



Independent observer
of the Global Fund

KYRGYZSTAN CCM WILL LIKELY BE INTEGRATED INTO THE GOVERNMENT'S COORDINATION COUNCIL FOR PUBLIC HEALTH

Global Fund stakeholders in Kyrgyzstan are discussing different options for integrating the country coordinating mechanism into a national level body led by the Prime Minister – known as the Governmental Coordination Council for the Public Health (CCPH). The rationale for this step is that the functions of these two bodies overlap significantly.

The most likely outcome is that the CCM will become a sub-committee of the CCPH. The decision to initiate discussions with the government concerning integration was taken at a CCM meeting held on February 2016.

“We understand that the CCM cannot be simply be slotted into the CCPH like a piece in a jigsaw puzzle,” said Natalya Shumskaya, a member of the CCM reform working group, and chairperson of AIDS Foundation East West (AFEW) in Kyrgyzstan. “The charters of both groups will have to be modified.”

International and local NGOs, government officials, and community representatives all realize the need for reform, Ms Shumskaya said. “However, all of us agree that the process has to be open and clear. All options should be publicly discussed before the final decisions are taken.”

The working group, which was set up in the summer of 2015, includes two representatives from the civil society sector.

The reform of the CCM in Kyrgyzstan has been going on for six years. Nevertheless, in 2013, three years into the reforms, and even though the CCM had a fair sectoral balance and good community representation, a performance appraisal revealed that the CCM was not functioning effectively. The

appraisal found that although the CCM was overseeing grant implementation, the coordination role between the national HIV and TB programs and the programs funded by the grants was weak.

The CCM invited the Health Focus GMBH Group to conduct a feasibility study on how the CCM could be improved. The group suggested restructuring the CCM and provided several scenarios.

Currently, the CCM reform working group is considering options for how the CCM can be integrated into the CCPH, and is looking at what legal documents will be needed to ensure that the CCM retains its current composition and its decision-making powers. The Global Fund is supporting the integration process by providing funding within the CCM's operating budget for a lawyer to develop charters for both the CCPH and the CCM sub-committee, and to ensure that all documents are in line with national laws and regulations.

Although the CCPH is high level government structure, civil society and community organizations have voiced concerns that the CCM might lose its decision-making power as a sub-committee of the CCPH. They also worry that the relative importance accorded to the two diseases (HIV and TB) might be diminished given other public health threats.

CCM reform is seen as a key element of Kyrgyzstan's transition from the Global Fund (see [GFO article](#)). Local community representatives have told GFO that The Global Fund Secretariat was very supportive in bringing these two elements (CCM reform and transition planning) together and creating an understanding of how they are interrelated. "We should admit that without the Fund's active support and involvement, we – communities and CSOs – would not be able to advocate for changes so effectively on the national level," said Aibar Sultangaziev, executive director of the Partnership Network.

Other problems on the CCM

While the CCM reform working group was discussing options for integrating the CCM into the CCPH, other problems surfaced that will need to be dealt with.

One such problem is the lack of capacity of community representatives at CCM to participate fully in discussions. The representatives require extensive training in order to understand the systems and procedures of The Global Fund as well as the terminology used by the Fund. The current Global Fund grants actually provide for such training, but many stakeholders were not aware of this. This is a sign that communications are far from optimal. It also raises issues of accountability: Some people in CSOs and in the community expressed dissatisfaction with the work of their representatives on the various committees and working groups.

GFO talked to one community representative from an organization that is not involved directly in the CCM reform working group. She expressed concern regarding a lack of clarity concerning the reforms, and about the accountability of the CCM and the reform group. In particular, she said that information about the process is limited to a small number of people in a "select circle."

To address issues of communication and accountability, and to ensure a wider and more active participation of the community in the CCM reform process, the Partnership Network, acting on behalf of 12 community-based organizations, submitted a funding request to GIZ for a project designed to help the CBOs and the communities be part of discussions. The request has been endorsed by the full CCM. The project has two goals: (1) to ensure that CBOs and communities receive information on what is being discussed in a format they can understand, and that they receive information on the rationale for any decisions; and (2) that the views of the CBOs and communities are adequately presented by their representatives.

This article was modified on 31 March 2016 to indicate that it was the Health Focus GMBH Group, and not the World Health Organization, that was invited to conduct the feasibility study.

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