The Global Fund Country Coordinating Mechanism
–fit for implementing the new strategy within the SDGs area?

Position Paper by Switzerland, Germany and France

The world and the field of health look different today than fifteen years ago when the Global Fund (GF) was established. The Millennium Development Goals (MDG) have been advanced to the Sustainable Development Goals (SDG) with a clear commitment to shared responsibility, a broader health objective and a target to end AIDS, tuberculosis and malaria among many more health targets. The key will be to connect broader health with disease specific approaches while strengthening systems and moving towards universal health coverage. With the recently adopted Strategy 2017-22 the GF adjusted itself to the Agenda 2030 for sustainable development: supporting systems for health as well as promoting human rights and gender equality are now in the GF's focus.

These changes call for a review of the role and functions of the Country Coordinating Mechanisms (CCMs) – being the national coordinating structure of the GF. This review process can build on the findings of the OIG CCM audit as well as other studies on CCMs and should take experiences in health sector coordination of GF-transitioning countries into consideration. Within this context and as Global Fund stakeholders, we have a responsibility to ensure that adequate measures are taken to guarantee the highest possible level of performance and to reach the expected impact set in the new GF strategy. Reprioritising the scope, purpose and resources of CCMs effectively means focusing on their roles and responsibilities for attaining the new GF strategic goals.

Interventions supported by the GF should be clearly embedded in national efforts as a whole and government efforts in particular towards Universal Health Coverage (UHC). They should take into account the interface between communities and health systems. Engagement with key populations ensures leaving no one behind. Engagement with the broader civil society will be essential to ensure democratic governance and community ownership of health systems.

With this paper we want to explore two issues that we consider essential:

- *How can the GF build on multi-stakeholder engagement toward the wider health sector?*
- *How can the composition, operation and functioning of country coordinating mechanisms be made fit to support the implementation of the GF strategy in the SDG era?*

I. Background

When first defined in the Global Fund's Framework Document of 2002[1], the model of Country Coordinating Mechanisms exemplified an innovative approach to engage all relevant actors at country-level in grant preparation and accountability. Stakeholders agreed that GF support should be aligned to national priorities and stated the need for a multi-sectoral structure to coordinate the response to HIV, tuberculosis and malaria, preferably by an existing body. Only when no appropriate body existed, should a CCM be established.

CCMs are meant to be multi-stakeholder partnerships[2] responsible for developing and submitting concept notes, based on needs identified in national strategic plans and an inclusive country dialogue. They should ensure consistency between GF grants and other national health programmes, nominate the best possible principal recipient (PR, public or private organisations) for each programme, and oversee the implementation of approved grants. With the revision of the funding model in 2014, CCMs are supposed to play an even stronger leadership role and meaningfully participate in the National Strategic Plan discussions at country level. They are to convene stakeholders to engage in inclusive country dialogue and agree on funding split between AIDS, tuberculosis, malaria, health and community systems strengthening.[3]

[1] See: http://www.theglobalfund.org/en/governance
[2] CCMs include actors from different sectors, e.g. government, civil society, people living with the diseases, key populations, private sector, academic institutions, bi- and multilateral agencies.
[3] See: http://www.theglobalfund.org/en/ccm/.

As a precondition to the submission of concept notes, CCMs have to comply with six eligibility requirements[4], which embody principles of good governance:

1. Transparent and inclusive concept note development process
2. Open and transparent PR selection process
3. Oversight planning and implementation
4. CCM membership of affected communities, including and representing people living with diseases and of people from and representing *Key Populations*
5. Processes for electing non-government CCM members
6. Management of conflict of interest on CCMs

Compliance with these requirements is reviewed regularly in an Eligibility and Performance Assessment (EPA)[5], taking into account a set of minimum standards for each requirement. If those standards are adhered to, CCMs can be a valuable structure to create local ownership, ensure participatory decision-making and effective grant management.

Given the unique context of each country, a diversity of CCM models, with varying degrees of independence from broader national health sector structures have emerged. Initial observations show, for example, that most countries have followed the principle of multi-stakeholder participation for the composition of CCM membership. The decision on whether to create a separate body to govern GF grants however, has often been closely linked to national decision-making structures for HIV responses.

II. Analysis

The set of core principles that guide the GF (e.g. country ownership, partnership, performance-based financing, transparency, and respect for human rights) also apply to CCMs. They play a central role in implementing those principles, through coordinating and steering processes at national level. The GF Secretariat is tasked to guide and support the CCMs in their core functions. Following the introduction of the GF's funding model in 2014, regular reviews of compliance with the six eligibility requirements (see section 1) have been conducted.

These and other external reviews and studies[6] identified some weaknesses in CCM performance, particularly in coordinating and overseeing grants. Roles and responsibilities of CCM and committee members are sometimes unclear and standard operating procedures not followed. Additionally, the establishment of CCMs in several countries seems to have created parallel structures to already existing coordinating bodies of the respective health systems. This contrasts with the principles of the *Paris Declaration on Aid Effectiveness*, the *Accra Agenda for Action* and the *Busan Partnership agreement*.

While the reasons for weak CCM performance and sometimes lack of coordination with other health sector bodies are complex and context specific, they need to be assessed and addressed to ensure that GF programmes are aligned with national strategies and contribute to the SDGs[7].

Sustainable systems and transitioning

The SDGs emphasise the importance of shared responsibility and domestic financing. Unlike the MDGs, the health targets of the SDGs extend beyond specific diseases towards broader health systems for Universal Health Coverage (UHC). This calls for more systemic approaches and increased inter-sectoral collaboration, supported by broad multi-stakeholder platforms.

Broader population-based participation is required to achieve the strategic objectives of the new GF Strategy on human rights and gender as well as sustainable systems for health. In particular, women and adolescents as well as representatives from the wider health and broader community sectors should be represented and meaningfully engaged as CCM members.

The environment for the GF operations is evolving, in particular with regard to the changing socio-economic status of some countries and the increasing number of challenging operating environments. Additionally the safeguard measures of the GF such as the agreement on the status of privileges, immunities and exemptions, weakens the principle of partnership by having only one signatory party, the government.

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[4] See: http://theglobalfund.org/en/ccm/guidelines/#ccmguidelinesrequirements.
[5] See: http://www.theglobalfund.org/en/ccm/guidelines/eligibilityperformance/
[6] See e.g.: GF-OIG-16-004 (02/2016): Audit of the Global Fund Country Coordinating Mechanisms, or BACKUP Health, GF CCM Hub (06/2016): CCM integration study.
[7] In particular SDG goal no. 3: health and well-being.

Acknowledgement of such influences seems crucial to successfully operationalise the GF strategy.

There is a clear need for differentiated and context specific approaches. This requires clarifications by the GF Board and Secretariat on the following aspects (not exhaustive) and prioritisation according to the country context:

CCM functionality

- What is required by CCMs to oversee GF 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?

Role of CCMs in health sector governance

- 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 GF 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 GF financing?
- Do minimum standards need to be revised to achieve a GF contribution to UHC and considering the country context especially in determining key populations?
- How can CCMs be empowered to become innovative drivers for strengthening systems for health?
- Which experiences from CCMs (success factors and challenges) as multi-stakeholder platforms can be conducive to drive such a process?

III. Preparing CCMs for the implementation of the new GF strategy within the SDG era

In recent years, the focus of the GF's country engagement, exercised through the Secretariat, strongly focused on timely grant implementation and absorption capacity of GF recipients. This was necessary to support the reform process started in 2014. However, this approach may have neglected some of the core principles of the GF (e.g. country ownership, partnership). The constituencies of Germany, Switzerland (member of the Canada, Australia and Switzerland constituency) and France would like to see the GF refocusing on some of those principles, preparing CCMs and the GF more broadly for the new era of the SDGs. The GF should take advantage of the international momentum to initiate this internal reflection.

1. Reviewing CCM role and functions

Building resilient and sustainable systems for health (RSSH) is one of the objectives of the GF Strategy 2017-2022 and very much in line with the UHC agenda. While aligning to national health strategies, it is expected from CCMs to collaborate more with other health sector stakeholders to contribute to UHC, avoid duplication of roles, increase accountability and ownership. This will imply dealing with aspects outside the health sector itself like finance, good governance etc. CCM members also have to be able to actively engage in decision-making processes to ensure planning of integrated services for GF programmes. To meet those requirements, and taking into account the last reports on CCMs, there is a need to reconsider the CCM mandate. CCMs need to be consulted, supported, strengthened and most importantly, empowered to reach the objectives. Capacity development for CCM members needs to be provided fostering a joint understanding of the appropriate interventions required to comply with their mission while building resilient and sustainable health systems in their specific context.

2. Safeguarding CCM principles in transitioning countries

The CCM is built upon the core principles of equity and transparency amongst a "broad representation from governments, nongovernmental organisations, civil society, multilateral and bilateral agencies and the private sector."[8] This is a precondition for needs-based programming and equitable access to services. Reports of the OIG have shown that CCMs are the first collateral damage when "transitioning" out of GF funding. 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. For the GF to have a sustainable impact at country level, it will be crucial to safeguard these principles during the transition phase and for post GF-funding regardless whether or not the CCM as an institution will continue to exist. Experiences and concrete examples from already transitioned or transitioning countries are

[8] See: GF Framework Document 2002 p. 94.

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.

Therefore, in implementing its *Policy on Sustainability, Transition, and Co-Financing*, the GF needs to actively protect and promote the relevant principles (e.g. partnership, respect for human rights and transparency) and specific CCM functions (e.g. convening stakeholders to engage in inclusive country dialogue and to agree on programme split of the allocated funding). At the same time, it will require broader civil society (CS) participation beyond the key populations (KP) to ensure democratic governance and community ownership of health systems.

3. (Re)prioritising the engagement of civil society and key populations

CCMs, the key platform for participatory decision-making, hold high potential for participatory processes and the engagement of civil society organisations and KP.[9] However, challenges remain regarding the extent and meaningfulness of engagement as well as the quality of representation. This is partly reflected in the remaining weak fulfilment of CCM EPA criteria 4 (KP involvement)[10]. KP involvement may not be considered meaningful nor permitted for some groups[11], and such groups are often not being considered for important positions (e.g. in CCM oversight committees).

Efforts supporting the participation of CS and KP in GF processes, especially in CCMs need to be intensified. The new GF Strategic Framework 2017-22 provides a crucial momentum for reprioritising the role of CS and KP[12]. CCMs provide the platform to translate KP needs into investment – this goes beyond KP engagement: To achieve impact against the three diseases, KP interventions must be systematically programmed and budgeted in national and regional grants and KP need to be systematically involved in grant oversight. We suggest emphasising governance of health systems in the larger setting, promoting the right of everyone – including the poor and the voiceless – to the highest attainable standard of health. In order to leave no one behind, we would like to see a broader definition of key populations including e.g. adolescent girls and women, people living with disabilities, migrants and displaced persons.

IV. Recommendations

Translating the above mentioned aspects into action, we recommend both, the GF Board and Secretariat, to consider the following:

	Board	Secretariat
Reviewing CCM role and functions	• The GF Board needs **to agree on the revised functionality** of CCMs and their place and role in the overall health sector governance, based on an inclusive consultation. The fundamental principles of the GF, such as country ownership, partnership, transparency, and respect for human rights should be safeguarded and promoted. • The Strategy Committee should address the issue of **defining core functions of CCMs**, as well as needs for **adaptation of their mandate** in certain contexts. • This and the **adaptation of the GF**	• The CCM Hub and the operational and technical **resources** allocated to CCMs should be **strengthened**. • The GF Secretariat should **provide guidance and dedicate more resources** (financial and personnel) for CCMs to ensure that experts on Health and Community Systems Strengthening and on integrating disease-specific activities are represented in the CCMs[13]. • **Country dialogues should reach beyond disease-specific stakeholders.** Links with wider health sector coordination processes and bodies should proactively

[9] Path-breaking was the approval of requirement 4 of the CCM Eligibility and Performance Assessment (EPA) in 2013. Since the roll-out of the NFM, significant work to ensure CS participation in country dialogues and KP participation in CCMs has been undertaken. Recently, the GF Secretariat e.g. introduced a new modular induction package for CCM members including four modules on community, rights, gender and KP.

[10] In 2016, 61 CCMs reported having at least one representative from KP groups on their CCM, and in 2015, only 17 CCMs had representatives from the transgender community (see: Gender Equality and Key Populations: Results, Gaps and Lessons – From the Implementation of Strategies and Action Plans. S. Middleton-Lee, 2016).

[11] E.g., men having sex with men, transgender people, young populations, communities affected by malaria.

[12] It recommits to focusing investments in KP (strategic sub-objective 3e) and to the meaningful engagement of these populations in GF-related processes.

[13] We acknowledge that the GF Secretariat has already identified needs to develop and update RSSH-related training modules and continues working on this issue.

	ethical framework to the CCM context will have to be discussed in the Ethics and Governance Committee. • The **Audit and Finance Committee** as well as the **GF Board** should carefully **assess the resources** (CCM budget and accompanying support) needed by CCMs to address their responsibilities.	be pursued.
Safeguarding CCM principles in transitioning countries	• The Board should give guidance on **how to secure participation of civil society and key populations in decision-making and oversight** in the health sector while harmonising CCM functions with those of other health sector coordination bodies. This should be addressed in the **Policy for Sustainability, Transition and Co-financing**. • Furthermore, the **CCM integration and broad multi-stakeholder participation** should become a key issue for the Secretariat's reporting to the Board on transition matters.	• Relevant expertise and staffing levels need to be ensured by the GF Secretariat in units advising on transition and Country Teams to **support countries in writing and implementing transition work-plans**. • A specific focus should be on **safeguarding** key CCM comparative advantages and principles particularly pertaining to **values of inclusive governance.** • Respective teams should **support** countries and civil society stakeholders proactively **in setting up sustainable partnerships** which build on mutual trust and respect.
(Re)prioriti-sing the engagement of civil society and key populations	• Strong commitment to the central role of CS and KP in the GF's business model is required by the Board. For example, by making the **report on Community, Rights and Gender a standard reporting item to the Board** and by routinely dedicating a session to this topic. • Develop and agree on a **broader definition of key populations** to ensure leaving no one behind. • **Provide guidance on how to ensure adequate and meaningful participation** of women, youth and representatives from the wider community sector in CCMs.	• The **results of** the on-going **community engagement study** need to be **translated** into recommendations and action by GF Secretariat and partners **towards better engagement of CS and KP**. • Together with the Office of the Inspector General it should be explored, how **CS and KP engagement in CCM oversight can be enhanced** beyond concept note development but throughout the GF grant cycle. This should also include assessing the integration of GF-related finances to the operations budget of the national health accounts.

V. Role of Donors, bi- and multilateral Development Partners

The GF, being a partnership organisation, relies on strong relationships with national, bi- and multilateral partners and aims at achieving coherent approaches. In light of the SDG targets for health and wellbeing as well as countries transitioning from GF support, this becomes particularly important. Concerning transitioning countries, the GF should sustain inclusive and participatory decision-making. However, ultimately the operationalisation thereof depends on political willingness of the national authorities. Where bi- and multilateral development partners are part of the national health sector discussions they should support inclusive and participatory decision-making through multi-stakeholder engagement. Germany, Switzerland and France will promote health systems strengthening through their bilateral programmes in-country, their direct involvement as CCM members in certain countries and as Board members of multilateral institutions.