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Putting Country Ownership into Practice: The Global Fund and Country Coordinating Mechanisms

By Peter Sands

The old saying that “a camel is a horse designed by committee” points out that when a group tries a collective approach to architecture or design, the results can be less than elegant. But the Global Fund’s experience, making investments in health in more than 100 countries, suggests that such a collective approach has distinct advantages.

Indeed, in many countries where the Global Fund invests, communities quite literally benefit from the resilience and dependability of a camel over the speed and elegance of a horse. Especially in dry climates, a camel can be indispensable in navigating difficult terrain.

In health programs, a collective approach allows expression of two fundamental principles that we find essential: country ownership and inclusivity. First, our experience shows that fighting HIV, TB and malaria is most effective where programs are designed and implemented by local experts, not by outsiders. Second, health programs work best when a broad range of stakeholders – especially civil society and people affected by the diseases – are involved in key decisions.

For the Global Fund, these two principles are achieved through the Country Coordinating Mechanism, or CCM. The CCM is a committee that manages a country’s development of funding requests and oversees the implementation of Global Fund grants. CCMs convene a diverse set of stakeholders to make decisions about Global Fund grants. CCMs comprise government officials, technical experts and civil society, including people from nongovernmental organizations and communities affected by HIV, TB or malaria. The CCM determines program priorities, selects key implementers, and oversees finances and program implementation. A country’s CCM ensures the integration of Global Fund-supported interventions within the government’s national plans to fight AIDS, tuberculosis and malaria, and aligns the programs with the government’s overall strategic plan for health.

The CCM model has been a significant innovation in global health. The CCM ensures that Global Fund grants strengthen national plans, rather than operate alongside them, as can often be the case with development assistance. The diversity of the CCM,

and particularly, the inclusion of civil society, enhances the quality of the programs funded by the grants.

DRIVING PROGRAM PRIORITIES, DESIGN AND IMPLEMENTATION

CCMs play a crucial role in the Global Fund's operating model. The Global Fund raises and deploys money in a three-year funding cycle. In October 2019, the Global Fund will hold a Sixth Replenishment Conference in Lyon, France, to raise at least \$14 billion to fund the next three years of programs to fight HIV, TB and malaria. Once donors have made their pledges, each eligible country's CCM will be notified about what financial resources they can expect for the next three-year grant period, with the allocation being determined by disease burden and financial need. The CCM takes responsibility for developing grant applications to make best use of this allocation. In fact, the Global Fund only accepts funding applications from the CCM. The CCM then supervises the process of developing and refining the funding applications, oversees the detailed negotiations involved in grant-making, and monitors the implementation of grants and their eventual closure. Along the way, the CCM identifies where program revision may be required, or where new interventions are needed. To execute these multiple steps, a CCM must draw on a wide range of local experts and stakeholders, as well as the Global Fund's technical partners – WHO, UNAIDS, Stop TB and the RBM Partnership to end Malaria.

The CCM's role is inherently challenging. Determining grant priorities inevitably means making difficult and potentially controversial trade-offs, since the scale of unmet need usually outstrips the available financial resources. Choosing interventions often entails complex technical debates about clinical matters such as care pathways and treatment regimens, and must be based on the best available epidemiological information. Designing programs typically involves compromises between the ideal and the practical. Ensuring Global Fund grants are optimally integrated into national efforts to fight the epidemics can sometimes require navigating a complicated landscape of national initiatives and international donors.

Providing ongoing oversight of grant performance can be equally challenging. Apart from monitoring performance, with outcome metrics and financial controls, CCM members often make site visits to get a better feel for conditions on the ground, and to see with their own eyes if grant activities are yielding visible results and responsive to changing environments and needs.

GALVANIZING NATIONAL PARTICIPATION

The key differentiator of the CCM model is the way it brings together diverse stakeholders to make decisions about Global Fund grants. A typical CCM includes government officials from leading ministries such as health, finance or planning, and specialized agencies such as a national AIDS, TB or malaria program, as well as bilateral partners and technical advisers such as UNAIDS and WHO, and experts from local universities. Yet the secret sauce of a CCM is the inclusion of civil society, including people from nongovernmental organizations and communities affected by HIV, TB or malaria, plus representatives from the private sector. The Global Fund's guidance is for civil society representatives to comprise 40 percent of a CCM. Some CCMs are above that threshold; many are below it.

Bringing together experts with diverse perspectives and skill sets is a powerful way of ensuring Global Fund grants maximize impact. For example, government officials provide deep knowledge on how to handle regulations, budgets and procurement

issues. People affected by diseases bring first-hand experience of obstacles to accessing health services, such as stigma and discrimination. Representatives of nongovernmental organizations provide insights on the practicalities of implementation. Private sector members can bring best practices in accounting or management. Partners from technical and other development assistance organizations provide invaluable experience and guidance. The optimal mix of people varies by country and depends on the nature of the epidemics. But it is always essential to have CCM members from the communities most affected by the epidemics, since they bring irreplaceable insights into barriers to access, communication gaps or the socio-political dynamics that impact key and vulnerable populations.

Such insights into the realities faced by those most vulnerable to HIV, TB and malaria are of vital importance in maximizing impact of Global Fund grants. Aggregate data can conceal concentrated epidemics amongst key populations. The theory of how services should work or people behave is often different from what happens in reality. In many places, people affected by HIV will include men who have sex with men, transgender people, people who inject drugs, sex workers or adolescent girls. Their perspectives are crucial in designing HIV programs that actually reach the people who need services.

Incorporating such diverse perspectives, while achieving disciplined grant application development and oversight, can be a challenge for CCMs. In some countries, key populations face criminalization and stigma, and government officials resist acknowledging them. Some CCMs have found creative ways to address such impediments. For example, in one country, the CCM introduced a process for electing key population representatives that protected the anonymity of candidates and voters, with the result that the number of key population members on the CCM from one to five in a year.

In the best CCMs, the range of experiences and perspectives combine to maximize the impact of Global Fund supported programs, ensuring that they reach the people most in need, and that they deliver the targeted results. In less effective CCMs, one group can dominate discussion to the exclusion of other voices. In some cases, personal conflicts among CCM members impede effective decision-making. CCM performance often comes down to leadership. CCMs with a committed Chair and a robust secretariat tend to be much more effective than those without.

GOVERNANCE

The CCM in each country is ultimately responsible for the governance of Global Fund grants, and also responsible for their own conduct. The Global Fund supports CCMs in developing operating procedures, including the criteria for selection of members, and the processes for devising grant applications, selecting Principal Recipients and monitoring grant implementation. Having clear and transparent governance guidelines, as with any organization, helps CCMs operate effectively.

Each CCM prepares a governance manual to identify roles and responsibilities, outline committee conduct and specify how the CCM handles conflict. Effective CCMs regularly review and revise their manual to reflect changes in the grant environment. The Global Fund invests US\$9.5 million every year in direct support of CCM activities, including oversight, administrative support and civil society engagement.

The Global Fund also regularly evaluates CCMs. Key performance metrics for CCMs include the overall efficiency and effectiveness of Global Fund grants in the country, transparency and accountability, effectiveness of ongoing monitoring, inclusiveness (particularly of affected communities), and management of conflict of interests.

The vast majority of CCM members are highly informed and committed to the fight against HIV, TB and malaria, contributing significant personal time and effort on an unpaid basis, and bringing their distinctive expertise and insights. To carry out their roles, CCM members must understand the workings of grants, ensuring they comply with Global Fund policies and procedures. To provide effective oversight CCM members must be prepared to grapple with the details of the financial flows, procurement, implementation arrangements, technical assistance and results reporting. Many CCMs organize seminars to provide opportunities for members to discuss outstanding issues, solicit new ideas, and find ways to improve. Most CCMs have a dedicated secretariat, funded by the Global Fund, to provide administrative and technical support.

CCM EVOLUTION

Given how challenging the role of the CCM can be, it should be no surprise that some CCMs are more effective than others. In many cases, such differences in performance are due to the strength of the Chair, or the quality of support from the secretariat. They can also reflect broader issues of governance and capacity affecting a country's health sector.

In 2016, the Global Fund conducted an evaluation of the CCM model for the Global Fund Board "Review of the Global Fund Business Model."¹ The report identified various areas of weakness and suggested ways to strengthen and evolve the current CCM model. Similar observations were made in a report by the Global Fund's Office of the Inspector General,² which identified a number of issues with the implementation of CCM policies and procedures, particularly regarding the long term sustainability of the mechanism.

Among the weaknesses identified by these reports, one was that in some countries, CCMs do not manage to integrate Global Fund supported programs into the broader health architecture as successfully as we would want, sometimes finding themselves at cross purposes with other health initiatives, or putting insufficient emphasis on broader objectives around the development of the health system. Another relatively common weakness observed was a lack of focus or insufficient clarity of purpose in monitoring grant implementation. In some cases, there also appeared to be insufficient attention paid to the management of conflicts of interest.

During 2018 the Global Fund Board reviewed and discussed challenges in CCM effectiveness³ and decided to implement two significant changes to the way CCMs operate.

First, the Board determined that CCMs must incorporate the Code of Conduct⁴ into their governance policy as a formal eligibility requirement, a prerequisite for receiving Global Fund grants. The Board also supported the implementation of a plan⁵ to support CCMs in reinforce ethical standards. This plan is now being implemented by the Global Fund's Ethics Officer.

Second, the Board approved a broader project, named "CCM Evolution" designed to

address some of the identified weaknesses and improve the overall performance of CCMs, committing an additional US\$4 million cover a first phase lasting 18 months. This first phase involves a pilot covering 16 countries of different types, including some in the process of transitioning away from Global Fund support and others with extremely challenging operating environments, and with CCMs at different levels of maturity. The early findings from this pilot will inform a further set of decisions the Board will take in 2019 as we seek to refine the level and focus of investments in CCMs for the next allocation cycle. The goal of CCM Evolution is to improve CCM's performance in oversight, coordination and sustainability.

CCMs have become even more important in the era of the Sustainable Development Goals. The Global Fund has embraced the idea the ending the epidemics of HIV, TB and malaria is an integral part of the journey towards the Sustainable Development Goal 3: *Health and well-being for all*. Far from seeing a tension between disease-specific interventions and programs designed to build stronger and more resilient health systems, we see these objectives as entirely complementary. In fact, the Global Fund invests over \$1 billion a year in health systems, making us the largest multilateral provider of grants for health systems development. CCMs will play a key role in ensuring we maximize effectiveness in the interrelated goals of ending of the epidemics and accelerating the journey towards the ultimate goal of SDG3, universal health coverage. Therefore as part of CCM Evolution, we will be working with CCMs to ensure they are equipped to deliver on this broader vision.

Like any good camel, facing a sometimes arduous journey in unpredictable terrain, a good CCM is both resilient and adaptable. We are convinced that effective CCMs are crucial to the success of the Global Fund: CCMs are the key to making country ownership a reality; they are also the critical mechanism for ensuring inclusive decision-making about Global Fund grants. As we look forward, they will play a crucial role in ensuring we deliver on our interdependent goals of ending the epidemics of HIV, TB and malaria, and achieving the broader objectives of SDG3.

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