



Independent observer
of the Global Fund

Country Coordinating Mechanisms will see some changes by the end of 2019

GFO: Please tell our readers a bit about Emily Hughes?

EH: I arrived in Geneva in late June to take on the role of the new CCM Hub Manager at the Global Fund. This chapter follows a great three years in Malawi where I served as the PEPFAR Coordinator along with my US government colleagues, working in partnership with the Ministry of Health, UNAIDS, Civil Society and other key stakeholders (including the Global Fund) to reach the global [HIV-related] goals of [90-90-90](#).

It's exciting to be back in Geneva where I was based from 2014-2016 at the Global Fund working on the Implementation Through Partnership project. The opportunity to work on a foundational principle of inclusive and transparent investment development and oversight is an honor. And I very much look forward to working with countries and partners to ensure we continue to evolve this approach and deliver on impact against the three diseases as well as resilient and sustainable systems for health.

GFO: What is the CCM Hub, its composition and role?

EH: The CCM Hub is a team of nine members, embedded within the Grants Management Division of the Global Fund. We support over 115 CCMs (CCM-like bodies, including at the regional level) to ensure both the inclusive development and oversight of Global Fund investments to end epidemics, in partnership with countries, partners, and civil society, including people living with these diseases. The CCM Hub also serves as a resource for Global Fund Country Teams as they work with CCMs throughout the grant life cycle. Finally, three of the team members are currently fully focused on the CCM Evolution Pilot, working with 18 countries to learn ways to fully capitalize on key strengths and opportunities, and mitigate weaknesses in CCMs across different operational contexts. The findings provide an opportunity to enhance collaboration with key partners for a more efficient and effective response, given CCMs' critical

role in transparently and inclusively developing and overseeing investments to end the diseases.

GFO: The CCM evolution pilot project was launched 1 year ago, what are the 1st results and the way forward?

EH: The results of the CCM Evolution pilot phase are just starting to come in as we finish the End Line assessments in the final few countries [out of 18] and prepare to report to the Strategy Committee next month. Within the four workstreams of the project – Linkages, Oversight, Engagement and Functioning – it's been exciting to see some of the early results about the power of infusing oversight dialogue (utilizing data) into the CCM platform. We are seeing that the addition of an Oversight Officer combined with an updated dashboard (many of these were already in place), can take the dialogue to a different level in terms of grant performance and contribution to the national responses.

There are more opportunities to mature within the Linkages workstream as CCMs review the landscape of existing and emerging bodies with which they can collectively situate their coordination efforts, oversight and inclusive dialogue. This includes taking a close look at representation to ensure an effective and efficient body that reflects multiple sectors and technical areas of focus, including resilient and sustainable systems for health (RSSH).

Finally, we are also seeing how much the functioning element of a CCM relies on a well-equipped CCM Secretariat. These one or two staff members can be central to ensuring inclusive dialogue, strategically prepare and engage leadership, dynamic oversight of the investments and ensuring conflicts of interest are well managed, while promoting an ethical approach and response. We want to use these learnings to leverage an “evolved model”, building on what we learn from these 18 CCMs. In the way that CCMs were central to the Framework Document in 2001 that started the Global Fund, CCMs are still a critical element of the Global Fund model and strategy to invest to end epidemics and it's critical to highlight that linkage.

GFO: There are many key issues in the countries such as RSSH, domestic resource mobilization, transition...how should the CCM contribute meaningfully?

EH: This is a great question and one we see as key to an “evolved” CCM model. These bodies are such a critical part of the way Global Fund invests in countries – ensuring multi-sectoral insights and people living with the diseases are not only part of shaping investments, but in improving them during implementation. RSSH, domestic resource mobilization and transition are key areas where the CCM should add value, depending on the country context. For example, in RSSH, how can the CCM ensure the investment (funding request) gets beyond some of the standard ‘go-to’ short term purchases to funding innovative approaches directly linked to ending diseases? Or for domestic resource mobilization, how can the CCM monitor co-financing and ensure domestic commitments are upheld? Given some CCM chairs are Ministers of Finance or Secretaries of the Treasury, this can play directly into their areas of expertise. For transition, how can CCMs play a role in helping monitor the implementation of transition plans, or help push national stakeholders to strengthen early, inclusive planning? This is why an Evolved Model is so key – we need to leverage these bodies and ensure that in partnership we are collectively clear on opportunities in health governance, including sustaining the gains against these diseases.

GFO: What can the CCM Hub do to support the CCM in its central role of strategic oversight and as main actor in the grant cycle and country dialogue? How do you plan to prepare them for the next cycle?

EH: This is really one of the central questions of the CCM Evolution Pilot – what are those key tools CCMs use (or could use) that we can invest in from the central level though defined by CCMs themselves. We are learning a lot from countries on this and a lot of it comes down to ensuring CCMs have accessible data, including from the communities – whether it be financial, epidemiological, access to services, etc. – to inform this dialogue as well as a member of the CCM secretariat to infuse this element into CCM

meetings (in the Evolution Pilot, these have been additive ‘oversight officers’).

This is not about collecting new data, but utilizing existing data through existing tools like the CCM dashboards or other channels available at country level (e.g. those that informed the National Strategic Plan, for example). And using this data (particularly from the community level) to refine the investment – whether that be in its development or reprogramming actions. As the CCM Hub, we want to be responsive to the needs articulated by CCMs themselves and to break the cycle of annual assessments and compliance requirements, to supporting CCMs in carrying out their critical roles in strategic oversight and inclusive development of investments to end these diseases.

GFO: How do you conceive of your role in making a “bridge” between all the CCMs, helping them share interesting practices and successful stories?

EH: This is such a critical question given so many of the answers and solutions are in countries – I think our role can sometimes be to simply amplify them. We are working on a principle of “incentivizing and equipping” CCMs versus assessing and managing follow-up actions. This includes a web-based resource page we plan to roll-out that features existing and emerging tools. There is no need to recreate, there has been tremendous investment in this space over the past 15 years. As the GF Secretariat and CCM Hub, we can amplify what has worked in countries and provide opportunities to share through modern communication platforms. We need to leverage technology and existing solutions in 2020 as catalysts for change.

GFO: What is your vision for the next 3-5 years for the CCM and the CCM Hub?

EH: Within five years, our vision is that CCMs will be a country-owned body that meaningfully engages in effective health governance and accountability, and integrates a critical level of engagement with those living with diseases in national responses to end these epidemics by 2030.

To get there, we need an evolved CCM model that focuses on investing in CCMs to carry out critical roles in inclusive investment development (and this can be beyond the Global Fund funding request – let’s build efficiencies in these platforms) and strategic oversight. We want to build on what works for community engagement. Countries have solutions and technical capacity, particularly as we continue to work in a partnership approach that builds on existing data and tools.

As we roll this out in partnership with countries, we can move away from heavy investment in external technical assistance to one of cooperation and amplifying what works as these bodies sustain the gains either as “CCMs” or another national, inclusive platform. This includes leveraging the technical and programmatic expertise of communities, governments, and partners (bilateral, multilateral, private sector) in cooperation, not assistance. And how this is done is also critical in terms of ethical approaches that manage conflicts of interest – embedding this as a principle of how a CCM or governance body operates, not simply a compliance activity.

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