

GAVI-ALLIANCE ACTIVITIES AND CIVIL SOCIETY ORGANIZATIONS' ROLES IN DEVELOPING COUNTRIES

Umar Ibrahim¹ & Umar farouk Ismail²

¹Health and Human Services Secretariat, Federal Capital Territory Administration, FCDA Secretariat, 11 Kapital Road, Garki Area 11, Abuja-FC

²World Health Organizations, Regional Office Jalingo, Taraba State

Email: umarsap@yahoo.com

ABSTRACT

Global Alliance for Vaccines and Immunizations (GAVI Alliance) in partnership with Civil Society Organizations (CSOs) saved several millions lives through immunization services, in line with Sustainable Development Goals number 3 (SDG 3) stipulations. Indeed, most of SDG 3 targets are vaccines and partnership dependent. As such, the article assessed the contributions of GAVI-Alliance in partnerships with CSOs by exploring GAVI Alliance activities, CSOs roles, challenges encountered and areas in need of further research on immunization in developing countries; utilizing desk top survey review approach for the narrative. GAVI Alliance had successfully support immunizations of over 500 million children, preventing around 7 million deaths. However, insecurity and inadequate financing among other challenges are identified as obstacles to successful implementation of immunization projects. Therefore, partnership among governance sectors, as demonstrated by GAVI Alliance is a sure means of meeting SDG 3 targets by 2030.

Keywords: *GAVI-Alliance, CSOs, SDG 3, Vaccines, Partnership*

INTRODUCTION

Immunization is one of the most significant childhood morbidity and mortality reduction mechanism in developing countries [1]. It is however confronted by several social, religion, and economic setbacks; misleading information, vaccines shortage and accessibility issues among other factors [2]. These impediments ushered in Global Alliance for Vaccines and Immunizations (GAVI Alliance) regime in conjunction with CSOs, to fill in the highlighted immunization gaps confronting developing countries.

GAVI-Alliance is a typical case of global health partnership dedicated to making vaccines available, affordable and accessible to developing countries [3]. The alliance was established in the year 2000 as an international organization, through Private Public Partnerships (PPPs) arrangement [4]. The focus of the alliance is on promoting accessibility to children vaccines in developing countries. GAVI coordinate with diverse agencies with stake in immunization at all levels of development; these agencies includes United Nations Children Fund (UNICEF), World Health Organizations (WHO) and World Bank (WB) [5]; vaccine producers; CSOs; donor organizations like Bill and Melinda Gate Foundation (BMGF) and other charity organizations and individuals [6].

Prior to GAVI's establishment, immunization landscape in developing countries was at its lowest esteem; and due to this declining effect, almost 30 million neonates could not be immunized in poor countries, but the advent of GAVI-Alliance halts the faltering effect [7]. This feat was evidenced by GAVI's contributions to the immunization of around 370,000,000 children [6]. In 2013 GAVI also assist low economic countries avert over 5,500,000 deaths thereat by vaccines preventable diseases, also in 2015 GAVI scale-up vaccines accessibility that protects another 4,000,000 lives [6]. Additionally, Bill and Melinda Gates Foundation (BMGF) donation of USD 1, 5000,000,000 to GAVI-Alliance improved vaccine procurement status from pessimistic to optimism in developing countries [8].

All these immunization activities of GAVI-Alliance were conducted in collaboration with CSOs. In lieu of this, the article assess the activities of GAVI-Alliance and CSOs roles on immunization in developing countries by exploring their contributions, challenges encountered and also suggest areas in need of further research.

METHODOLOGY

The article adopts narrative approach through desk top survey searched for relevant materials through PubMed, Google Scholar and development partners' websites for literature on GAVI Alliance and CSOs roles on immunization. The search was not exhaustive but several published and unpublished, peer reviewed as well as grey literature on civil society roles in immunization particularly in relation to GAVI Alliance constituency were sourced. The searched begun on a wider perspective on civil society in general and narrowed to civil societies in GAVI Alliance constituency, synthesizing relevant information for inclusion in the article. Variety of keywords, thus 'roles of CSOs in immunization', 'CSOs in GAVI Alliance', challenges encountered by CSOs', CSOs contribution to GAVI Alliance' CSOs vaccines' etc., were used in search for materials in the context of developing countries. Each searched outcome produce number of outputs, mostly bringing out wider coverage on which text relevant to the article scope were identified for consideration. To understand the roles of CSOs and GAVI Alliance activities; review of identified document was done to establish the level of their significance for inclusion. Every text discovered was screened for portion to use, to enrich the referenced sources of the study. The article was presented in three sections 1) Roles of CSOs in GAVI Alliance activities 2) Challenges encountered by CSOs; and 3) Areas in need of further research

Role of CSOs in GAVI Alliance Activities

Involvement of CSOs in immunization activities supported by GAVI-Alliance especially in locations with weak or non-existence immunization structures is

remarkable [9]. For example, between the year 2007 and 2010 GAVI-Alliance have supported CSOs immunization activities with up to 30 million USD [10]. Indeed, CSOs contribute 75% immunization activities in government health facilities of developing countries [11]. For example, Well Being Africa Foundation, a non-governmental organization has actively support immunization activities in Nigeria as implementation partners [12].

Administratively, CSOs occupied one membership position in GAVI's board [13]. The board membership is secured through election and on rotational basis; the position enjoyed unreserved support from the larger array of CSOs in the alliance. Also, 19 CSOs drawn from 15 countries formed 'GAVI's steering committee. Every one of the 19 members performed a peculiar role of advancing GAVI's objective [14]. Additionally, the CSOs also served in various ad-hoc committees, including those committees collaborating with national government [15].

At countries level, CSOs in collaboration with GAVI-Alliance in benefiting states have conducted a wide array of immunization activities. For example, in Tanzania they conducted 43% of the services, 40% in Malawi, 34% in Ghana, 15% in India (utilising over 200 own clinics), 13% in Bangladesh, 12% in Indonesia, and 9% in Congo respectively. In some countries they provided up to 60% vaccination supporting roles [15]. Additionally, about one billion people are targeted for yellow fever vaccines by the year 2026, in 27 African countries, under Eliminate Yellow fever Epidemics (EYE) project, in partnership between the WHO, UNICEF, GAVI-Alliance and over fifty health development partners [12].

Globally, there are about 4,000 CSOs in GAVI-Alliance [14]; every one of these CSOs performed a distinct role, either independently or in consortium to ensure that forecasted goals are met. For example, GAVI Alliance in September 2011 engaged Catholic Relief Services (CRS) on behalf of CSOs constituency to handle CSOs support project, for active participation in Health Systems Funding Platform (HSFP) [16]. However, these roles are not without challenges, some of the challenges are highlighted below.

Challenges Confronting CSOs in GAVI Alliance

CSOs encountered challenges, impediments and obstacles while conducting immunization activities in developing countries. Annually, 19,000,000 children worldwide are not immunized, with 80% of them in GAVI beneficial countries [9]. This looming gap is partly due to emergence and re-emergence of vaccine preventable diseases like measles and cholera, which stimulates CSO response.

However, the resultant consequence of the emergence ailments, couple with inadequate financing and lack of political will in most developing countries caused over 0.5 million avoidable deaths [9], destroying progress achieved in previous efforts, turning the clock backward. For example, outbreak of Yellow fever in urban cities of Angola and Democratic Republic of Congo resulted in 400 deaths in 2016 and recently Brazil is confronted by Yellow fever epidemic with thousand people confirmed death [12]. CSOs should be prepared in advance in term of training and logistics, to reverse the effect of vaccines preventable epidemics. As a solution to the re-emergence of the yellow fever infection, UNICEF will supply the needed vaccines, advocate for political will and immunization support during outbreaks as well as routine immunization scale-up [12].

Another challenge is the demand for gender specific services in some societies. They openly asked for female to female or male to male service provision, meaning no opposite sex should attend to opposite sex needs. Such demand hinders successful conduct of immunization activities by the CSOs, particularly in where there are no adequate gender specific personnel, for specific gender services [9]. For example, conservative communities in Pakistan do not allowed strangers and outsiders access to their women and children. To address the issue, government of Pakistan introduce female health workers program to serve the conservative communities [17]. Additionally, threat of insurgency impedes CSOs ability to provide minimal vaccination coverage. Insurgency forced a close down of health facilities in some locations, depriving the affected population access to services. For example, in Kano state, Nigeria, immunization workers were killed and abducted by the insurgent [18].

Consequently, responding to immunization is context specific, as such, it differs among social group; this diversification of class determined immunization acceptance or rejection by a targeted group [10, 19]. Also, gap in funding of immunization activities is endemic in such a way that differences between available logistics and need are wide and growing, because in several developing countries immunization services is government responsibility [20]. GAVI Alliance and donor agencies are only supportive thereby creating huge implementation gap in need of sustainable immunization solutions.

Financing immunization alone by GAVI Alliance is not sufficient for achieving vaccine strengthening objectives; other activities like community awareness and mobilization campaign, supported by donor agencies and host government, to ensure that all roles that promotes immunization activities are played well [21]. For example, Alliance for Immunization in India (Aii) played promotional advocacy roles through which community members were informed of outreach immunization facilities [22].

Indeed, challenges confronted by CSOs in GAVI-Alliance are numerous, these challenges disallowed adequate conduct of immunization activities that could avert 4,000,000 million children mortality annually, globally to vaccine preventable diseases [23]. To address the challenges, CSOs in GAVI Alliance need a sustainable funding framework and research that could lead to formulation of sustainable immunization framework, with which to manage the challenges confronting activities in resource poor settings. Therefore, the following areas of further research are proposed as solutions to myriad of immunization challenges.

Areas of Further Research

As CSOs conduct their roles in GAVI-Alliance activities, should identify areas in need of further research, for meaningful findings that could lead to better ways of improving immunization services, with emphasis on areas that hinders immunization progression. Areas of further research should consider those variables relevant to partnership that strengthens vaccine system, which will also aid production of policy and eventual translation to practice.

The following areas of further research should be explored;

- Examination of factors that hinders successful behavior change advocacy and avoidable impediments to immunization in areas of low coverage.
- Investigation of impediments factors to effective immunization uptake in countries with poor coverage indices.
- Assessment of community engagement strategies adopted by CSOs for immunization, from inception to end.
- Areas in need of immunization strengthening should be identified for improve vaccine capacity development.
- Assessment of immunization scale up challenges to identify gaps and recommend corrective measures.
- Assessment of sustainable immunization techniques in resource constraint settings, for improve services.
- A study of sustainability mechanism and coordination strategies between GAVI Alliance and CSOs should be conducted.

CONCLUSION

CSOs are important partners in GAVI Alliance activities. They conduct diverse immunization services roles, thus; lobbying of state and private actors and development partners for actions that promote immunization activities in the communities they serve. The play vital and influential health strengthening roles, therefore, their involvement should be on a sustainable scale and devoid of challenges, through harmonious collaborations with stakeholders in health

system for successful implementation of immunization activities, devoid of challenges and in compliance with health research protocols.

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