



Gavi CSO Constituency

Helping Reach Every Child

A report of the Asia Civil Society Dialogue Series – 30th October 2025

Time: 2:00 PM to 3:30 PM (IST)

*Theme: **The year that was – Immunisation milestones for 2025***

1. Introduction

The Asia CSO Dialogue Series convened on 30 October 2025 with the aim of reflecting on regional progress in immunisation and strengthening civil society's role in advancing Gavi's 6.0 strategy. The session opened by recognising the critical contribution of CSOs across Asia—whether through raising awareness, strengthening health systems, addressing zero-dose challenges, or amplifying community voices at every level. Participants were encouraged to share insights and experiences to deepen collaboration across the region and ensure that leaving no child behind becomes a lived reality rather than a stated aspiration.

2. Opportunities for CSO Engagement for Gavi 6.0

Speaker: Vince Blaser, Director, Advocacy and Programme, Gavi CSO Constituency

Vince introduced emerging opportunities for CSO engagement under Gavi 6.0, emphasising the strength of the Asia CSO network, which now comprises more than 400 organisations. He highlighted that Gavi 6.0 offers a pivotal moment for CSOs to drive policy influence, accountability, and innovation. Vince underscored how interconnected health, education, environment, and primary healthcare issues require coordinated advocacy efforts.

He also noted areas where CSOs can immediately engage, contributing to creation and implementation of national immunization strategies, strengthening of advocacy and oversight of IA2030 commitments, engaging HPV vaccine rollout opportunities and challenges across South Asia, and collaborating advocacy to increase local and regional manufacturing of vaccines and address supply and financial challenges. Vince encouraged members to contribute ideas and opportunities through regional CSO platforms, with potential further consultations and surveys planned for the months ahead.

3. Keynote Address: Networked Advocacy to Advance Global Health Equity

Speaker: Aggrey Aluso, Director, Resilience Action Network International (Rani)

Aggrey delivered a keynote that positioned **networked advocacy** as an essential approach for achieving global health equity in the post-pandemic era. He began by reflecting on the **setbacks caused by the COVID-19 pandemic**, noting that hard-won gains in immunisation, essential health services, and community-level engagement were reversed across regions. These disruptions showed that traditional, siloed approaches to public health were no longer sufficient. Instead, resilience requires **collaborative action across sectors, disciplines, and regions**.

Aggrey described networked advocacy as a model built on **three interconnected pillars: connecting, collaborating, and catalysing**.

- **Connecting** involves bringing together diverse actors—CSOs, governments, academia, private sector, youth movements, and community networks—who each contribute unique strengths to a shared agenda.
- **Collaborating** means aligning these actors around common priorities such as zero-dose reduction, equity, and early detection systems.
- **Catalysing** emphasises collective action that accelerates momentum, enabling communities to adapt and respond to emerging health threats.

He emphasised that this model is not theoretical—there are already **successful examples** across multiple regions. He referred to community-based surveillance initiatives in the Philippines and Kenya that demonstrated how grassroots organisations can detect outbreaks early, build trust in health systems, and support vaccine uptake. These experiences highlighted that **community actors must be central** to any effective public health response.

Aggrey also touched on the increasing intersection between **health, climate change, and economic fragility**, stressing that CSOs must broaden their advocacy lens to address these

converging crises. A major theme of his address was the importance of **South–South collaboration**. He argued that countries in the Global South face similar systemic challenges—limited resources, fragile health systems, and inequitable global structures—and therefore have much to learn from each other. By deepening regional cooperation, countries can share models, innovate collectively, and push for fairer global health governance.

Aggrey stressed that **equity must remain the anchor** of all advocacy efforts. He also called attention to the need to **invest in CSO capacity**—not only in technical areas like data, surveillance, and communications, but in coordination and power building. Strong networks, he said, allow CSOs to influence policy at national and global levels, demand transparency, and ensure that decisions reflect community needs.

Aggrey closed by urging participants to embrace networked advocacy not just as a strategy but as a **mindset**—one that sees collaboration as strength, communities as experts, and equity as non-negotiable. He encouraged Asia’s CSOs to work together to build resilient, people-centred systems that can withstand future shocks and ensure that every child and community has access to life-saving vaccines.

4. The Fund Manager Mechanism: Upcoming Opportunities, the Hits and the Misses

Speaker: Dr. Mah Talat, Executive Director, Community Health Directorate, The Indus Hospital and Health Network, Pakistan

Dr. Mah Talat presented one of the most grounded and operationally rich sessions of the dialogue, drawing from Pakistan’s extensive experience with the **Fund Manager Mechanism (FMM)**—a model designed to overcome persistent barriers in delivering immunisation services, particularly in underserved and hard-to-reach regions.

She began by outlining the **complex landscape** in Pakistan that necessitated an alternative delivery model. Many districts, especially in provinces like Baluchistan, Khyber Pakhtunkhwa, and Sindh, faced **chronic immunisation gaps** due to a combination of systemic and geographic challenges.

Against this backdrop, the Fund Manager Mechanism was introduced to **channel resources more flexibly** and **enable CSOs to take the lead** in contexts where government systems were overstretched or unable to function. Dr. Talat emphasised that **CSOs were not merely**

implementing partners—they were connectors, problem-solvers, and community bridges.

Key Achievements and Challenges

Dr. Talat presented data and examples that demonstrated the mechanism's impact, with the strongest case coming from Balochistan. One of the standout achievements was the **94% reduction in zero-dose children** in districts like Jaffarabad and Sohbatpur in Balochistan province. This was made possible through:

- **Door-to-door micro-listing** by CSOs.
- **Daily review meetings** to make real-time adjustments.
- **Flexible deployment of mobile, riverine, and outreach teams**, which filled service gaps across shifting landscapes.
- **Use of boat clinics** to reach flood-affected and riverbank communities who otherwise had no access to health services.
- **Integration of multiple services**, where immunisation was paired with nutrition screening, antenatal advice, and awareness activities.

She also highlighted a **successful HPV-focused intervention**, in which CSOs identified over **200,000 eligible girls** through community mapping and ensured **100,000 received the vaccine**, despite social resistance and mobility barriers. This was possible only because CSOs could negotiate with community elders, religious leaders, and school authorities—roles that government teams often struggle to fulfil.

Areas for Improvement

Although the mechanism demonstrated strong results, Dr. Talat detailed challenges, such as **delayed fund flows, inconsistent data quality** from some implementing partners, **high staff turnover** in remote area, **safety and mobility risks** for frontline CSO workers in conflict-affected zones, and **limited scalability** because the mechanism remained concentrated in districts with greatest need rather than national-level expansion.

She especially highlighted that **coordination between CSOs and government EPI structures** varied by province—strong in some areas, fragile in others. Where strong, CSOs complemented government teams effectively, where weak, fragmentation slowed progress.

Upcoming Opportunities Under Gavi 6.0

Looking ahead, Dr. Talat emphasised that Gavi 6.0 provides several opportunities to **expand the FMM approach**, strengthen CSO leadership, and embed community-led models within national immunisation strategies. These include:

- Using CSO networks to **strengthen zero-dose identification systems**.
- Integrating immunisation with **health security, climate resilience, and PHC platforms**.
- Expanding **community-based surveillance** roles for CSOs.
- Building **CSO capacity in digital tools, microplanning, and social behaviour change communication**.
- Leveraging CSO insights for **gender-responsive and culturally grounded approaches**.

She ended her session by reinforcing that the FMM proved an essential reality: **where government systems stop, communities—and CSOs—keep going**. Their role is not complementary but **foundational** for reaching last-mile populations and ensuring equity within national immunisation programmes.

5. Potential Asia CSO Advocacy Upcoming Opportunities for Immunisation

Speaker: Vince Blaser, Director, Advocacy and Programme, Gavi CSO Constituency

Returning for a second session, Vince outlined potential engagement and advocacy opportunities for immunisation in the coming years in Asia region and globally. He reaffirmed that member organisations of the Gavi CSO Constituency hold ability to help shape the direction of immunisation efforts in the region by taking collective action, echoing Aggrey's emphasis on network-building across countries and health areas.

Key potential opportunities highlighted included: advancing strategies for zero-dose and underimmunised communities; advocating for development, implementation and accountability related to national immunisation plans committed to under Immunisation Agenda 2030; advocating for strengthened community engagement for HPV vaccine rollouts and addressing supply chain issues; and creating platforms for regional learning and joint advocacy. Vince invited organisations to participate in opportunities with the Constituency – including the potential to work with Constituency members on regional and national advocacy plans or campaigns.

6. Integrating Immunisation in Primary Healthcare

Speaker: Dr. Sreelekha Ray, President, Voluntary Health Association, Tripura, India

Dr. Sreelekha Ray shared practical lessons from Tripura, India, where immunisation has been effectively integrated into primary healthcare systems. She described the structured delivery of immunisation through fixed and outreach sessions across PHCs and community centres, supported by weekly immunisation days. Community awareness initiatives were conducted through anganwadi centres, while **Intensified Mission Indradhanush** targeted left-out, dropped-out, and resistant groups.

Integration with maternal and child health services and Vitamin A supplementation ensured holistic support for pregnant women and children. Additionally, the digitisation of immunisation records through the **U-WIN platform** enabled beneficiaries to track doses across states. Her organisation supported the government during COVID-19 by contributing human resources for digital data entry. Despite difficult terrain, workforce constraints, and vaccine acceptance, continuous communication with communities and close coordination with government departments helped to tackle coverage gaps effectively.

7. Role of community champions in immunisation

Speaker: Dr. Abu Yusuf Choudhury, Chairperson, BACCHI, Bangladesh

Dr. Abu Yusuf Choudhury focused on the essential role of community champions and grassroots actors in routine immunisation. He highlighted how community health workers are often the most trusted messengers, able to counter misinformation and encourage care-seeking in a culturally grounded manner. Their engagement ensures continuity of services, strengthens linkage with government health workers, and builds a reliable support system for immunisation uptake among vulnerable populations.

8. Questions and Answers from the Audience

The interactive discussion covered several themes raised by participants. Members expressed strong interest in cross-country learning, suggesting the need to document both successes and challenges from Gavi 5.0 to guide early implementation of Gavi 6.0. There were also questions on strengthening CSO participation in national immunisation strategies, improving vaccine acceptance interventions, and enhancing surveillance and early-detection capacities. Participants echoed the value of South-South collaboration and called for structured opportunities to share experience across the region.

Dr.

Mah

Talat:

“Is it possible that we should also take some of the good examples from the Fund Manager Mechanism (in 5.0) where there are real success stories? In many areas there are similar situations, so one model can work if improvised for that context.”

Vince

Blaser’s

Response:

Vince agrees and confirms that documenting and sharing learning from 5.0 will be important.

“[It is important], to share success stories and challenges that happened in 5.0 which can help inform engagement for 6.0... there are many commonalities across communities.”

9. Conclusion and Next Steps

The session closed with a renewed commitment to deepening collaboration among Asia’s CSOs. Participants agreed that civil society must remain central to shaping and delivering on Gavi’s 6.0 strategy, especially in advocating for equitable access to immunisation. The Gavi CSO Constituency plans to continue consultations to refine the collective engagements in the region. Members were encouraged to remain engaged, share insights, and use the regional platform to coordinate efforts.

The dialogue ended on a strong note of solidarity, with a collective resolve to uphold the principle that no child should be left behind in immunisation efforts across Asia.