



Review

Civil society organizations, the implementing partners of the Global Vaccine Action Plan

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ABSTRACT

The authors illustrate by way of civil society (CS) experiences in Pakistan, India, and Ghana how the guiding principles of CS and civil society organizations (CSOs) align with those of the Global Vaccine Action Plan (GVAP); (i.e., country ownership, shared responsibility and partnership, equity, integration, sustainability, and innovation). These experiences show how CS is contributing to GVAP goals such as global polio eradication and improving vaccination coverage by removing barriers and ultimately working toward achieving Millennium Development Goal (MDG) 4—reducing child mortality. A number of CSOs working in the field of child health share some of the objectives enlisted in GVAP: that immunization becomes a national health priority; individuals, families, communities understand the importance of immunization; benefits of immunization are equitably extended to all people; and vaccination systems are part of an integrated health system.

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Abbreviations: AEFI, adverse event following immunization; CBV, community based volunteer; CHN, community health nurse; CS, civil society; CSO, civil society organization; CWC, child welfare clinic; DoV, Decade of Vaccines; EPI, Expanded Programme on Immunization; FUGI, Future Generations International; GAVI, Global Alliance for Vaccines and Immunization; GHS, Ghana Health Services; GVAP, Global Vaccine Action Plan; IAP, Indian Academy of Pediatrics; IAPCOI, Indian Academy of Pediatrics Committee on Immunization; ICMR, Indian Council of Medical Research; IMR, infant mortality rate; MDG, Millennium Development Goal; NGO, non-governmental organization; NIP, national immunization program; NRP, neonatal resuscitation program; NTAGI, National Technical Advisory Group on Immunization; PPHI, People's Primary Health Care Initiative; RI, routine immunization; UIP, universal immunization program; VPD, vaccine preventable diseases.

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1. Introduction

The World Bank has adopted as its definition of civil society (CS) “the wide array of non-governmental and not-for-profit organizations that have a presence in public life, expressing the interests and values of their members or others, based on ethical, cultural, political, scientific, religious or philanthropic considerations [1].” The term civil society organization (CSO) therefore refers to a variety of bodies: community groups, non-governmental organizations (NGOs), labor unions, indigenous groups, charitable organizations, faith-based organizations, professional associations, and foundations. CS is the arena outside the family, the state, and the market, where people associate to advance common interests. It is sometimes referred to as the “third sector” of society, distinct from government and business, and it frequently functions as a bridge between government and the private sector.

CS is an important member of the GAVI Alliance [2] and plays an active role in supporting the Alliance’s mission, which is saving children’s lives and protecting people’s health by increasing access to immunization in poor countries. The GAVI CSO Constituency consists of a diverse network of CSOs that are motivated to support the Alliance’s mission.

The GAVI Alliance serves on the Leadership Council of the Decade of Vaccines (DoV) Collaboration and provides critical expertise and leadership as part of the organization’s Steering Committee. The Global Vaccine Action Plan (GVAP) is an ambitious project of the DoV Collaboration to fulfill its mission to extend, by 2020 and beyond, the full benefit of immunization to all people, regardless of where they are born, who they are, or where they live [3]. One of the key themes that emerged from DoV consultations and was incorporated into GVAP was the importance of CSOs’ engagement and the need to support their capacity building. CSOs are well positioned to support the implementation of many of the actions recommended in the GVAP, if investments are made to build and strengthen CSOs’ capacity [3].

The role of CSOs can be multi-faceted and can include directly providing services, creating demand for immunization and child health services, advocating for increased access to immunization, and playing a watchdog role to ensure that government and international agencies are accountable to the communities they serve. CSOs may play an important role in helping to achieve health targets set by international organizations including many objectives of GVAP.

This paper describes success stories of CSO involvement from three countries where many children have not been immunized, and includes two polio endemic countries: India, recently been declared free from polio after an intense battle against the disease, and Pakistan, still striving to achieve that status [4]. These studies show that CSO involvement can help fulfill the vision of GVAP and build on the success of polio eradication efforts.

2. Objectives

The purpose of this paper is to document best practices and lessons learned from collaborations between CSOs and governments in Pakistan, India, and Ghana. These case studies illustrate that activities carried out by CSOs in the three countries align with the guiding principles and objectives of GVAP [5]. The paper provides an opportunity to study experiences from polio eradication campaigns and the importance of partners—particularly CSOs—in achieving any significant health goal.

3. Methods

A literature search was carried out to define CS, CSOs, their role in immunization, and their engagement with GAVI. Members of

CSOs from the three selected countries provided evidence from their respective organizations for significant contributions to child health in general and immunization in particular, in the case studies described below.

4. Results

4.1. Case study 1: Pakistan

4.1.1. Raising awareness about the importance of immunization

GAVI’s support to DoV initiative and its ambitious project, GVAP is critical. The following case study describes how GAVI contributed in different aspects related to immunization in Pakistan through support and collaboration with many local and regional CSOs.

Pakistan is the world’s sixth most populous country, with an estimated 190 million people and a population growth rate of 1.55 percent. A middle-income country with a gross domestic product (GDP) of \$1372 per capita, it exhibited GDP growth of 2.3 percent in 2011–2012 [6]. However, the country confronts multiple fiscal, human resource, governance, natural disaster, and security-related challenges, leaving Pakistan’s health and immunization indicators far behind those of other countries in the region [7]. Progress toward meeting the targets for MDG4 and MDG5 (reducing maternal mortality) has been insufficient and uneven, and targets are unlikely to be met. Under-5 child mortality reported in 2011 was 61 per 1000 live births, with significant urban–rural and wealth quintile disparities [7]. Because of competing priorities such as flood response, polio control efforts, poverty alleviation, education, and infrastructure development, Pakistan has not been able to increase its spending on health care in absolute terms, and it remains at around 0.7 percent of the GDP.

Pakistan continues to struggle to become a polio-free country. The devolution of the Federal Ministry of Health to the provinces in June 2011 opened new opportunities for health and immunization programs, with the National Expanded Programme on Immunization (EPI) placed under the Ministry of Inter-Provincial Coordination at the federal level. For the first six months of 2012, authorities reported 23 cases of polio, compared with 198 for the same period in 2011 [8]. Although the number of cases has been reduced, managers and health workers continue to wage this war in areas where the population resists vaccination against polio and other diseases, or inadequate infrastructure makes work difficult.

4.1.2. Civil society’s role in strengthening the health system

According to one estimate, Pakistan has approximately 45,000 CSOs working in the area of health and social development across the country [9]. Eighty percent of the curative health care and outpatient services across the country are currently provided by the private sector while approximately 80 percent of traditional vaccine costs are borne by the government [10]. The devolution of government services in 2011 has intensified the challenges for the provinces in the delivery of health and education services. Resource constraints and lack of competent and trained staff are key barriers, but at the same time, opportunities have emerged for CSOs to come forward with more innovative and cost-effective models of service deliveries.

CS has risen to the occasion and is working alongside provincial governments in strategic planning, policy dialog, and creating innovative and efficient models of health care delivery— all key objectives of recently introduced draft GVAP. CSOs complement service delivery through organizing vaccine campaigns/camps and training sessions, and providing equipment and supplies. In almost every province, health service delivery through public-private partnerships is being piloted. Examples of these are the Peoples’ Primary Health Care Initiative in Sindh [11]; the Shagram Rural health

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