



**Gavi CSO
Constituency**
Helping Reach Every Child

A Report of the Civil society Dialogue Series - A Regional Convening of Civil Society Organisations in Asia

Table of Contents

A Report of the Civil society Dialogue Series - A Regional Convening of Civil Society Organisations in Asia	1
Table of Contents	1
Background:	2
Welcome and Context setting	3
Session – 1: Unified for Impact – New Leadership and Vision for Gavi 6.0	3
Session – 2: The Immunisation Landscape in Asia	4
Session – 3: Zero Dose Children	6
Open Floor: Question and Answer Session	7
Session – 4: Panel Discussion on “Immunisation: Achievements, Barriers and Opportunities”	9
1. Successes, Barriers and Scope for reaching zero dose children in Bangladesh	9
2. Barriers and Opportunities of reaching zero dose children in Pakistan	10
3. Successes Barriers and Opportunities of reaching zero dose children in Nepal	12
Key Messages from Gavi	13
An Overview of Partnerships at the Country and Regional Level - Questions and Answers	14
Next Steps:	16

Background:

A quarter of the world's population resides in Asia, and accounts for 627 million children who live in this region. Asia is densely populated, comprising a highly heterogeneous population from various religions, geography, ethnicity, culture, and socioeconomic status. A research study by Atteraya et al, on the Inequalities of Childhood Immunisation in South Asia observes significant disparity in health status, healthcare policies, services and delivery systems, particularly the dissemination and delivery of complete childhood immunisation. The research accentuates the health disparities caused by rapid and inequitable socioeconomic development, which is the cause of increased health and welfare challenges, including the burden of infectious and vaccine-preventable diseases.

A statement by the United Nations International Children's Emergency Fund UNICEF further states that new health challenges may emerge in South Asia if children are not immunised as the region reports sporadic outbreaks of vaccine preventable diseases (i.e., measles and diphtheria).

Immunisation is one of the most successful and cost-effective interventions for addressing health and wellbeing challenges in resource-limited countries. Civil Society organisations have been at the forefront in immunisation in multiple ways including awareness generation, capacity strengthening of health workers, service delivery, follow ups, recording and reporting of data to the government and being a community champion for immunisation among communities.

Asia, being a heterogenous region, presents a unique opportunity to build a network of civil society organisations in Asia that work on immunisation. This network could collaborate to share experiences best practices and innovations; and identify challenges and scope for collaboration in reaching zero dose children in the region. Given this context, the Gavi CSO Constituency organized a regional convening of civil society organisations on 19th September 2024 to help build this network, promote cross learnings in immunisation and bridge the existing gaps to reach zero dose children.

Goal:

The goal of the CSO dialogue series, initiated through the regional convening, seeks to build a network of CSOs at the country level and regional level across Asia.

Objectives:

- I) Expand the Gavi CSO Constituency to Asia region
- II) To establish an in-country network of CSOs and a regional level network of CSOs that are working on immunisation in Asia

Expected Outcomes

- A) Increased collaboration between CSOs in Asia through the regional and country level networks.
- B) Deeper engagement with CSOs within the network through online events
- C) Documented best practices and innovation for global advocacy for vaccination

Welcome and Context setting

The Regional Lead for Asia, Poorni Sampath, welcomed the participants and briefly introduced the Gavi CSO constituency. Being a platform of 450 CSOs that have been actively engaged on issues related to vaccination, the vision of the Constituency is to ensure that every person is reached with vaccination and basic health services, regardless of their origin, gender and social status. It aims to do that by being the voice of civil society in advocating for better health outcomes and immunisation coverage.

Poorni mentioned that this convening comes at the time since the Gavi 6.0, which is Gavi's new five-year strategy from 2026 to 2030 has been released, and its principles are that it should be country led, sustainable, community owned and inclusive, making zero dose and missed communities, its priority. Gavi 6.0 stresses upon a gender focused, innovative, collaborative, and accountable strategy that is aligned with World Health Organization's (WHO) Immunisation Agenda 2030 strategy.

Civil society organisations, being closely engaged with communities play a crucial role in advocacy, service, delivery, capacity strengthening and collaboration with key stakeholders to deliver results to communities. The Asia CSO Dialogue series, a first of its kind in Asia, aims to convene CSOs to enable experience sharing, cross – learning and create scope for collaboration to further the Gavi 6.0 and IA 2030 agenda.

Session – 1: Unified for Impact – New Leadership and Vision for Gavi 6.0

The first session was led by Dr. Nizam Uddin Ahmed, Chair, Gavi CSO Constituency, Executive Director of Shastho Shurokkha Foundation, Bangladesh and Vice Chair of the Bangladesh CSO Coalition for Health & Immunization. The aim of this session was to introduce the Gavi CSO Steering Committee (SC) to the participants, describe the vision and mission of the SC in alignment with Gavi 6.0 and invite CSOs to be part of the strategy for scale and network building.

Dr. Nizam welcomed the participants to the session and cited this regional convening as a space where CSOs can make the biggest difference in terms of strategic partnerships at the country level for sustainable immunization programs. He introduced the Gavi CSO Steering Committee (a committee of 18 global level CSO leadership) as the entity that founded the Gavi CSO Constituency. He stated that the primary aim of the Constituency is to foster active participation of CSOs in shaping global level policies and in immunisation program implementation.

He mentioned that the primary vision of the new leadership that has come into being (over the last quarter) is to help ensure equitable access to life-saving vaccines, particularly most vulnerable

individual families and communities. To achieve that, he stated the need to build a strong collaboration, especially at the country level in demand generation, capacity building and resource mobilisation/ funding opportunities for CSOs.

Dr. Nizam presented the journey of the Constituency from 2010 and acknowledged the role of his colleagues from Asia, Africa and across the globe in founding it. He mentioned that the CSO Constituency has been working with Gavi very closely wherein the CSO has been the prime key partner in Gavi's immunization landscape, focusing particularly on the country level zero dose and missed communities as a priority, while being inclusive of the other populations who need vaccination.

The mission and vision of the Constituency in representing the voice of civil society and advocacy was highlighted. He invited CSOs in Asia to join the 450+ strong Constituency, give voice and lead the immunisation agenda in the region. He underscored the need for collaboration, understanding country contexts, understanding what works and what does not, what makes some countries perform better with respect to immunisation indicators and the need to advocate for funding for immunisation with Gavi at the country level and for civil society organisations.

He highlighted the role of the Steering Committee in bridging the gaps for the local communities. He invited CSOs to be part of this space and lend their voice to policy development and program implementation. The benefits for CSOs in joining the Constituency was emphasized, in terms of being equipped with information on Gavi programs and vaccination programs of other donors. Being informed would lead to improved delivery of vaccination, primary healthcare and other health services.

Dr. Nizam pointed out the challenges and achievements in immunisation. He reiterated that CSOs must be ready to teach unvaccinated populations at the local level and collaborate with the government through the Expanded Program on Immunisation (EPI). He spoke of the new innovative funding mechanisms of Gavi which makes 10% of funding available for CSOs. His session underscored the need to work with humanitarian partners in areas affected by conflict with tailored interventions. It called attention to the need for enhancing the role of CSOs in the immunisation landscape and coordination at global, national, regional and local levels to ensure service delivery to the last mile.

Session – 2: The Immunisation Landscape in Asia

This session focused on the existing landscape of immunisation in Asia – the progress, challenges, and the role of CSOs in delivering results for zero dose and unreached children and communities. Chief Executive of Voluntary Health Association of India, New Delhi and Executive Board Member of the International Union for Health Promotion and Education (IUHPE).

Ms. Bhavna presented the landscape of immunisation in Asia to the audience, with a special focus on the Southeast Asia region. She presented data of 11 South East Asian Countries from World Health Organization (WHO) and UNICEF Estimates of National Immunization Coverage (WUENIC) dashboard, with data updated up to 2023.

Ms. Bhavna began by saying that South Asia has a vital role to play in the global vaccine scenario. She highlighted the importance of this region in achieving the IA 2030 agenda, since it is home to 2 billion people, a quarter of the world's population. She underscored the presence of a large number of newborns who require immunisation, given the present birth rate of 18.1 6% per 1,000 people due to the vast population.

She emphasized that this region holds the key to dramatic change in the global situation given the sheer size of its diverse heterogeneous population, in terms of religion, geography, ethnicity, culture, language and socioeconomic status. She highlighted the role of this diversity in presenting unique challenges for healthcare systems, including provision of immunization services along with the prevalence of disparate health statuses, healthcare policies, and services.

Bhavna presented the key progresses made in vaccination in Asia over the last decade such as elimination of polio since 2014 and maternal and neonatal tetanus since 2016. Others include elimination of (i) measles in Bhutan, DPR Korea and Timor Leste, (ii) measles and rubella in Maldives and Sri Lanka and (iii) Hepatitis B in Bangladesh, Bhutan, Nepal and Thailand. She cited all these instances as examples of how infant immunization programs have been effective in prevention of vaccine preventable diseases (VPDs) which could otherwise lead to life threatening illnesses.

Bhavna then took the participants through the WUENIC data for vaccination across Southeast Asia, highlighting the improved performance of Asia's vaccination coverage over the last few years. She further supported her statements with immunisation coverage data across 6 Southeast Asian countries – India, Bangladesh, Nepal, Pakistan, Afghanistan and Indonesia to indicate improved coverage of critical vaccines like BCG, DPT, MMR1, Polio etc. She took the opportunity to also indicate the existing gaps in coverage and stressed the need for improved engagement of CSOs and collaboration with stakeholders in addressing these gaps.

The session focused on overall challenges that affect immunisation in Asia, such as access to health care (hard-to-reach areas, distance); inconsistent antenatal care; migration and related challenges; lack of maternal education and awareness on vaccines; existing poverty and resource constraints. Bhavna drew attention to many country level challenges such as inadequate health, infrastructure, shortage of trained healthcare workers, limited vaccine supply and how it impacts the ability to provide timely vaccinations in rural and underserved areas in the region.

Some of the mitigation strategies suggested to address the current challenges in immunisation in Asia include the following:

- (i) Partnerships and collaboration between governments, non-governmental organizations and private sector can enhance immunization efforts to a large scale
- (ii) Public-private partnerships to support the development of new vaccines
- (iii) Using digital health technologies to track immunisation status and make it easier for the healthcare providers to identify and follow up with children who have missed vaccinations
- (iv) Collaboration between regional institutions and civil society to establish networks for immunization, monitoring disease outbreaks, testing and response, particularly in management of cross-border outbreaks.

Lastly the role of civil society in enhancing immunisation in the region was presented. Some of the key actions for civil society actors include:

- (i) Advocacy for immunization at both national and state levels, especially in fragile, remote, and conflict affected areas.
- (ii) advocacy for continued investments and funding in immunization programs at local, national and global platforms.
- (iii) Leverage community-based networks to raise awareness about importance of vaccination and ensure that the information reaches the hard-to-reach communities.
- (iv) Community outreach to address vaccine hesitancy and overcome demand barriers, mobility issues, language barriers and cultural resistance.
- (v) Monitoring and transparency to ensure fair practices (allocation, supply, delivery etc.) in vaccination.
- (vi) Collaboration with Governments, Non-governmental and International partners to ensure effective service delivery.

Session – 3: Zero Dose Children

This session was presented by Dr. Remesh Kumar, Director of Medical Services, Senior Consultant and HOD of Pediatrics, Apollo Adlux Hospital at Angamaly, Kerala, India and President, Indian Academy of Pediatrics, Mumbai, India. The session aimed to orient the audience on the meaning of the term zero-dose children, the global, regional and national status of zero dose children and the way forward.

According to Dr. Remesh, in 2023, 14.5 million infants had not received the initial dose of DTP vaccination, indicating a lack of access to immunisation and around 6.5 million children were partially vaccinated.

Dr. Remesh presented a global update on the status of zero dose children, citing 90% or more immunisation coverage across the United States of America, Europe and Russia while a 60% to

69% coverage was seen in the regions of Africa and Southeast Asia. He stated that India currently has the highest number of zero dose children at 2.7 million after Nigeria at 2.2 million and quoted the newspaper daily, Times of India which said, 'India ranked No: 2 in 2023 in Zero-Dose children.' He mentioned that the overall burden of zero dose children lies in African and Southeast Asian countries.

Dr. Remesh spoke of the slump in vaccination that took place between 2019 to 2021, due to the Covid-19 pandemic, which rendered both parents and infants indoors thus hindering access to vaccination. He stated that the pandemic resulted in a setback in reaching targets for vaccination among the child population, which having fallen back on the immunization targets will take years to catch up to the pre-pandemic level targets.

Some of the contributing factors for zero dose, according to Dr. Remesh were poverty, fragile contexts and humanitarian emergencies such as conflicts, wars etc. Migration, homelessness, religious and cultural marginalizations were other factors that contributed to high zero dose children. Some gender barriers stated were mother's access to education, household decision making for healthcare, gender-based violence, child marriages and teenage pregnancies. Dr. Remesh underscored the importance of female literacy in improving the immunization status across the globe. He felt that it should be addressed as a root cause.

Dr. Remesh indicated the need to collaborate with government agencies to achieve a larger reach. In this respect, he highlighted the importance of collecting data and making it available to the government for advocacy and for tailoring strategies. Evidence generation was listed as an important measure to make a case for political will, which is important in achieving the larger goals. He stated that both governments and CSOs had a role to play in reaching zero dose children. He called upon the participants to come forward to share inputs on zero dose strategies and collaboration.

Open Floor: Question and Answer Session

1. What strategies can be adopted to achieve full immunisation in semi-arid regions with infrastructure and climate issues along with poor female literacy?
 - A. A full immunisation strategy requires effort from both CSOs and the government. It is important to have a clear strategy for funding/resource mobilisation, program implementation and data and evidence generation. However there needs to be initiative from the government and adherence to existing rules and regulations as per the country.
2. What are some of the programs of the Gavi CSO Constituency and how can a CSO contribute to the Gavi CSO Constituency?

- A. As a CSO, one is always welcome to join the CSO Constituency by registering on the portal. CSOs can participate in upcoming consultations and share their views and experiences.
 - B. The Gavi CSO Steering Committee is looking to strengthen country level national platforms to discuss prevalent issues and formulate strategies and recommendations for countries. CSOs can be part of these national platforms.
 - C. The Steering Committee advertises for membership and CSOs can apply for this leadership positions to effectively contribute and bring the voice of CSOs at the Gavi Policy Level, program designing level, and in supporting the Government and donors.
3. Close to two years, the Hepatitis community has been advocating to Gavi about the Vaccine Investment Strategy program, and its impact on birth dose introduction. So now together with international organisations, an open letter has been sent to Gavi. We want to know what the CSO Constituency has been doing to echo this issue?
- A. As the Gavi CSO Constituency we seriously advocate for the most lifesaving vaccines at the Gavi policy level.
 - B. We do want to confirm officially that we have received this information from the World Hepatitis Alliance. We have had discussions where the Gavi Secretariat has requested the World Hepatitis Alliance to join the constituency, and they have formally joined the constituency. So, there is an opportunity to engage more. We are happy to offer as much support as possible from the position of the Gavi CSO Constituency.
4. Our organization is a community-based organization from Nigeria, and we are taking advocacy to the innermost part of the communities. There is a similarity between Nigeria and Asia where both have huge populations. My question is how a Nigerian CSO can join the Steering Committee and air its views and receive that support and partnership to engage with communities, especially farming communities, who need Gavi's support?
- A. As stated by Dr. Ramesh, India and Nigeria are the top 2 countries in the world, who are in the limelight for zero dose children. Therefore, Nigeria is a priority country, and the Steering Committee would love to be associated with you and colleagues in Nigeria. By joining the event today, your membership to the Constituency is confirmed. We invite you to also join the Steering Committee as a standing committee member. We hope to see you taking part in advocacy with Gavi, it can be done.
5. International NGOs have the opportunity to conduct implementation research. Do you have some research priorities, especially regarding the zero dose children, or any other research or learning agenda that you would like to share with the members because maybe we all can contribute to building evidence for this.
- A. Gavi has a learning hub component in 6 countries where implementation is currently ongoing. Bangladesh and Nigeria are part of the learning hub. This hub captures how to

address the zero dose and missed communities through an alternative strategy that can complement the routine immunization program.

Session – 4: Panel Discussion on “Immunisation: Achievements, Barriers and Opportunities”

1. Successes, Barriers and Scope for reaching zero dose children in Bangladesh

This session was presented by Dr. Nasrin Akhtar, Executive Director, Radda MCH-FP Centre Bangladesh. The session aimed to present the work done by Radda MCH- FP Centre on immunisation in Bangladesh in collaboration with other stakeholders, presenting the successes, barriers and opportunities to reach zero dose children in Bangladesh.

Dr Nasrin spoke of the Expanded Program on Immunization (EPI) in Bangladesh which since its inception, has been widely recognized for its consistent achievements in delivering essential vaccines. She presented about how the program reaches approximately 3.8 million children and 6 million women annually, providing immunization against 10 diseases and preventing roughly 200,000 deaths each year. According to Dr. Nasrin, some of the notable accomplishments include the elimination of neonatal tetanus, the country's polio-free certification in 2014, and a 73% reduction in child mortality under five years since 1990. Bangladesh's commitment to immunization has earned it Gavi awards in 2009 and 2012, supported by close monitoring and an effective disease surveillance system.

Dr. Nasrin highlighted the success of the EPI programme in Bangladesh, which has maintained a relatively low percentage of zero-dose children—currently at 29,577 or 1% of total doses—thanks to several strategic factors. These include strong political commitment, partnerships with international organizations like WHO, UNICEF, and civil society, and the implementation of policies such as the National Immunization Strategy and Urban Immunization Policy. She spoke of how the program leverages digital innovations like the E-tracker system, geographic information systems (GIS) for micro-planning, and apps for vaccination center locations and real-time child tracking. Mobile vaccination clinics in remote areas, special evening and weekend sessions, and support from community health workers also contribute to reaching underserved populations.

Dr Nasrin highlighted some challenges encountered in the EPI programme which include:

1. **Funding Transition:** Bangladesh is moving from Gavi-supported funding to self-financing by 2026. Currently, Gavi funds cover nearly half of the immunization budget, requiring the government to increase its financial contributions by 20-25%.

2. **Health Worker Shortages:** There are significant shortages in immunization workers, especially in rural areas, with 31% of health assistant and 13% of EPI supervisor positions vacant.
3. **Urban Immunization Gaps:** Urban immunization lags behind rural areas, with coverage at 73.9% compared to 85% in rural regions. Disparities are also evident between slum (67%) and non-slum areas (79%) within cities, and across different city corporations, with coverage rates ranging from 64% to 92%.
4. **Coordination Issues:** Suboptimal coordination between the Ministry of Health and Ministry of Local Government affects urban immunization delivery.
5. **Population Mobility:** Frequent migration, particularly in slum areas, complicates the tracking of immunization targets, leading to under-vaccination.
6. **Access Barriers:** Physical barriers, inadequate supervision, and limited vaccination sessions in remote and hard-to-reach areas further challenge immunization coverage.

To address these challenges and work toward zero-dose coverage, Dr. Nasrin proposed several recommendations which are listed below:

- **Engage NGOs and CSOs:** Civil society and NGOs, especially those working in remote and slum areas, should be involved in community outreach to extend immunization services to hard-to-reach populations.
- **Public-Private Partnerships:** Partnerships with EPI, CSOs, and NGOs can strengthen immunization efforts and expand outreach.
- **Strengthen Primary Healthcare:** Improve routine immunization by filling vacant posts, enhancing field supervision, and increasing training for frontline health workers.
- **Enhance Public Awareness:** Engage community groups, health workers, and local media to improve public understanding and support for immunization.
- **Expand Special Sessions Nationwide:** Scale up evening and weekend immunization sessions to increase accessibility, particularly in rural areas.
- **Increase Domestic Health Funding:** To sustain immunization gains, the government must increase its health budget by 20-25% annually over the next five years.

Dr. Nasrin concluded by saying that Bangladesh's EPI program remains committed to achieving zero-dose status, bolstered by strong partnerships, policy support, and innovative solutions. Addressing the outlined challenges will be key to extending immunization benefits to all children across the country.

2. Barriers and Opportunities of reaching zero dose children in Pakistan

This session was presented by Huma Khawar, a consultant and journalist who has worked extensively with CSOs in Pakistan. The session aimed to present the challenges and opportunities in reaching zero dose children in Bangladesh.

Huma presented an overview of Pakistan's EPI program. She said the programme is tasked with immunizing a large birth cohort of over 7 million children annually within a population of approximately 240 million, making it the fifth most populous country globally. She stated that the national immunization coverage for children aged 12 to 23 months stands at 76%, but there is significant provincial disparity: Punjab, the most populous province, has 89% coverage, while Balochistan lags at only 37%. She highlighted that Pakistan faces a particularly high challenge with zero-dose and under-immunized populations, and it remains one of only two polio-endemic countries, reporting 18 cases in 2024.

Huma highlighted some key challenges in reaching zero dose children in Pakistan which are listed below:

1. **Geographic and Social Disparities:** Pakistan's diverse geographic and population distribution, from dense urban centers to remote border regions, impacts equitable immunization coverage across provinces. Disparities in provincial infrastructure and funding further complicate access.
2. **Security Concerns:** Insecurity in border areas and urban slums restricts safe access for health workers, hindering efforts to reach zero-dose children.
3. **Funding and Compliance Barriers:** Inconsistent funding, project timelines, and administrative requirements, such as obtaining government No Objection Certificates (NOCs), delay and complicated program implementation.
4. **Cultural Barriers:** Social conservatism in some regions restricts female mobilizers, essential for accessing female populations in conservative areas, and limits CSO activities within these communities.
5. **CSO Recognition and Independence:** Although CSOs are crucial in overcoming vaccine hesitancy and working with resistant communities, they often lack independent recognition and are heavily dependent on funding agencies.

Huma spoke of opportunities in overcoming these barriers and reaching the last mile:

1. **Building Trust in CSOs:** CSOs have built significant trust with the government, and with improved financial support (10% funding allocation for their role in immunization), they are positioned to overcome operational constraints and gain a stronger independent identity.
2. **Expanding Urban and Slum Coverage:** Rapid urbanization has led to growing urban slums where under-immunized and zero-dose children are concentrated. Strengthening health services in these urban areas represents a major opportunity for coverage and equity.
3. **Improved Micro-Planning:** The absence of reliable population data impedes effective service delivery, but ongoing efforts to enhance micro-planning offer potential to improve immunization outreach and reliability.

Huma concluded that with support from CSOs, these challenges can be overcome by leveraging trust, targeted funding, and more strategic planning to reach zero-dose children in underserved areas, providing opportunity for greater immunization equity across the country.

3. Successes Barriers and Opportunities of reaching zero dose children in Nepal

This session was led by Humberto Jaime, Chief of the Social and Behaviour Change (SBC) team at UNICEF Nepal. The session highlighted the successes and opportunities of using SBC programming to reach zero dose children in Nepal.

Humberto started by presenting the demographics of Nepal - he said it is a country with a population of approximately 31 million, has diverse ethnic, religious, and geographic characteristics. He highlighted that the social behavior change (SBC) initiatives led by UNICEF and local civil society organizations (CSOs) have been instrumental in improving immunization rates, especially among zero-dose children, with key successes in community engagement, mobilization, and capacity-building efforts.

Humberto spoke of the key successes in Social Behavior Change for Immunization which are as follows

1. Community-Led Planning and Engagement:

- a. SBC programs have effectively engaged local communities to address barriers to immunization, including vaccine hesitancy and logistical obstacles.
- b. By involving community leaders, local influencers, and CSOs, strategies are shaped by local needs, making them culturally sensitive and effective in reaching underserved areas.

2. Improved Interpersonal Communication:

- a. SBC efforts have strengthened dialogue between caregivers and healthcare providers, addressing doubts about immunization and improving trust.
- b. Capacity building for frontline health workers and volunteers in communication skills has been critical, allowing them to better address concerns of marginalized groups.

3. Local Capacity Building and Evidence-Driven Advocacy:

- a. Training for CSOs and local government staff in immunization planning and advocacy has facilitated more responsive and effective vaccination campaigns.
- b. Ground-level evidence generation has helped advocate for resources and policy adjustments, enabling targeted interventions in areas like Madhesh province.

4. Response to Measles Outbreak:

- a. During the 2023 measles outbreak, SBC efforts partnered with the Nepal Red Cross to launch targeted campaigns in five affected provinces.

- b. Schools and local influencers became key platforms for raising awareness, reaching over 1.5 million children through a combination of classroom engagement, community events, and traditional methods such as megaphone announcements.

Humberto also spoke about the learnings and opportunities for expanding SBC efforts during his presentation. The key points from his presentation are as follows:

1. **Leveraging Local Leaders and CSOs:** Engaging local influencers and CSOs has proven effective in generating demand for immunization. Strengthening their role in community-based health services could help address other public health issues, establishing immunization as part of broader health-seeking behaviors.
2. **Creating Sustainable SBC Systems:** Moving beyond campaign-focused initiatives, there is an opportunity to develop ongoing, system-wide SBC platforms that integrate immunization within a broader social protection framework. This would allow for continuous engagement with communities rather than sporadic, project-based outreach.
3. **Cross-Sectoral Collaboration:** Expanding partnerships between health, education, child protection, and social sectors can increase community resilience and improve outcomes across multiple areas impacting children's well-being. A holistic SBC approach may create a more robust foundation for addressing zero-dose and under-immunized populations.
4. **Scaling Evidence-Based Advocacy:** Sustaining and scaling data collection from community interventions can inform adaptive strategies, making it easier to allocate resources effectively and advocate for policy changes that support immunization and broader health goals in the long term.

Humberto concluded by saying that social behavior change efforts in Nepal demonstrate that community-driven, culturally aware approaches, supported by evidence and partnerships, can greatly enhance immunization reach among zero-dose children. He stated that by continuing to empower CSOs and integrating SBC into a systemic approach, Nepal can foster sustainable change and progress toward its health and social development goals.

Key Messages from Gavi

Hamzah Zekrya, Lead, Public Partnership Engagement and CSO Liaison, Gavi addressed the audience.

Hamzah mentioned that Gavi is actively working to strengthen its engagement in Asia, building on its established strategies in Africa. Recognizing the unique, country-specific challenges in Asia, Gavi is committed to facilitating tailored support that addresses local immunization needs.

He spoke of Gavi's aims to establish a robust, resourced mechanism at the country level to support Civil Society Organizations (CSOs) as integral actors within national health systems. He stated that this approach moves beyond considering CSOs merely as partners, instead positioning them as essential components of country health infrastructure.

Hamzah stated that Gavi advocates for CSOs to be seen as part of the national health "tapestry" rather than external entities. He said, sustainable health systems require viewing CSOs, governments, and local organizations as collaborative and interdependent, which ensures that CSOs play a meaningful role in immunization efforts. He said instead of CSOs being passive recipients of support, they should be recognized for their capacity to inform and strengthen community-level partnerships and outreach.

Hamzah spoke of how Gavi supports the Lusaka Agenda's call for a more unified, less fragmented approach to global health initiatives, including a cohesive framework for engaging CSOs. He concluded that this strategy seeks to streamline Gavi's efforts with other health organizations for better alignment and impact in CSO support.

An Overview of Partnerships at the Country and Regional Level - Questions and Answers

The Gavi CSO Secretariat aimed to gather views of CSOs on three key questions on the work being done on immunisation in Asian countries. Given below are the questions and responses obtained from CSOs

1. What are your current immunization programs? How can it be more collaborative?

A. Nepal's Approach:

a. Existing Networks:

- The Nepalika Society integrates immunization efforts with ongoing reproductive health programs, closely collaborating with local governments, health authorities, and provincial health offices.
- At the national level, Nepalika Society partners with the Ministry of Health and Population (MoHP), Provincial Health Offices, UNICEF, and Rotary, participating in national-level immunization platforms.

b. Opportunities for Improvement:

- Increased collaboration and recognition from the Ministry of Health, which leads the immunization efforts with support from various civil society organizations (CSOs) like Nepal Red Cross.

- Integration with other sectors like WASH (Water, Sanitation, and Hygiene), nutrition, and maternal and child health (MCH) to create a comprehensive health approach, enhancing collaboration across different programs.

c. Indonesia's Approach:

- **Existing Networks:**

- Multi-sectoral collaboration with organizations like the Pediatrician Society and parents' groups, using digital campaigns to raise immunization awareness among parents and children.
- Collaboration on the supply side with the Family Welfare Program under the Ministry of Human Affairs to mobilize children in hard-to-reach and marginalized areas, guiding them to primary healthcare facilities for vaccination.

d. Opportunities for Improvement:

- Leveraging respect for family welfare programs at the grassroots level to further enhance social mobilization, targeting increased immunization coverage in underserved areas.
- Expanding awareness campaigns through trusted community programs to improve accessibility and coverage.

B. General Observations Across Countries:

- e. CSOs are increasingly integrating immunization with other health services to broaden outreach and improve community-level engagement.
- f. Governments and CSOs are moving toward a multi-sectoral approach, where programs beyond immunization, such as nutrition, WASH, and reproductive health, support comprehensive child health and increase program efficiency.
- g. There is a growing acceptance of integrated approaches from government bodies, allowing CSOs to add immunization advocacy and communication efforts to other vertical programs, creating a more holistic support network for immunization efforts.

These responses indicate a trend toward holistic, multi-sectoral, and community-centered immunization networks, with an emphasis on collaboration between government, CSOs, and local influencers to maximize outreach and address specific local challenges.

2. What are some key challenges you faced in reaching communities? How can it be addressed for EPI?

A. Transportation and Infrastructure:

- **Challenge:** Limited access to remote areas due to poor infrastructure and transportation constraints, which delays vaccine delivery and reduces coverage.
- **Proposed Solutions:** Investment in transportation infrastructure to facilitate easier access to remote regions. Collaboration with local organizations to mobilize transportation resources and create accessible vaccination hubs closer to remote communities.

B. Urban Slums:

- **Challenge:** Urban slum areas are often underserved due to transient populations, informal settlements, and limited engagement with health services.
- **Proposed Solutions:** Strategies are being developed to reach urban slum populations by engaging local Red Cross volunteers and community-based organization (CBO) volunteers familiar with the communities, making them trusted sources for outreach and immunization efforts.

3. What kind of immunization networks currently exist in your countries? How can it be improved for supporting immunization programs?

Pakistan has an immunization network known as the **Pakistan Civil Society Coalition for Health and Immunization (PCCHI)**. This network involves civil society organizations working to promote and support immunization efforts across the country.

- a. **Need for Strengthening:** While the PCCHI plays an essential role, it requires further **strengthening** to improve its impact. Expanding the network's reach and capacity would allow for better coordination and more extensive support for immunization programs.
- b. **Funding Challenges:** A primary barrier to strengthening the network is **funding limitations**. The network requires more consistent financial support to sustain its activities and broaden its coverage.
- c. **Proposed Solution:** Participants recommended that **Gavi** and other international partners should consider **funding national and sub-national immunization networks**. With greater financial backing, these networks could enhance their ability to reach more infants and women, especially in underserved areas, and address gaps in immunization coverage more effectively.

In summary, participants expressed that bolstering the existing immunization network through financial support and strategic strengthening is essential for achieving broader immunization coverage in Pakistan.

Next Steps:

1. Gavi CSO Constituency to organize next regional convening by end of November 2023.

2. Participants interested in presenting at future convenings to contact Gavi CSO Constituency.