Issue 2, May 2012

The Civil Society Dose

A quarterly newsletter of the GAVI CSO Constituency

"The case studies in this issue of The Dose demonstrate the critical role of civil society in immunisation; not only their advocacy and policy engagement efforts, but also ensuring that vaccines are available to the difficult to reach communities."

- Dagfinn Høybråten
GAVI Board Chair

The Decade of Vaccines Collaboration: Moving from Inspiration to Operation

© UNICEF/Thomas Kelly

Table of Contents

Co-Introduction: From the Chair of GAVI CSO Constituency Steering Committee

Dr. Abdul Majeed Siddiqi
Head of Mission, Afghanistan and Pakistan, HealthNet TPO

Chair, GAVI CSO Constituency Steering Committee

I am pleased to introduce the second edition of the GAVI CSO Constituency's quarterly newsletter, *The Civil Society Dose*. With the support of civil society around the globe, we've come a long way in advocating for and working towards immunisation for every child. *The Dose* provides a forum to feature the role of CSOs in expanding access to, and the acceptability of, immunisation, as well as our role in health system strengthening.

The developing world faces many challenges in sustaining the implementation of routine immunisation, improving coverage rates and preparing ourselves to introduce new vaccines. More emphasis is needed on reaching the fifth child and addressing low resource/low capacity conditions. Certainly, we as a global immunisation community need to explore new ways of deepening collaboration with civil society and the private sector if we are to find sustainable ways of reaching every child with vaccines.

In this edition, we focus on the Decade of Vaccines (DoV) Collaboration and the Global Vaccine Action Plan (GVAP). What will it take to move the GVAP forward at the country level over the next 10 years, and how will we ensure a coordinated approach? These are questions that we can only answer together as a wider immunisation community.

It is an honour and an excitement to have Professor Pedro Alonso and Dr. Ciro de Quadros, co-Chairs of the DoVC, co-introduce The Dose. I would like to thank everyone who contributed to this edition and recognize the editorial team for their valuable work.

Co-Introduction: From the Co-Chairs of the Decade of Vaccines Collaboration

Prof. Pedro Alonso
Director, Barcelona Institute for Global Health

Co-Chair, Decade of Vaccines Collaboration

This issue of *The Civil Society Dose* focuses on the Decade of Vaccines (DoV) Collaboration and provides insights into what is needed to move the Global Vaccine Action Plan (GVAP) "from inspiration to operation." The mission of the DoV Collaboration is to extend, by 2020 and beyond, the full benefits of immunisation to all people, regardless of where they are born, who they are, or where they live. CSOs will play a critical role in helping to make this plan a reality through their interactions with a broad array of key stakeholders and their role in implementation and advocacy at the country level.

The discovery and development of new vaccines and immunisation technologies is important for this next decade. Yet, in order to have real impact, the disparities and inequalities that still exist must be addressed. For example, of the estimated 19.3 million children each year who have not received DTP3 vaccination, 96 percent live in low- and middle-income countries[1]

Vaccines are important for children as well as adolescents, pregnant women, the elderly—a full life course approach. Yet not everyone who needs a vaccine can afford it or has access to it. This is where CSOs worldwide will continue to play a critical role in helping to realize the goals outlined in the GVAP.

Continued…

1 Brown D., Burton A., Gacic-Dobo M., Karimov R. A summary of Global Routine Immunisation Coverage Through 2010. The Open Infectious Diseases Journal, 2011, 5, 115-117.

CSOs are key players in helping to reduce inequalities, interacting at many levels with individuals, communities, health workers, governments, and the international community. Through these multi-layered interactions, CSOs help to ensure that people who will benefit most from immunisation are able to access it. As service providers, public health educators, and advocates for the benefits of immunisation, CSOs can help make immunisation a priority. They can also be powerful advocates for increased resources for immunisation-- whether these funds are made available via domestic spending or through international development assistance.

CSOs must be supported to do this work—to develop and test innovative approaches to immunisation delivery for vulnerable populations; to help communities track progress and hold governments and other stakeholders accountable for providing high-quality immunisation services; and to collaborate within and across countries to share strategies and build momentum for improved health and immunisation outcomes.

If we are to make the next decade the Decade of Vaccines, we need CSOs to be a fully present actor promoting transparency and accountability and ensuring that immunisation services reach those who need them most. The role of civil society in the implementation of this ambitious plan will be vital to its success.

Dr. Ciro de Quadros
Executive Vice President, Sabin Vaccine Institute

Co-Chair, Decade of Vaccines Collaboration

Note from the Editors:
One GVAP, 194 WHO Member States

Dear Readers,

First and foremost, thank you! We have been greatly enthused by the excitement and buzz that accompanied the first edition of *The Dose*, as well as the eagerness to contribute to future issues. We're pleased to feature articles from a wide range of CSO Constituency members and partners in this second issue, including some hot-off-the-presses new research findings around the drivers of routine immunisation systems in Africa and insights into how to improve vaccine logistics systems in Mozambique, to name just a few.

The theme of this edition of *The Dose* – "The Decade of Vaccines Collaboration: Moving from Inspiration to Operation" is not a coincidence. The long-awaited Global Vaccine Action Plan (GVAP) is up for approval at this Month's World Health Assembly, from 21 to 26 May. GAVI Civil Society has been very involved throughout GVAP development. From participating in DoV working groups and GVAP consultations to attending monthly teleconferences and making a statement at the WHO Executive Board session this past January 2012 (thanks to Save the Children UK), civil society has put its mark on the GVAP. We now turn our attention to advocating for its adoption by WHO member states and thinking about how this high-level document will be translated into 194 country-level implementation plans that can be monitored and reported on through 2020.

We would like to recognize all authors who contributed to this issue; thank you for sharing your work and your learning!

-Your editorial team

"Thought is the wind, knowledge the sail, and [hu]mankind the vessel."
– A.W. Hare

Leah Hasselback
Mozambique Country Director, VillageReach

Case Study: Improving Vaccine Logistics in Mozambique

Ministries of Health are often divided into dozens of different departments, each focusing on a specific program. All of those are brought to life by health workers at a rural health facility. Health workers are trained to identify disease, treat patients, vaccinate children and monitor their growth, etc. Due to a lack of transport and other resources in higher tiers of the health system, health workers are often also tasked with collecting their own vaccines and supplies-- an activity they don't have the resources or training to do.

This is the situation that VillageReach encountered in Mozambique when we began working there in 2002. The logistics system was designed based on a traditional structure in which vaccines are passed from the national level to the province, then to the district and finally to the health centre. This structure looks very good to a planner at the national level, but as you move down the chain the available resources become fewer and fewer, making vaccine distribution more and more challenging. This inspired us to look at logistics from the bottom up.

The result of this bottom-up perspective was a redesign of the vaccine logistics system so that a specialized logistics resource at the provincial level – called a field coordinator – was responsible for distributing vaccines to every health facility on a monthly basis. In Cabo Delgado province, that meant instead of needing 17 trucks to get the job done every month, they needed only three. We operated a demonstration project with this system for five years. The result was an increase in DPT-Hep B3 coverage rates from 68% to 95%, and a decrease of vaccine stock outs from a high of 80% to routinely below 1%. As the field coordinator also performed supportive supervision and data collection, we also saw a 56% improvement in the cold chain operation. These results came at a 20% increase in cost-effectiveness.

This demonstration proved that a focus on logistics can have a big impact on health outcomes and served as the evidence needed to expand the logistics system to additional provinces in Mozambique. With provincial government support and resources, the system has now been implemented in five of Mozambique's 10 provinces.

As we move from inspiration to operation in the Decade of Vaccines collaboration, this case study is an inspiration for innovative operations.

Kossia Yao
ADVIM Project Coordinator, Agence de Médecine Préventive

Case Study: Supporting Advocacy for Immunisation Financing in sub-Saharan Africa through Innovative Micro Projects

The Agence de Médecine Préventive (AMP) strongly believes that advocacy for immunisation is critical to sustain past immunisation gains and to enable the introduction of new and underused vaccines. That's why AMP, through its ADVIM project, is working with three West African countries—Benin, Burkina Faso, and Côte d'Ivoire—to develop advocacy for immunisation financing at all levels of the health system.

Established in 2009, the project involves three main phases or activities: 1) situation analysis of existing national advocacy capacity, development of an advocacy resource base (online platform), and partnership building; 2) capacity strengthening through tailor-made, blended training and development of advocacy micro projects; and 3) creation of an advocacy model that can be rolled

Continued…

across sub-Saharan Africa and transfer of training program to regional public health institutions.

All advocacy activities are country-led and developed in collaboration with ministries of health, finance and planning, the World Health Organisation (WHO), United Nations agencies, the West African Health Organisation (WAHO), civil society organisations (CSOs), and the private sector. The EPIVAC Network (EPINET), a group of 400 health professionals involved in immunisation in sub-Saharan Africa, provides local expertise and support for studies and advocacy micro projects.

Currently, 19 such projects covering 10 themes are being implemented in the three participating countries. Projects are targeted at the public and private sector, CSOs, and the community. In Côte d'Ivoire one innovative project advocates for ongoing financial support from coffee and cocoa associations for district-level immunisation activities through a tax on coffee and cocoa. Another project involves advocacy for continuous financial contribution from local agro-industrial partners to strengthen Expanded Program on Immunisation (EPI) logistics in the Aboisso health district. In Benin, a micro project aims to encourage local partners (managers of faith-based and humanitarian health centres) to mobilize resources for immunisation activities. Over in Burkina Faso, a project has been developed for the systematic consideration of immunisation activities in the budget of the central regional council. Results of all micro projects are expected later in the year. ADVIM is financed by the Bill & Melinda Gates Foundation.

Marjorie Nicol
ADVIM Project Operations Manager, Agence de Médecine Préventive

Dorothy Leab
ADVIM Principal Investigator, Agence de Médecine Préventive

Editorial: The Global Vaccines Action Plan: Why Equity Must Be the Top Priority

At the World Health Assembly (WHA) this May, Member States have the opportunity to ratify a resolution on the Decade of Vaccines and the Global Vaccine Action Plan (GVAP). The GVAP asserts the goal of universal access to the full benefits of immunisation. Vaccination works and every child has the right to benefit from it. In order to realise this right and to ensure justice in immunisation, equity gaps in coverage must be addressed.

Despite huge progress in vaccination coverage, almost a fifth of children do not receive three doses of diphtheria, tetanus and pertussis-containing vaccines (DTP3). In Save the Children UK's recent report, produced with ACTION, we explore who these 19.3 million children are. We find that they are not a random selection, rather, their lack of access to DTP3 corresponds with gross inequalities both between and within countries.

Coverage rates are lowest in poor countries. Ninety percent of children without DTP3 are in low- and middle-income countries, and most of them are in south-east Asia and Africa[1], with more than one-third concentrated in India alone.

Inequalities within countries are even more profound. A child's immunisation status is strongly associated with their household wealth, mother's education and urban/rural location. For instance, where inequalities are widest, the poorest children are three times less likely to receive DTP3 than the richest. In Nigeria this ratio rose to 1:9 in 2008. The child of a mother with secondary education is twice as likely to receive DTP3 than one with no education. [2] A similar trend is found between urban and rural areas.[3]

Continued…

Lara Brearley
Health Policy & Research Adviser, Save the Children UK

The pattern of progress varies widely across countries, with DTP3 coverage gaps growing in some countries despite increased national coverage. The synergy between immunisation coverage and poverty exacerbates health outcomes and inequalities for children who need vaccines most.[4]

There is both a moral imperative and an economic case to address inequalities in immunisation coverage, while maintaining high national coverage. Understanding the factors that influence why children are not fully immunised is imperative to addressing such inequalities. Immunisation strategies and strengthened health systems are essential to expand coverage progressively, but overcoming such inequalities also requires wider efforts to address the social determinants of health[v].

Member States and GAVI must seize this opportunity to assert a common commitment to address inequities in access to vaccination – as part of a package of essential health interventions – and take steps to translate the GVAP into a country-owned strategy.

1. Using WHO regions.
2. In countries where inequalities in immunisation coverage by mother's education are widest.
3. In countries where inequalities in immunisation coverage between rural and urban areas are widest.
4. Victora, C.G., Wagstaff, A., Armstrong Schellenberg, J., Gwatkin, D., Claeson, M., Habicht, J.P., 2003. Applying an equity lens to child health and mortality: more of the same is not enough. Lancet, 362, pp.233-41.
5. Whitehead, M., Dahlgren, G. and Gilson, L., 2009. Developing the policy response to inequalities in health: A global perspective. In: T. Evans, M. Whitehead, F. Diderichsen, A. Bhuiya, and M. Wirth, ed. 2009. Challenging inequities in health. Oxford: Oxford University Press. , pp.309-323.

Rebecca Fields
Senior Technical Advisor for Immunisation, John Snow, Inc.

Anne LaFond
Senior Evaluation Advisor, John Snow, Inc.

Research Corner: Recent Findings from the Africa Routine Immunisation System Essentials (ARISE) Project

With global immunisation rates for DTP3 estimated at 85%, it is strategic that the Global Vaccine Action Plan highlights the need to extend immunisation benefits equitably to all people and calls on individuals and communities to value immunisation as a right and a responsibility. The potential of CSOs to play a vital role in these aspects of GVAP implementation is substantial, as suggested by recent findings from the Africa Routine Immunisation System Essentials (ARISE) project.

Managed by John Snow, Inc. and supported by the Bill & Melinda Gates Foundation, ARISE's mandate is to assemble the evidence on what drives improvements in routine immunisation (RI) performance in Africa. To do so, ARISE conducted a landscape analysis followed by in-depth studies in three countries: Cameroon, Ethiopia and Ghana, representing varied geographic, linguistic, and economic circumstances. These countries were selected as "positive change countries" that had both increased DTP3 coverage over the past decade and sustained it at levels above the regional average.

The in-depth studies used an assets-based approach to identify the factors that contributed to RI coverage improvements and how and why they worked. In each country, three districts were selected in which DTP3 coverage had increased from 65-70% in 2007 to over 80% by 2010. For comparison, one "steady" district per country with a similar baseline but unchanged coverage was also selected.

Continued…

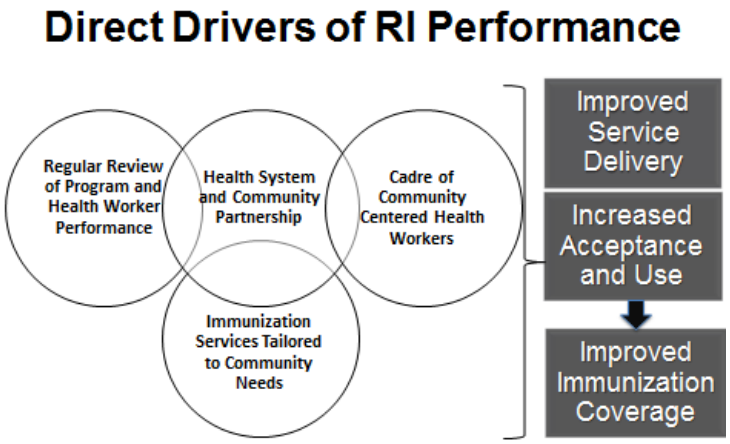
Synthesized findings across the three countries identified six drivers of RI improvement that were common in the districts where coverage improved, but only weakly present or absent in the steady districts. These drivers appeared to be interconnected and mutually supportive in achieving results, as shown in the figure. In summary, the direct drivers of improved RI performance are:

- Regular review and feedback on program and health worker performance
- Partnerships between health systems and communities
- Cadres of community-centred (paid) health workers, and
- Immunisation services tailored to community needs.

Two additional drivers enabled the above drivers to function:

- Political and social commitment to RI
- Supportive actions of development partners.

The importance of the community is prominent. While CSOs were not directly studied, a secondary analysis showed



consistently that CSOs mobilized community support, traced defaulters, successfully persuaded those who resisted immunisation, helped to plan outreach sessions, sometimes contributed material resources, and helped to secure local political support for immunisation. CSOs were integral to transforming these districts from strong to very strong RI performance. That role is likely to become more important as the GVAP is implemented.

Immunisation Events: Nigeria Vaccine Summit

Dr. Adenike Grange
GAVI CSO Steering Committee

Nigeria's birth cohort is about six million annually, but tragically, over one million children die each year from conditions that can easily be prevented by vaccination. This constitutes an irreparable loss to families, communities and the country at large. Vaccination delivery efforts have met with several challenges preventing the achievement of set targets for both routine immunisation and supplemental campaigns. To address these issues, Nigeria's first-ever National Vaccine Summit was held on 16-17 April, 2012, bringing together leaders from across the country.

The Summit was jointly organized by the Federal Ministry of Health and the National Primary Health Care Development Agency, together with the Paediatric Association of Nigeria, John Hopkins International Vaccine Access Centre, World Health Organization Nigeria, UNICEF Nigeria, National Orientation Agency, Nigeria Television Authority, National Council for Women Society in Nigeria, Rotary International, USAID, VNDC, SLNI, CHESTRAD, Pharmaceutical Society of Nigeria, Health Reform Foundation of Nigeria,

Continued…

Solina Health, GlaxoSmithKline, Novartis, Pfizer, MSD MERCK, Zolon Healthcare and First Bank of Nigeria Plc, with support from GAVI Alliance and Bill and Melinda Gates Foundation.

The summit aimed to mobilize stakeholders from health and other sectors to work together to review of policies, strategies and activities in order to improve access to immunisation, reduce child mortality and promote economic prosperity both in the short- and long-term. The agenda included the emergency issue of eradicating polio in Nigeria; health system synergies between routine immunisation and polio eradication; the impact on health systems of introducing new vaccines; public-private partnerships for immunisation; and the roles of Legislators as immunisation champions. The Summit also included a GAVI large country task team (LCTT) meeting with CSOs.

Specific summit outcomes included a call to action containing the following:

- Commitment of Nigerian policy makers, leaders and other partners from across civil society, traditional and religious sectors to ensure improved access to immunisation and to quality healthcare at primary and referral healthcare facilities in their communities;
- Development of a public-private partnership sector that would provide sustained vaccine financing from within the country's borders;
- Establishment of a Nigerian Alliance for Vaccines and Immunisation (NAVI).

In addition, the First Lady of Nigeria announced a plan to convene a biannual African Vaccine Summit in order to measure progress against milestones set forth by the Decade of Vaccines.

200+: Getting To Know the GAVI CSO Constituency

In this section, which will become a regular part of *The Dose*, we are pleased to introduce organisational members of the GAVI CSO Constituency. With more than 200 members, we trust this will be a dynamic way to get acquainted with vaccine advocacy colleagues across the globe. If your organisation would like to be featured, get in touch! (Contact information for *The Dose*'s editorial team is listed on the back page).

Profile 1: Asociación Mexicana de Vacunología (AMV)

Dr. Rodrigo Romero Feregrino
Secretario, AMV

AMV was founded 10 years ago and currently has approximately 200 members, all of whom are physicians. Our goal is to raise awareness of the importance of vaccines among health professionals and the general population in Mexico, especially as we are currently facing a vaccine-acceptability challenge. We are aligned with Mexico´s National Confederation of Pediatrics and the Mexican Society of OBGYNs and provide training courses to paediatricians on increasing vaccine acceptability and uptake in all five zones of Mexico. In addition, we are a member of the Mexican Immunisation Coordination Committee (ICC).

AMV in partnership with Mexico´s National Confederation of Pediatrics is currently organizing the “National Movement for Vaccination Victory” campaign in Mexico. The campaign’s principal objective is to create a culture of vaccination and prevention in the Mexican population by involving every citizen to increase immunisation awareness and vaccine coverage. Campaign tools include a web site, the use of social media, and medical education seminars to associations around the country.

We aim to demonstrate that today in Mexico, we are working towards better, healthier lives for our children and for the country as a whole. AMV sees this as the first step in a paradigm shift in our country’s, and the world’s, health care.

Profile 2: American Academy of Pediatrics (AAP)

The American Academy of Pediatrics (AAP) is a US-based membership organization of 62,000 paediatricians and paediatric medical and surgical specialists dedicated to children's health. AAP works to improve the health of all children around the world in partnership with other national and regional paediatric associations. The Academy also seeks to address the educational needs of child-health clinicians and to help improve health care systems serving children and youth.

AAP recently launched a major new effort in global immunisation. With support from the Bill and Melinda Gates Foundation and the UN Foundation, and in partnership with the International Pediatric Association (IPA), we are working to accelerate paediatric advocacy for global immunisation efforts, focusing on support for polio eradication, commitments to GAVI, and measles/rubella elimination. We support the Global Polio Eradication Initiative and the goals of the WHO emergency declaration on polio, and AAP and IPA have become partners in the newly expanded Measles and Rubella Initiative. We are also strong proponents of the GAVI Alliance's mission to increase access to new and under-used vaccines.

AAP is working to support paediatricians and other child health clinicians as immunisation champions, and to provide them with tools and materials to support proactive advocacy to increase awareness of global vaccine issues at both the national level and in local communities. We believe paediatricians across the globe must play an integral part in the Decade of Vaccines and are actively working to provide paediatric leaders with the tools they need to support the Global Vaccine Action Plan and advocate for strategies that integrate immunisation activities with sustainable child-survival programmes and health care delivery systems.

We recognize the urgent need for countries to close funding gaps needed to ensure that every child has access to essential vaccines and are committed to mobilizing paediatric leadership to address this challenge. Countries must fulfil their political and financial commitments to vaccine initiatives if we hope to meet global health goals for children and their families.

Errol Alden, MD, FAAP
Executive Director, American Academy of Pediatrics

Jonathan D. Klein, MD, MPH, FAAP
Associate Executive Director, Director of Global Health, American Academy of Pediatrics

Profile 3: Ghana Coalition of NGOs in Health (GCNH)

The Ghana Coalition of NGOs in Health (GCNH) is a reputable CSO established in 2000 as an umbrella organisation and coordinating body of all registered NGOs/CBOs in the health sector in Ghana. GCNH currently has a membership of over 400 registered local NGOs/CSOs/CBOs, with regional branches and offices in all 10 regions of the country. Our mission is to provide public health and safety interventions across the nation through evidence-based advocacy, empowerment of members, innovative programming, organisational development and behaviour-change communication.

Our governance structure is comprised of the General Assembly, Board of Trustees and the regional executive committee. The 15-member Board of Trustees formulates policies and gives directives to advance the aims and objectives of the coalition, subject to adoption and approval after due consideration of the General Assembly. The management structure is responsible for policy and program implementation.

GHANA COALITION OF NGOs IN HEALTH

Patricia Porekuu
National Coordinator, GCNH

GAVI CSO Constituency contact information

GAVI CSO Constituency Communications Focal Point

Email
amy.dietterich@ ifrc.org

Tel.
+41 (0)22 730 4527

Website
www.gavicso.org

The Dose editorial team:

Rosemary Anderson Akola
Sabrina Bakeera-Kitaka
Amy Dietterich
Mayowa Joel
Clarisse Loe Loumou

About the Constituency

The GAVI CSO Constituency consists of a broad network of over 200 CSOs. The Constituency – which adopted a Charter in December 2010 outlining how it functions – consists of two layers: a broad civil society forum and a core CSO Steering Committee. Find us on the web at http://www.gavicso.org/.

The forum functions through periodic in-person meetings and a general email listserv at gavi-cso-constituency@googlegroups.com where ideas, information and new developments are exchanged and debated. Any immunisation- or health-focused organisation is welcome and encouraged to join this group.