



Independent observer
of the Global Fund

THE CHALLENGES OF CCM REFORM IN THE DRC

In the Democratic Republic of Congo, a reform of the country coordinating mechanism is underway to make it comply with Global Fund requirements and to integrate it into a national steering committee for health, the Comité National de Pilotage du Secteur de la Santé.

This reform has been ongoing since the beginning of 2015 and is being implemented by an ad hoc committee consisting of 10 people (including six who have been elected to the new CCM), with the support of an international consultant from France Expertise International.

Conflict of interest

In 2014, a CCM evaluation revealed poor results, a lack of conflict of interest regulations, the inefficiency of the CCM's oversight committee, and problems related to representation. According to the report of the evaluation, out of the 50 people on the CCM, four represented principal recipients, nine sub-recipients, and four sub-SRs.

“Some people had been members of the CCM for more than ten years. They changed the CCM into a small mafia,” a former member of the oversight committee told GFO. “It was far from a health democracy. People were constantly maneuvering to keep their positions.”

First, the reform focused on replacing the Permanent Secretary of the CCM secretariat who was suspected of misappropriation. Even though the Global Fund had already identified the amount of unjustified expenditures, the CCM requested an independent audit not only of the CCM's Global Fund account, but also of the counterpart financing accounts, to determine the amount of unjustified expenditures. According to various sources, the departure of the Permanent Secretary was obtained after arduous negotiations.

Another important achievement of this reform, according to the the Global Fund's fund portfolio manager for the DRC, Nicolas Farcy, was that "the Minister of Health set a good example by deciding to leave his position as the chair of the CCM in order to avoid being in conflict of interest since his programs receive Global Fund grants." The minister was replaced by a respected personality, the director of the School of Public Health, Dr Emile Okitolonda Wemakoy.

Renewing and downsizing the CCM

Renewing the membership of the CCM, whose numbers were excessive, proved to be a long and delicate process. Its size was reduced by half after the election that was held on 31 July. The CCM went from 50 members to 27 (10 from the public sector, 11 from civil society, four from donors and technical partners, and two from the private sector).

"The elections took place according to the rules. We requested the presence of judicial officers and security forces to prevent any disruption," said Juma Kariburyo, the consultant from France Expertise International. "Once the results were announced, we realized that some of the members who had been in the CCM for ten years were still there."

So, a system of automatic renewal was put in place. After each three-year term, one third of the oldest members are required to leave the CCM. "This one-third renewal maintains institutional memory and at the same time guarantees 'new blood'," said Dr Pamphile Lubamba, president of the ad hoc committee.

A system of rotation among the stakeholders enables all sub-sectors to participate in the CCM. Some members will have a permanent seat, such as the Ministry of Health and key donors (U.S. and France). The chair of the CCM will rotate among the public sector, civil society, the private sector, and international partners. At the beginning of each year, a conflict of interest statement will be signed by all CCM members.

Progress... and criticisms

"We now have to evaluate the operational capacity of this new CCM by – among other measures – assessing whether it holds regular general meetings, recruits a new Permanent Secretary, develops a new clear and well defined action plan, undertakes regular field visits (through its oversight committee) and initiates requests for new disbursements," Juma Kariburyo said.

Nicolas Farcy said that the new CCM has already shown enthusiasm by establishing a new technical committee for the preparation of concept notes. "Thanks to the committee, the CCM can now identify savings in programs and is able to reallocate these resources to where they are most needed."

In spite of this progress, some people from civil society who are part of the CCM remain skeptical. "The Global Fund has the will to make changes but the political pressure is huge. The long-time members still have a big influence and many CCM members are what we call 'Yes men'," one of them said.

The next step of the reform will consist of the integration of the CCM into the Comité de Pilotage du Secteur de la Santé. However even this committee has a lot of shortcomings and will have to be reformed first. Among those reforms, observers said, it will be necessary to create an institutional structure to make it function efficiently.

“The reform of the CCM can serve as a model for the Comité de pilotage. The integration could happen during the first quarter of 2016,” Juma Kariburyo said.

According to Nicolas Farcy, the priority will be to guarantee that the CCM remains operational and responsive within this larger body and to ensure that key populations and civil society maintain their representation.

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