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THREE BOARD DONOR CONSTITUENCIES CALL ON THE GLOBAL FUND TO REVIEW THE ROLE OF CCMS

The Global Fund should review the scope, purpose and role of its country coordinating mechanisms (CCMs), said three donor constituencies on the Board – Switzerland, Germany and France – in a [position paper](#) released recently.

The paper was discussed at a session at the Board meeting in November 2016. Aidspan understands that the paper was first discussed at a joint meeting of the Strategy Committee and the Ethics and Governance Committee, where it received a good reception. This paved the way for the discussion at the Board meeting.

Issues concerning CCMs have been raised fairly frequently of late, particularly with respect to the role of CCMs in the transitioning process.

The donors pointed out that while CCMs have been a key part of the Global Fund architecture in the 15 years since the Fund was established, the landscape has changed considerably over that period. The Millennium Development Goals (MDGs) have evolved into the Sustainable Development Goals (SDGs); the Global Fund has adopted a new Strategy for 2017-2022; and there have been many changes in the way the Fund operates. Examples of these changes include (a) the introduction of a new funding model (NFM); (b) a greater focus on the participation of key populations; and (c) countries transitioning away from Global Fund support.

From the outset, CCMs have been meant to be multi-stakeholder partnerships responsible for developing and submitting funding requests, nominating principal recipients, and overseeing the implementation of grants. With the introduction of the NFM, CCMs were supposed to play an even stronger leadership role – participating in national strategic plan discussions; convening stakeholders to engage in inclusive country

dialogues; and agreeing on a funding split between AIDS, TB, malaria, and health systems.

The donors said that annual reviews of CCM performance, as well as studies by the Office of the Inspector General and others, have identified weaknesses, particularly in grant oversight. Roles and responsibilities of CCM members are sometimes unclear and standard operating procedures are sometimes not followed. In addition, the establishment of CCMs in some countries seems to have created parallel structures to already existing health coordinating bodies. “While the reasons for weak CCM performance and sometimes lack of coordination with other health sector bodies are complex and context specific,” the donors said, “they need to be assessed and addressed to ensure that Global Fund programmes are aligned with national strategies and contribute to the SDGs.”

The donors suggest that the review of CCM functionality be structured around questions such as:

- What is required by CCMs to oversee Global Fund resources and processes well?
- Are the CCMs able, equipped and empowered to meet those requirements?
- If not, what kind of support do CCMs need to increase their performance and ultimately ensure improved grant performance?

With respect to the role of the CCMs in health sector governance, the donors suggest that the review focus on questions such as:

- What changes to the composition, role and functions of the CCMs should be introduced to make them fit for the purpose of implementing the new Strategy?
- Which CCM functions actually relate to the broader health agenda and consultation processes of a country? Which of those functions should be maintained even after countries transition from Global Fund financing?
- How can CCMs be empowered to become innovative drivers for strengthening systems for health?

“CCMs need to be consulted, supported, strengthened and, most importantly, empowered to reach [their] objectives,” the donors stated.

According to the donors, the OIG’s audit of CCMs found that CCMs are the first collateral damage when transitioning out of Global Fund support. “This puts at risk the inclusion of key populations in health decision processes, defying stigma and discrimination as one defining factor of CCMs – especially when compared with other (health) sector bodies,” the donors said. “Experiences and concrete examples from already transitioned or transitioning countries are needed to show how CCMs can become inter-sectoral bodies, supporting long-term financial flow and ensuring access to services for all in a rights-based health system.”

In their paper, the donors put forward a series of recommendations on three topics. Selected recommendations are shown in the table below.

Table: Recommendations to the Board and Secretariat

Topic	Recommendations to the Board	Recommendation to the Secretariat
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<p>Reviewing CCM role and functions</p>	<ul style="list-style-type: none"> • The Board needs to agree on the revised functionality of CCMs and their role in overall health sector governance. • The Strategy Committee should review the core functions of CCMs. • The Ethics and Governance Committee should propose the adaptation of the Global Fund Ethical Framework to the CCM. • The Audit and Finance Committee should assess the resources needed by CCMs. 	<ul style="list-style-type: none"> • The CCM Hub and the operational technical resources allocated to it should be strengthened. • The Secretariat should provide guidance to CCMs. • Country dialogues should reach disease-specific stakeholders.
<p>Safeguarding CCM principles in transitioning countries</p>	<ul style="list-style-type: none"> • The Board should provide guidance on how to secure the participation of civil society and key populations in decision-making and oversight. • The Board should require reporting from the Secretariat on CCM integration and broad multi-stakeholder participation with respect to transitions. 	<ul style="list-style-type: none"> • Countries should be supported and implementing transition work. • Countries should be supported to sustain partnerships.
<p>(Re)prioritizing the engagement of civil society and key populations</p>	<ul style="list-style-type: none"> • Progress on Community, Rights and Gender should become a standard reporting item to the Board. • A broader definition of key populations should be agreed. 	<ul style="list-style-type: none"> • The results of the ongoing community engagement study need to be included into recommendations. • The Secretariat should work with countries to explore how civil society and key population engagement in CCM oversight can be enhanced.

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