Task Team, Allan G. Bass, May 2006

CSOs also play a key role in influencing decision-makers, donors and the media as well as in holding governments and international organisations accountable to the promises they make. The Millennium Development Goals and Global Health Partnership and initiatives all cite engagement with civil society as best practice in pursuit of national and community ownership.⁴

Kenya: African Medical and Research Foundation

African Medical and Research Foundation (AMREF) works within the Kenyan National Health Sector Strategy to increase access to immunisation and child health. The main way to achieve this is to strengthen the health system at the formal as well as the community levels, and facilitate linkages between the two.

On the system or supply side, AMREF works to build the capacity of health providers at various levels of the health system to deliver relevant and high quality services in an integrated manner. Specific activities include working with the Ministry of Health on strengthening health management and information systems (HMIS), training planners at district level, and testing models for bringing health services to nomadic populations.

With families and communities, or on the demand side, the organisation also implements a range of activities, including building a community health management information system. The system enables communities to know the health status of families in their community, to be aware of challenges and how to take action to meet these challenges. For example, through this system the community will be aware of families and villages that do not access immunisation, and will know how to take action, such as to call health workers to these villages or families to provide the service.

AMREF has a specific focus on hard-to-reach areas and works in more than 40 districts in the country. AMREF carries out operations research to create the necessary evidence for influencing policies and practice, and sits in key Ministry of Health policy-making and coordination bodies, representing health NGOs as the Health NGO Network Chair in the Health Sector Coordination Committee.

Malawi: Christian Health Association of Malawi

Christian Health Association of Malawi (CHAM) provides about 40% of health services in Malawi. CHAM is an umbrella body of the mission health units. CHAM has a membership of 171 health units.

CHAM trains nurses, medical assistants, clinical officers and laboratory

⁴ High Level Forum. Best practice principles for global health partnership activities at country level. 1-28. 2005. Paris. High-level forum on the health MDGs. In: Making Health Systems Work: Working Paper No. 4 WHO/EIP/healthsystems/2006.1, Opportunities For Global Health Initiatives In The Health System Action Agenda Making, Department of Health Policy, Development and Services Evidence and Information for Policy, WHO Geneva 2006

assistants. 77% of the graduates are absorbed by government. CHAM has 10 training colleges. One school trains psychiatric nurses.

CHAM is a major partner to the Ministry of Health in the provision of health services. The two parties have signed a memorandum of understanding which specifies the areas of cooperation. Besides CHAM there are other actors in the health sector and these include Malawi Health Equity Network, and Banja La Mtosgolo (reproductive health).

CHAM has an advocacy programme which aims to speak on behalf of the voiceless, ensuring that they are accessing basic health services. In addition the programme works to influence the national health agenda.

GAVI Alliance and civil society

Civil society is a key GAVI Alliance partner. CSOs have a seat on the Alliance board, and play key advocacy and service provision roles at country level. The GAVI Alliance Board has decided to invest US\$ 30 million for CSO support between 2007 and 2009. In early 2007, guidelines for the new GAVI support for civil society were made available. These provide details on the two types of CSO support that GAVI offers:

- Type A - support to strengthen coordination and representation of CSOs: available to all GAVI-eligible countries. A lump sum of between US \$ 10,000 and US \$ 100,000 is available to strengthen coordination among, and with, CSOs involved in immunisation, child health care, health system strengthening, and to enhance civil society representation in health sector coordination and interagency coordinating committees. There is no specific deadline, and eligible countries are encouraged to apply at their earliest convenience.
- Type B - support for CSOs to help implement the GAVI health system strengthening proposal or comprehensive multi-year plan: This funding is available to enable CSOs in a selected group of 10 pilot countries only to support the implementation of, or provide technical assistance to, activities in their health system strengthening proposals and / or comprehensive multi-year plans. The deadlines for 2008 are 7th March and 12th September.

In the period, 2007–2009, the 10 pilot countries are:

Afghanistan	Georgia
Burundi	Ghana
Bolivia	Indonesia
DR Congo	Mozambique
Ethiopia	Pakistan

More details are available in the guidelines and other supporting materials at <http://www.gavialliance.org/support/how/guidelines/index.php>

CSO Proposal development in Afghanistan

CSOs play a key role in providing health and immunisation services in Afghanistan, where poor infrastructure and persistent insecurity make service provision extremely difficult. CSOs provide all the health and immunisation services in 30 out of 34 provinces. As each CSO operates based on a formal agreement with the Ministry of Public Health (MoPH), the Ministry already has a good overview of CSOs involved in health. GAVI's Type A support for coordination will be used to refine this by identifying the CSOs specifically involved in immunisation and child health.

Encouraging the involvement of CSOs in GAVI proposal development, the MoPH involved CSOs in developing the GAVI Health System Strengthening proposal, where CSOs will play a key role. When the CSO proposal was developed, more than 800 CSOs were invited to participate in a workshop. Not all were interested in working on the specific issues, and after a selection process more than 40 CSOs involved in immunisation and child health attended the two-day workshop. MoPH and partners such as WHO, UNICEF, the World Bank and USAID facilitated the first workshop day. The workshop elected a CSO representative, who chaired the second day of the workshop and who will represent the country in the Global Civil Society Constituency. The workshop also further refined the scope of the proposals to two key issues within the country's GAVI Health System Strengthening proposal, ensuring that the two proposals are closely linked.

GAVI global civil society constituency

The GAVI Alliance also aims to stimulate the creation of a global civil society constituency. The main aim of creating this forum is to strengthen the voice of civil society in the GAVI Alliance and to have a more representative input from civil society into GAVI governance, policy development, and other processes. It provides a wide forum for dialogue with and among CSOs. Other partners in the GAVI Alliance are also developing more formal constituencies; examples include the vaccine industry as well as the developing country constituency.

Information current as of May 2008.