

Immunisation Advocacy Goals

Prepared by the GAVI Alliance Civil Society Constituency ■ December 2012

GAVI CSO

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The following five advocacy goals have been identified by the GAVI Civil Society Constituency as the basis for advocacy around expanded access to vaccination at the country level. We as a community will structure our advocacy work around these goals and encourage other actors, national platforms and global advocates to make use of them. While these are our shared goals, we recognise that organisations and communities will have different approaches to achieve these goals.

The set of objectives proposed under each goal is a menu of suggestions. Analysis and debate, especially in a national context, are critical and we encourage you to tailor these priorities and objectives to your unique circumstances and needs. We hope that this document is helpful to both GAVI-eligible and non-GAVI eligible countries.

We encourage organisations to work in cooperation with country- and community-level partners—including national civil society organisation (CSO)/non-governmental organisation (NGO) platforms, community-based CSOs, international NGOs with a country presence, WHO, UNICEF, Ministries of Health, Ministries of Finance, parliamentarians and professional bodies (paediatric associations, associations of nurses and midwives) — towards these goals.

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Every child, woman and man receives life-saving vaccines and there is equitable progress towards achieving the universal right to immunisation.

Under the UN Convention on the Rights of the Child, access to health, health-care and vaccination is the inalienable right of every child. Vaccination must not be restricted to those lucky enough or rich enough to receive it. It is a shared duty – especially for national governments – to ensure that this right is guaranteed universally and without discrimination.

Governments have an obligation to respect, protect and ensure the right to immunisation. Where this right is not universally realised, progress towards it must be equitable. In most GAVI-eligible countries (and many non-GAVI eligible countries), immunisation rates differ across social groups, with the poorest, most marginalised and excluded children missing out. Often, family income and ethnicity influence whether children are vaccinated.¹ Disaggregated data, rather than national averages, is essential for planning and advocacy.

Proposed Objectives and Methods



- *Make use of international agreements, national laws and justice systems to challenge failure to ensure immunisation. Advocate for the creation of legislation that guarantees vaccination.*
- *Advocate for universal approaches that guarantee high-quality vaccination for a country's entire population. Promote the importance of vaccination as a proven and cost-effective core health entitlement.*
- *Advocate for the removal of financial obstacles which exclude the poor, such as transport costs to health centres and informal payments for health services.*
- *Ensure that action and legislation target the poorest and most marginalised first, including remote communities, and that civil society is involved in the mobilisation of, and delivery to, hard-to-reach communities.*
- *Mobilise and empower communities to demand and claim their right to vaccination and health.*

¹ UNICEF report 'Narrowing the gaps to meet the goals' (Sept 2010).

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Access to immunisation is expanded through genuine country ownership and good global governance in which the priorities of populations in high-burden areas drive the agenda and progress is measured annually as part of Global Vaccine Action Plan (GVAP) implementation.

For sustainable improvements, there must be genuine country ownership of decisions that affect local populations. Multi-stakeholder dialogue in which civil society plays a key part is critical in holding governments to account. GAVI and other external donors must implement the Paris Declaration on Aid Effectiveness meaningfully to ensure that support is aligned with national plans and harmonised to reduce the bureaucracy of aid.

In policy and practice GAVI must ensure developing country interests drive every aspect of its work.

Proposed Objectives and Methods



- Demand that national governments make evidence-based and sustainable decisions about new vaccines. Ensure that donations and temporary price reductions do not distort priorities.
- Ensure that GAVI and other donors support immunisation activities under the umbrella of national plans.
- Ensure that communities and CSOs are represented on national inter-agency coordination committees and health-sector coordination committees, and are present at all immunisation-related discussions.
- Ensure that CSOs are represented on global-level immunisation and health-system strengthening task teams, and strategic and monitoring bodies.
- Ensure that the voice of GAVI-eligible countries is powerful within GAVI and that global support is driven by country needs.
- Ensure that the private sector is appropriately engaged and well-regulated.
- Advocate for strong conflict-of-interest management processes within GAVI, and full transparency in decision-making.
- Encourage national governments to make evidence-based and sustainable decisions about introducing new vaccines, ensuring that donations and temporary price reductions do not distort priorities and that national health systems have the capacity and sustainable resources to deliver new vaccines.
- Strengthen the capacity of southern- and community-based advocates to lead their own advocacy at national and international levels.
- Hold governments accountable for delivering on commitments agreed-upon in the GVAP, including during annual update processes. CSOs should be included in country- and global-level GVAP assessments and discussions.

Full funding for universal access to immunisation is raised in a sustainable manner.

Vaccination needs greater resources if universal access is to be achieved. There remains a large gap between available resources and need. In many countries, the majority of funding for immunisation comes from national government budgets. GAVI and other donor support is catalytic but sustainable sources of funding for immunisation must be found.

Whilst calling for greater investments in immunisation, we need to make sure that these funds are provided appropriately, raised and spent equitably, and that they support the full costs of vaccination, including health systems costs.

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Proposed Objectives and Methods



- Advocate for countries to meet agreed-upon financing commitments to generate more resources for immunisation through fair taxation (both corporate and individual), innovative mechanisms and national social health insurance. Support innovative financing and opportunities for resource mobilisation.
- Advocate for predictability of funding and for donors to meet GAVI pledges and agreed-upon financing commitments. GAVI should in turn disperse funding in a timely manner and according to country-level processes and timelines.
- Recognizing that GAVI does not support all EPI vaccines, ensure that donors meet their obligations to support immunisation in developing countries as part of larger aid obligations. Ensure that aid is given free of conditions and in line with the Paris and Accra Principles.
- Advocate for an appropriate and timely transition from GAVI and donor support to country self-reliance.
- Ensure that full funding is available to support CSO activities, including community empowerment, watchdog functions, demand raising, promoting vaccine acceptability and service delivery.

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Appropriate vaccines and delivery mechanisms are available at prices that are affordable, acceptable, appropriate and sustainable for countries in the long term.

The vaccines market is skewed towards industrialised countries, where many companies make the majority of their profit. There is still no appropriate vaccine for diseases such as tuberculosis and malaria, which cause morbidity and mortality primarily in low-income countries. In addition to new vaccines, there is a need for improved, affordable and more suitable presentations of existing vaccines. Often, packaging and delivery methods are unsuitable for low-resource settings. Companies' R&D strategies and donor support for development and introduction of new vaccines must improve considerably to meet fully the needs of developing-country populations.

Vaccine procurement is a significant cost for developing-country budgets – alongside the associated costs of delivery. Therefore, vaccines must be affordably priced. A robust supplier base will help to ensure competition and affordable prices, whilst also ensuring quality and supply.

Proposed Objectives and Methods



- Advocate for appropriate and catalytic investments to fund new and adapted vaccines that are suitable for low-income countries, from initial research through to administration.
- Advocate for the reduction of unnecessary obstacles, including intellectual property barriers, that delay alternative vaccine producers from bringing competitive products to market.
- Urge national governments to ensure that appropriate human resources are available at all levels to plan, implement and monitor immunisation and health programmes. In addition, advocate for on-going capacity-building of personnel engaged in immunisation and health programmes at all levels.
- Support countries to develop long-term health system plans that include funding for and delivery of essential vaccines.
- Advocate for operational research that contributes to innovative distribution processes in developing country contexts.
- Advocate for strong ethical controls in new product trials to ensure that participants are fully respected and informed and that in-country research capacity is sustainably enhanced.
- Document vaccine prices and programmatic immunisation costs in GAVI-eligible countries and encourage information-sharing between countries.
- Call for securing the removal of unused vaccines and vaccine-related waste.

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Vaccination is delivered through country health systems, catalyses improvements in Primary Health Care services and strengthens health systems, including community health systems.

Routine immunisation is a core function of any country health system. Trained and adequately compensated staff, functioning cold chains, well-maintained buildings and vehicles, and appropriate monitoring and information needs are crucial health system components. However, they are often overlooked when donors solely focus on supplying vaccines. We believe in vaccination, not just vaccines. Children who are not reached by vaccination programmes are also those who are unable to access basic health services.

GAVI's model has long recognised that funding vaccines alone will fail to achieve its goals and that greater support is needed to help countries strengthen their health systems. In addition, community systems strengthening is vital to ensure that communities are empowered to claim their right to health. Civil society organisations have a key role to play in this area and governments and donors should support these activities.

Proposed Objectives and Methods



- *Draw attention to the need to focus on the total costs of vaccination rather than discussing vaccine products in isolation from wider systemic costs.*
- *Advocate for GAVI and its donors to devote adequate resources to health system strengthening activities through cash-based programmes including the Health Systems Funding Platform.*
- *Ensure that health-system planners consider pre-service training for health workers and incentive measures for health workforce retention. Relatedly, caution against vertical initiatives, which can weaken health systems by drawing staff away from integrated health services.*
- *Advocate for the inclusion of community system strengthening frameworks as a vital and indispensable part of health systems.*
- *Ensure substantive participation of CSOs and communities in immunisation and health system planning discussions from the design phase through implementation and monitoring. Civil society is much more than a silent partner.*
- *Play a leading role in improving data quality at the local, zonal and national level by supporting data collection and verification efforts.*

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