GLOBAL FUND RELEASES REPORT ON CCMS

In an interim report entitled "A Report on the Country Coordinating Mechanism Model," the Global Fund has released results from 40 case studies it commissioned on the operations of 19 CCMs. The report, which is undated, is available at
www.theglobalfund.org/documents/publications/other/CCM/CCM_report.pdf.

The case studies were conducted in eight thematic areas: partnership and leadership; governance and civil society participation; CCM oversight practices for grant implementation; CCM Secretariat; principal recipient and sub-recipient selection; conflict of interest; CCM-PR-LFA communications; and harmonization and alignment.

By the end of this year, the Global Fund plans to release in-depth reports on each of these thematic areas. The Fund also plans to produce a final version of this report, in which it will add one-page summaries of the lessons learned, and key recommendations in each of the eight thematic areas.

The purpose of the case studies was to describe the "range of [CCM] models and experiences gained since the inception of the Global Fund." The list of CCMs selected for the case studies was based, in part, on work already underway for the Five-Year Evaluation of the Global Fund; and, in part, on the Secretariat's experience and knowledge of developments in CCM practices and management. The methodology involved (a) a review of relevant Global Fund documents; (b) in-depth interviews with stakeholders in-country; and (c) a focus group discussion in each country with some key CCM constituencies.

The list of CCMs included in the study is as follows:

- Africa: Ethiopia, Kenya, Malawi, Mali, Mozambique, Nigeria, Tanzania, Zambia and Zimbabwe.

- Asia: Cambodia, India, Sri Lanka.
- Eastern Europe and Central Asia: Bulgaria, Romania and Tajikistan.
- Latin America and the Caribbean: Honduras, Jamaica, Peru and CRN+ (Caribbean Regional Network of Persons Living with HIV/AIDS). (CRN+ is actually an RCM, not a CCM.)

Not all case studies covered all eight thematic areas.

The following are some of the main findings of the report, divided by thematic area.

Partnership and leadership

Based on case studies conducted in Honduras, Malawi, Nigeria, Peru and Zambia, the report concludes that the CCM partnership model – with its requirements for multi-stakeholder participation and equality of voice – is a successful one and has improved the quality of health programmes in these countries. The report says that CCMs "generally mediate competing interests successfully" and that, in some countries, the CCM model has led to "a redefinition of the relationship between government and civil society." (However, see Commentary article below.)

The report cites as examples, the "strong leadership and outreach demonstrated by the Peruvian Ministry of Health," and the fact that in Honduras, "working together as equal partners with the government had an empowering effect on civil society."

The report provides a list of both the positive and negative leadership characteristics that have been exhibited by CCM chairs.

Positive characteristics found in some CCM chairs include the following:

- Experienced facilitator and promoter of change
- Enjoys CCM members' respect and has a longstanding relationship with the mechanism
- Sound conflict resolution skills and able to mediate between different stakeholders
- Enjoys a high measure of respect and acceptance by the government
- Accountable and transparent
- Ability to galvanize, mobilize and enthuse CCM partners
- Displays a high level of commitment to the fight against AIDS, TB and malaria
- Excellent communication skills
- Results-oriented approach
- Solid meeting management skills
- Well organized (ensures minutes and documents distributed on time, handles agenda well, prioritizes)
- Ability to work under pressure
- Keeps information flowing between CCM members

Negative characteristics found in some CCM chairs include the following:

- Does not manage participation and work within multidisciplinary teams, e.g. does not ensure sufficient civil society participation
- Is not clear about CCM responsibilities or those to be performed by PR, sub-recipient and LFA
- Does not lead with much enthusiasm or motivation
- Misses CCM meetings, frequently prioritizing government responsibilities over CCM responsibilities [applies only to Chairs from government]
- Dominates meetings, often insisting on own "agenda" rather than facilitating consensus.

In the conclusion of this section, the report says that despite the positive trends, "civil society still needs

strengthening in the many countries where government dominates the public health arena to the exclusion of a civil society too weak to engage effectively."

The recommendations call for (among other things) making funds available to CCMs for capacity building to improve CCM participation on CCMs, and for civil society consultations with its constituencies.

Governance and civil society participation

Based on case studies conducted in Cambodia, Ethiopia, Honduras, India, Kenya, Romania, Tajikistan, and Tanzania, the Global Fund found that in many countries the voice of civil society in CCMs is weak; that the participation of civil society representative is not always meaningful; and that civil society leadership is often not well informed about the latest developments.

The report identifies areas where capacity building is required, and where there are structural obstacles to strengthening civil society participation. The report says that "challenges to communications between civil society representatives on CCMs and their constituencies were reported in all [19] countries where case studies were carried out."

The report provides a list of useful CCM governance tools and protocols.

The report identifies as a best practice the use of alternates – i.e., "an arrangement by which a constituency selects an alternate to stand in for the primary representative at those meetings she or he is unable to attend. Alternates are also allowed to vote on behalf of the CCM members they replace." The report says that the system of alternates was found to be effective in Cambodia, India and Tanzania and that the "use of alternates underlines the importance of CCM meeting attendance and delivers the message that members are there on behalf of their constituencies and not their own personal interests." The report adds that India and Cambodia have developed clear guidelines on the use of alternates.

One of the recommendations in this section calls for the establishment (where feasible) of a CCM website "which should, at a minimum, contain the following information: CCM membership, terms of reference and other governance tools including Global Fund governance documents; CCM meeting schedule and agendas; CCM decisions; information on CCM member organizations and representatives; and information about grant implementation as well as PR and sub-recipient activities."

CCM oversight practices for grant implementation

Based on case studies conducted in Kenya, Tajikistan, Tanzania, Ethiopia, Zambia, Bulgaria and Peru, the study concluded that "[o]f all the CCM roles and responsibilities, oversight is probably the least well understood"; that CCMs "are not yet fully comfortable with the oversight role assigned to them"; and that there "are serious obstacles in communications between the various CCM stakeholders."

Nevertheless, the report says, there are some good practice models emerging. The report describes several examples, including the oversight tools and process developed by the CCM in Ethiopia; and the process put in place by the CCM in Bulgaria to monitor grant implementation at each quarterly CCM meeting.

CCM Secretariat

Based on case studies conducted in a number of the countries included in this study, the Global Fund concluded that in most countries "CCM secretariats are either non-existent, not fully operational or considerably understaffed." The report says that a week CCM secretariat has a "negative impact" on overall CCM performance. (It should be noted that the CCM case studies were commissioned and completed prior to the implementation of the new CCM funding policy which is described in "CCM Funding

Policy FAQ" at www.theglobalfund.org/documents/ccm/CCMFundingPolicyFAQ_en.pdf.)

The report cites the example of the CCM in India, where "with just one member of staff, the CCM secretariat is under-resourced and unable to provide adequate CCM coordination support."

The report describes the ingredients of a successful CCM secretariat, based on a best practices example from Cambodia.

One of the recommendations in the report calls on donors to assists CCM secretariats to develop detailed budgets and workplans with clearly defined outputs.

Principal Recipient and sub-recipient selection

The report says that there has been a "substantial evolution" in PR and sub-recipient selection; that the process has become more formalized, more inclusive and more transparent; but that this is still "a work in progress." The report says that CCMs are "beginning to discover for themselves the merits of an open and transparent approach to PR and sub-recipient selection."

The report describes various methods of PR and SR selection currently in use. It also provides examples of best practice – including the criteria used by the CCM in Ethiopia for PR selection, and the process used by the CCM in Kenya for the selection of SRs.

One of the recommendations in this section of the report calls for the establishment of PR and SR selection processes and tools.

Conflict of interest

Based on case studies conducted among CCMs in Kenya, Jamaica and Zimbabwe, the Global Fund concludes that, in general, conflict of interest (COI) issues have not been adequately addressed; that CCM members are often not aware of the CCM's COI policies; and that the policies are not sufficiently practical. The Fund observed that often COI policies address only the limited circumstance of the chair or vice-chair of the CCM being from the same entity as the PR. The report says that COI policies should address the full range of potential COIs "generated by the increasing numbers of CCM members who are also SRs."

Despite these conclusions, the report cites Jamaica as an example of a CCM that has a "fully operation COI management plan," and describes the Jamaica plan in some detail.

CCM-PR-LFA communications

Based on case studies conducted in Nigeria, Peru and Zambia, the report concludes that communications among the LFA, PR and CCM are of poor quality and that, to a large extent, this is due to a poor understanding of the role of the LFA. The report says that at the very least the LFA should regularly attend CCM meetings as an observer and use its attendance to clarify its role.

Harmonisation and alignment

Based on case studies conducted in Cambodia, Mozambique, Nigeria and Tanzania, the report describes examples of two different possible CCM approaches to harmonisation and alignment – one, in Tanzania, where the CCM serves as a national coordinating mechanism overseeing grants for AIDS, tuberculosis and malaria from a variety of funders; and another, in Mozambique, where the role of the CCM is for the most part limited to preparing proposals and requests for continued funding and submitting them to the Global Fund.