



Independent observer  
of the Global Fund

## Country Reports

Editor's note: As increasing numbers of grants get approved by the Global Fund and money starts to flow to grant recipients, attention increasingly turns to how Country Coordinating Mechanisms (CCMs) and Principal Recipients are operating. Each country that is eligible for Global Fund grants is expected to form a CCM that represents government, NGOs, faith-based organizations, private sector, bilateral donors, multilateral agencies, and more. The Fund has no firm rules on the size, composition or working methods of each CCM. Thus, CCMs are having to invent themselves as they proceed. Some have had much greater success with this than others, and many CCM members are seeking information on what other CCMs are doing. Accordingly, GFO will from time to time provide country reports, sometimes short (as with what follows) and sometimes long. CCM members, and organizations excluded from CCMs, are invited to contact the editor of GFO ([rivers@aidspan.org](mailto:rivers@aidspan.org)) with information of potential interest to readers in other countries.

### KenyaCCM Halves its Size and Government Takes Minority Role

Over the last few weeks, Kenya's CCM has agreed to reduce its membership from over 30 people to just 16. The Chair will be the Minister of Health, but the government has agreed that only three of the sixteen CCM members will be from the government. The precise CCM composition will be: Government – 3 members; bilateral and multilateral development partners – 3 members; faith-based organizations – 3 members; NGOs – 2 members; people living with AIDS – 2 members; professional associations – 1 member; private sector – 1 member; academic institutions – 1 member.

This remarkable development arose after the CCM concluded that in its original form, the CCM was cumbersome; that some meetings were dominated by government members and some by development partners; that meetings consisted of speeches rather than discussion; and that little of value was emerging.

A decision was also made that the Round 4 HIV proposal that the CCM will submit to the Fund will focus primarily on scaling up HIV care and treatment, with a significant proportion of the activities being carried out by NGOs and faith-based organizations. An advertisement was placed in newspapers inviting community-based organizations (CBOs) and other members of civil society to submit their own proposals to the CCM. These would be evaluated and then consolidated into a single proposal to be submitted by the CCM to the Fund. Representatives of these organizations were also invited to attend a two-day conference in Nairobi, at their own expense, to learn more about the process. The conference and four follow-up regional workshops were organized by KECOFATUMA (Kenya Consortium to Fight AIDS, TB and Malaria), an umbrella group working for “transparent, responsible, accountable and inclusive leadership in Kenya civil society dealing with HIV/AIDS, TB and malaria.” The meetings were arranged in response to “frustrations and complaints by many in Civil Society that the [Global Fund] process was complicated, vague, ambiguous and difficult to understand.”

Two hundred people, mostly from CBOs, were expected at the conference; seven hundred came, from all over the country. Speakers included the Minister of Health. KECOFATUMA obtained small grants from the GTZ BACKUP Initiative and others to cover some meeting costs and to obtain the services of technical experts who could help CBOs prepare their applications.

A GFO article describing and analyzing these developments in greater depth will be provided in the near future.

### Russia Still Has No Agreed CCM

As of mid-February, no agreement had been reached within Russia on the composition of a Russian CCM. At different times, several different listings of organizations and individuals have been put forward as “candidate CCMs”, and the Global Fund web site has in recent weeks listed two different CCMs. But none of these groups has achieved sufficient support from government and NGOs to cause them to be accepted by each other as “the” CCM.

(Note: For a valid CCM to exist, it must have representation from a range of parties; it must have held meetings attended by these parties; and minutes recording attendance at and decisions made at these meetings must be sent to the Global Fund. And, at some point, the CCM must submit a proposal that the minutes record as being approved by the CCM.)

### Guatemala CCM's Nominee for Principal Recipient rejected by Global Fund

The Guatemala CCM recommended that the Principal Recipient (PR) for its \$41 million Round 3 HIV grant should be the United Nations Development Programme (UNDP). However, the Global Fund Secretariat over-ruled this idea. As a result, the CCM now has to find some other organization, indigenous to Guatemala, to play this role. This process will probably delay commencement of the HIV-treatment project by several months.

The Secretariat explained to the CCM that it made this decision because it has a mandate to make use of and build local expertise and administrative capacity, and that UNDP and the Global Fund have agreed that UNDP should serve only as the “PR of last resort.” This does not preclude UNDP from assisting with matters such as capacity building and procurement.

## Ecuador Civil Society Principal Recipient Resigns

One of the two Principal Recipients (PRs) for Ecuador's \$14 million Round 2 HIV grant (approved a year ago) has resigned. The PR in question, Corporación Kimirina, was going to manage the civil society participants in the grant. These participants did not all agree on how the project should be managed, so Kimirina decided to resign in order to avoid holding back the implementation of the project. The other PR, the Ministry of Health, will now serve as PR for the entire project, but may choose one or two qualified NGOs as sub-recipients.

## Philippines CCM chooses NGO as Principal Recipient

In the Philippines, the CCM, chaired by a government official, has chosen an NGO to serve not only as one of two Vice Chairs, but also as the Principal Recipient (PR) in all three Global Fund grants that have been approved.

The country has long had a relatively relaxed relationship between the government and civil society. The CCM, formed from the pre-existing National Infectious Diseases Advisory Council (NIDAC), consists of 28 people: 5 from the Ministry of Health, 5 from other government ministries, 6 from bilateral and multilateral agencies, 5 from NGOs, and 7 from other sectors of civil society. The CCM meets monthly; three Technical Working Groups (one for each of the main diseases) meet every two weeks; and the Executive Committees of the TWGs meet every week. Government and civil society representatives are active in all of these groups.

The CCM chose an NGO (the Tropical Diseases Foundation) to serve as PR because of its technical expertise, because of its track record in transparent management of funds, and because private-public partnership is a strong feature of the grants being implemented. No government agency serves as PR or as a sub-recipient, although many government people work as project staff. Their salaries while they do this work continue to be paid by the government, but their per diems and their other project-related expenses are paid by the Global Fund grants, via the NGO-based PR and sub-recipients. One additional reason why this arrangement was arrived at is because it was felt that if the government handled the money, the bureaucratic arrangements would be more complex and it would take longer for multiple small quantities of money to reach the people on the front lines who need it.

## South Africa CCM Still Having Difficulties

South Africa specified some time ago that the role of its CCM will be played by SANAC (the South African National AIDS Council). SANAC has 41 members, of whom 22 are from the government, of whom 16 in turn are Ministers or Deputy Ministers. SANAC has had hardly any meetings since it took on the role of CCM.

In the Global Fund's Rounds 1, 2 and 3, the South African CCM had limited success. In Round 1, a proposal was submitted by the province of KwaZulu Natal on the grounds that there did not then exist a CCM. Much disagreement within South Africa, and between the South African government and the Global Fund, then followed, as reported previously in GFO. Then in Round 2, multiple bundled proposals were submitted to the Fund, of which only one was approved. And in Round 3, at least twelve proposals were submitted by the CCM, of which again only one was approved.

For Round 4, SANAC placed a newspaper advertisement calling upon governmental and non-governmental organizations to submit proposals to SANAC within two weeks, using the Global Fund format. A phone number was provided for queries, which according to one would-be applicant was never answered. This would-be applicant then found another route into SANAC, where he was told that someone had been assigned to provide technical assistance to organizations applying to the CCM – but

the person had been off sick since receiving the assignment. The would-be applicant finally gave up in frustration.

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