



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

Twenty-Third Board Meeting
Geneva, Switzerland, 11-12 May 2011

GF/B23/5
Board Decision

REPORT OF THE PORTFOLIO AND IMPLEMENTATION COMMITTEE

PURPOSE:

This report summarizes the deliberations of the Portfolio and Implementation Committee (PIC) at its meeting on 17-18 March 2011 and in subsequent email communications, and its resultant recommendations to the Twenty-Third Board Meeting.

PART 1: INTRODUCTION

1.1 The Portfolio and Implementation Committee (PIC) met in Geneva on 17-18 March 2011. Ms. Michele Moloney-Kitts (UNAIDS) was the Chair and Ms. Blandina S.J. Nyoni (Eastern and Southern Africa) was the Vice Chair.

1.2 Parts 2-4 of the report contains items for Board decision:

- i. Revised Country Coordinating Mechanism (CCM) Guidelines;
- ii. Pilot Humanitarian Emergency Response Fund; and
- iii. Revised Terms of Reference of the Technical Review Panel (TRP).

1.3 Part 5 contains items for Board information:

- i. Operations Updates;
- ii. Improving Effectiveness of Local Fund Agents (LFAs);
- iii. Review of Continuity of Services Policy;
- iv. Impact of Round 11 Timing on Existing Programs;
- v. Global Fund's Role on Pharmacovigilance;
- vi. Round 11 Proposal Forms and Guidelines;
- vii. Value for Money Approach for Round 10 Signing;
- viii. Guidance on Maternal, Newborn and Child Health;
- ix. Update on the Gender Equality and Sexual Orientation and Gender Identities (SOGI) Strategies;
- x. Update on the Partnership Strategy Implementation Plan;
- xi. Briefing from the Comprehensive Reform Working Group;
- xii. PIC Priorities for the Next Meeting.

PART 2: REVISED CCM GUIDELINES

Decision

2.1 At the Twenty-Second Board Meeting in December 2010, the PIC presented the revised CCM Guidelines to the Board for approval. However, due to concerns raised by implementing constituencies, the Board did not adopt the revised guidelines. Consequently, additional consultations with Board constituencies were undertaken in January and February 2011 to solicit further inputs and resolve outstanding concerns.

2.2 The majority of the comments and issues raised during the additional consultations were addressed through further changes in the document. These include adding an executive summary; clarifying the role of government, the three-tiered approach (requirements, standards and recommendations), the concept of rotation of leadership including the flexibilities to adapt to country context; and ensuring consistency in the use of terms such as non-government and civil society. Other issues which required further discussions were elevated to the PIC. The revised document submitted to the PIC was shared with all Board constituencies with a request that constituencies not represented on the PIC direct inputs to PIC members or the PIC leadership.

2.3 At its meeting in March 2011, the PIC had further discussions on the revised document. It was emphasized at the meeting that the approval of the revised Guidelines is one of the reform requirements for the launch of Round 11; there was general agreement to reach a compromise in order to facilitate its finalization and approval at the Twenty-Third Board Meeting. In particular, the PIC reached consensus on the following changes:

- i. Retain a three-tiered approach with requirements linked to grant financing and stating that standards and recommendations will be used to inform the development of a performance framework for CCMs in the context of CCM funding (paragraph 5);
- ii. Include an introductory paragraph on the role of government (paragraph 12);
- iii. Remove "...for HIV in the case of HIV proposals" from Requirement 1.ii, leaving the emphasis more generally on most-at-risk populations rather than on HIV. Similarly, remove "and in particular populations most-at-risk for HIV" from paragraph 44 iv, leaving the emphasis on key affected populations;
- iv. Reaffirm that CCMs should elect their Chairs and Vice-Chairs in accordance with the election procedures agreed by the CCM members and that good governance involves periodic changes of leadership (paragraph 62i). This is to remain a standard.
- v. Mention the concepts of term limits and rotation within and between constituencies along with a footnote to state the need to respect unique arrangements for government positions (paragraph 63iii). *NB. Southeast Asia did not endorse this provision.*

2.4 PIC members were requested to report back to their constituencies on the agreements at the PIC and to confirm support and positions on the revised CCM Guidelines in time for the Twenty-Third Board Meeting. Further, the PIC leadership reported back to the Board on the PIC discussions and shared the document that was negotiated at the PIC meeting. In addition, the Secretariat further communicated with implementing constituencies that are not represented on the PIC to explain changes to the document agreed at the PIC meeting.

2.5 Additional comments were received on the PIC-negotiated document in response to which the Secretariat provided clarifications/explanations. Annex 1 of this report contains the CCM Guidelines that is submitted to the Board for approval.

Decision Point 1: Revised CCM Guidelines

1. The Board:

- i. *approves the revised Guidelines and Requirements for Country Coordinating Mechanisms ("CCM Guidelines") as set out in Annex 1 of GF/B23/05; and*
 - ii. *authorizes the Secretariat to update, add or delete electronic links to reference documents within the CCM Guidelines periodically as necessary.*
2. *The Board notes that the CCM Guidelines will inform the development of a performance framework to be used in the context of CCM funding. The CCM performance framework will be developed under the oversight of the Portfolio and Implementation Committee which will report to the Board on progress relating to the CCM performance framework no later than the Twenty-Fifth Board Meeting.*
 3. *The Board acknowledges that the ongoing review of CCM implementation of the requirements will require additional resources for the Secretariat. Similarly, Secretariat support for CCMs to meet standards for good governance will require additional resources in 2011 and beyond. For 2011, the resource requirements will be covered under extra-budgetary resources. For 2012 and beyond, the annual budgetary requirements will be subject to approval by the Board as part*

of the regular budgetary process under the oversight of the Finance and Audit Committee.

This decision does not have material implications for the 2011 Operating Expenses Budget.

PART 3: PILOT HUMANITARIAN EMERGENCY RESPONSE FUND

Decision

3.1. At the PIC Meeting in October 2010, the Working Group on Humanitarian Emergencies presented lessons learned from Global Fund programs in humanitarian situations. The PIC agreed at that meeting to pursue a more effective and systematic Global Fund approach to the needs of the populations affected by humanitarian emergencies and distinguished between acute and protracted emergencies.

3.2. For protracted emergencies, the PIC suggested to include humanitarian emergencies in proposal guidance and explore possibility for regional proposals. The Secretariat is working with the Working Group in capturing humanitarian emergency issues in the Round 11 Proposal Guidelines.

3.3. For acute emergencies, the PIC requested the Secretariat to continue to explore reprogramming as well as flexible financing mechanisms such as the establishment of an emergency reserve fund.

3.4. At the request of the PIC, the Secretariat together with UNHCR and the Working Group examined the possibilities of establishing a Global Fund emergency fund. The proposed approach presented to the PIC in March 2011 involves the pilot-testing of a small emergency fund to quickly respond at the onset of an emergency when other Global Fund channels are not possible.

3.5. The rationale for the proposed fund is to address financing gaps for humanitarian-emergency affected populations which are highly vulnerable and under-represented in national disease planning and budgeting processes.

3.6. The key features of the proposed pilot emergency fund presented to PIC include:

- i. A dedicated emergency fund to provide quick and short-term financing for essential treatment and prevention needs for the three diseases during the acute phase of an emergency. An overall envelope of approximately US\$ 5 million will be made available under the emergency fund reserve.
- ii. Funding will be channelled through partners experienced in humanitarian response (either non-government, international or UN agencies) to be pre-identified and pre-authorized by the Global Fund Secretariat with support from technical partners. CCMs will be informed of pre-authorized partners.
- iii. Requests for funding will be outside of the Rounds and may be submitted at the onset of a new emergency. Each proposal may request up to US\$ 500,000 covering the first six months of an emergency until longer term development financing could take over. Exceptions to the ceiling amount may be granted on a case by case basis. Requests must meet the income eligibility criteria for new proposals.
- iv. Review and approval process will be fast-tracked. The authority to approve proposals under the emergency fund shall be delegated to the Global Fund Executive Director. The mechanism for quick review will be defined with inputs from the Technical Review Panel.

- v. The emergency fund will be pilot-tested for a period of two years from the launch date. After the pilot phase or when the initial funds are depleted, whichever is earlier, a review will be undertaken by the Secretariat and a recommendation made on whether the fund will be continued and expanded or discontinued.

3.7. The PIC strongly supported the concept of a humanitarian emergency fund. However, it requested that the policy framework and operational structure are developed further as basis for recommending to the Board regarding the establishment of the fund. In developing the policy framework, the PIC emphasized on ensuring rapid and expedited processes which are critical to emergency response mechanisms. The humanitarian emergency fund of Australian Agency for International Development was mentioned as a possible model that could be adopted.

3.8. In addition, the PIC also emphasized that the proposal involves a new financing mechanism which is a strategic issue that needs to be discussed within the new Global Fund strategy under the oversight of the PSC. The PIC Chair will raise this issue to the PSC leadership.

3.9. The PIC agreed to inform the Board about this initiative and get the Board's approval for the Secretariat to pursue further development of this concept so that a recommendation may be submitted to the Board at the Twenty-Fourth Board Meeting.

Decision Point 2: Pilot Humanitarian Emergency Response Fund

- 1. The Board recognizes the special circumstances of populations affected by humanitarian emergencies in relation to the three diseases and requests the Secretariat, to explore a pilot Global Fund humanitarian emergency response fund dedicated to providing quick and short-term financing for essential treatment and prevention needs in the event of a humanitarian emergency, if these cannot be rapidly funded from other sources ("Pilot Humanitarian Emergency Fund").***
- 2. As part of this work, the Board requests the Secretariat to develop the policy framework and operational structure of the Pilot Humanitarian Emergency Fund. This will set out the eligibility criteria, an application and review mechanism, the length of time of financing, the maximum and minimum funding ceilings, an accountability framework and identified exceptions to existing Global Fund rules and policies, as appropriate.***
- 3. The Board requests the PIC to submit its recommendations at the Twenty-Fourth Board Meeting so that a decision can be made as to whether or not proceed with the Pilot Humanitarian Emergency Fund.***

This decision does not have material implications for the 2011 Operating Expenses Budget.

PART 4: REVISED TRP TERMS OF REFERENCE

Decision

4.1. The Terms of Reference (TOR) of the TRP werelast amended at the Twenty-First Board Meeting in April 2010¹. The TOR require further revision to:

¹ GF/B21/D7: Revisions to the Terms of Reference of the Technical Review Panel

- i. Reflect the TRP's role under the Global Fund's Policy on Eligibility, Counterpart Financing Requirements and Prioritization of Proposals for Funding from the Global Fund to be submitted for approval at the Twenty-Third Board Meeting;
- ii. Incorporate value for money principles, clarify language for applicants and remove duplications in the review criteria for proposals (Attachment 1 of the TRP TOR);
- iii. Adjust for recommendation categories as specified in the Periodic Review and Commitments Policy approved at the Twenty-First Board Meeting (GF/B21/4, Revision 2, Annex 2a) and other non-material changes.

4.2. Since the final version of the Policy on Eligibility, Counterpart Financing and Prioritization is not known until after the Twenty-Third Board Meeting and in order to avoid a two-step revision process of the TRP TOR, the Board is requested to delegate to the PIC the authority to approve the above changes to the TRP TOR. The revised TOR should be effective on or about 1 July 2011 in time for the first wave of periodic reviews and launch of Round 11.

Decision Point 3: Terms of Reference of the Technical Review Panel

1. *The Board delegates to the Portfolio and Implementation Committee the authority to update the Terms of Reference of the TRP to:*
 - i. *reflect the Global Fund's Policy on Eligibility Criteria, Counterpart Financing Requirements, and Prioritization of Proposals for Funding from the Global Fund approved at the Twenty-Third Board Meeting.*
 - ii. *incorporate value for money principles, clarify language for applicants and eliminate duplications in the review criteria for proposals (Attachment 1 of the Terms of Reference); and*
 - iii. *adjust for recommendation categories as specified in the Periodic Reviews and Commitments Policy (Report of the PSC, GF/B20/4 Revision 2, Annex 2a) and other non-material items.*
2. *The revised Terms of Reference will enter into force after the Portfolio and Implementation Committee's approval on or about 1 July 2011.*
3. *The Board requests the Portfolio and Implementation Committee to notify the Board of the approved version.*

This decision does not have material implications for the 2011 Operating Expenses Budget

PART 5: INFORMATION ITEMS

Information

Operations Updates

5.1 The Secretariat reported on the grant portfolio status, response to fraud issues, implementation of the Additional Safeguards Policy (ASP), role of the United Nations Development Program (UNDP) in capacity building and facilitating transition to local entities, progress on the implementation of the Country Team Approach, and prevention of stock-outs and treatment disruptions.

5.2 The PIC commended the disbursement achievements in 2010 both in terms of volume and quality of disbursements. The PIC, however, noted continued problems in meeting the key performance indicators on grant signing and requested that this be revisited as part of the initiative on streamlining the proposal to signing process.

5.3 The PIC acknowledged actions taken by the Secretariat to address fraud issues and improved collaboration between the Secretariat and Office of the Inspector General (OIG). At the same time, PIC raised the need to balance fiduciary and programmatic risks, strengthening CCM oversight and roles of Local Fund Agents (LFAs) in risk management, developing protocol for countries to respond to fraud issues in Global Fund grants, and ensuring balanced communications about OIG audit findings so that positive findings are also reported and highlighted. The Secretariat was requested to provide information on the criteria applied that either place countries on or take countries off the ASP list. Specific questions were raised concerning Cuba.

5.4 The PIC noted that UNDP has handed over implementation of some grants to local entities and is strengthening the capacity of local entities. At the same time, it recognized that building local capacities takes time and that UNDP operates in challenging country contexts. The PIC requested that UNDP capacity building plans are also shared with in-country partners so that capacity building efforts are more coordinated and complementary. The PIC further raised the need for increased transparency in the audit of UNDP-implemented grants.

5.5 The PIC also noted the Secretariat's update on measures to prevent stock-outs and treatment interruption such as internal process improvements, buffer stock options and coordination with partners. The results of the analysis on buffer stock options will be presented to the PIC at its next meeting.

Improving Effectiveness of LFAs

5.6 The PIC acknowledged measures taken and being implemented to strengthen the effectiveness of LFAs. Critical reform areas were discussed such as:

- i. Strengthening the role of LFAs in risk management that balances increased LFA scrutiny with efficient PR grant management;
- ii. Improving communication among in-country partners (Global Fund, PRs, CCMs, technical partners);
- iii. Ensuring rigorous performance management of LFAs; and
- iv. Clarifying the role of LFA programmatic/health experts.

5.7 The PIC will be engaged in the progress and dialogue on these issues within the context of the reform agenda.

5.8 The PIC agreed to recommend that the Board consider an evaluation of the LFA model/role by the Technical Evaluation Reference Group (TERG), building on current reviews such as the European Commission audit, the work of the High Level Independent Review Panel and the reports of the OIG.

Review of the Continuity of Services Policy

5.9 In response to the PIC's request at its meeting in October 2010, the Secretariat presented three options to address the proposed expansion of the scope of the Continuity of Services (COS) policy. These include: (i) retaining the scope of the policy, (ii) expanding

the scope of the policy to include replacement of insecticide treated nets or (iii) expanding the scope of the policy to include all prevention activities.

5.10 Based on cost data presented by the Secretariat, the PIC agreed to retain the scope of the COS policy. In addition, it was clarified that prevention of mother-to-child transmission (PMTCT) and substitution therapy are life-saving treatments that are covered by the policy. The Secretariat will revise its Operational Policy Note (OPN) on the COS to clarify about PMTCT and the substitution therapy and will share with the PIC.

5.11 The PIC noted the gap in the policy with regard to malaria but felt that additional analysis was required in order to recommend a change in the scope of the policy. The PIC requested the Secretariat, with inputs from partners, to develop options to address malaria treatment through the COS and report back at the next PIC Meeting.

Impact of Round 11 Timing on Existing Programs

5.12 In response to the Board's request at its Twenty-Second Meeting², the Secretariat presented the cost implications of a delayed Round 11 launch and a proposed bridge funding facility to ensure continuation of programs affected by the delayed timing.

5.13 The PIC agreed that some bridge funding may be important but recognized that such will reduce resources for Round 11. The PIC suggested that if the proposed bridge funding was to be supported, it should:

- i. Include a credit system (i.e. deduct the bridge funding from the Round 11 financing if the Round 11 proposal is approved);
- ii. Consider more flexible signing timeframes in line with the average timeframe from signing to first disbursements;
- iii. Not cover grants with rejected Round 11 proposals. These grants should apply for COS funding.

5.14 The issue was also presented to the FAC including the above PIC inputs. The FAC discussions including the resulting recommendations to the Board are captured in the Report of the FAC to the Board (GF/B23/6).

Round 11 Proposal Form and Guidelines and Grant Signing

5.15 The Secretariat presented the results of the meeting of the PIC Sub-working Group on Proposal Form Simplification held on 15 March 2011 with regards to the proposal form and guidelines for Round 11, the common proposal form on health system strengthening jointly developed with GAVI, and the ongoing work to streamline the application to signing process.

5.16 The PIC supported and commended the Secretariat on the comprehensive and consultative approach in simplifying the proposal form. The proposal form has been restructured and simplified focusing on core proposal elements and includes new tools and measures to facilitate consolidated disease proposals and transition to grant signing if the proposal is approved by the Board.

5.17 Based on the PIC Sub-working Group discussions, the Secretariat will further revise the proposal forms and guidelines and proceed with the field testing in April and May 2011.

² GF/B22/25 : Measures Associated with Funding Future Proposals.

The draft form and guidelines resulting from the field testing will be submitted to the PIC for review and electronic approval in June 2011.

5.18 The PIC emphasized the importance of the workstream on streamlining the application to signing process. A progress update will also be provided to the PIC in June 2011 on the implementation of the Secretariat's workplan in this area.

Value for Money Approach for Round 10 Signing

5.19 At the Twenty-Second Board Meeting, the Board requested the Secretariat to provide a confirmation that the grant budget is in accord with the value for money considerations including unit costs³. In response to the request, the Secretariat presented to the PIC the proposed approach for undertaking value for money review for Round 10 signing. The proposed approach mirrors the TRP approach and looks at four levels:

- i. **Overall strategy:** Has the proposal strategy been accurately translated into a grant which can achieve its goals?
- ii. **Effectiveness:** Are interventions being implemented in an effective way to reach the program goals?
- iii. **Efficiency:** Is the grant achieving outputs at an appropriate cost?
- iv. **Additionality:** Is the grant additional to existing activities and financial resources?

5.20 The PIC endorsed the proposed value for money approach for signing. The PIC acknowledged the need to address this issue relative to Round 10 and the overall need to increase attention to value for money at the Global Fund.

5.21 While the PIC supported the approach, concerns were raised about implications on time, costs and efficiencies as well as possible duplication with the TRP value for money review. In particular, the Acting Director of Country Programs has indicated that there will be implications on the grant signing timelines and staffing costs in implementing the approach. Hence, the PIC requested that the approach be implemented with an eye for value for money (i.e., the benefits of the exercise should be worth any additional transaction costs involved).

5.22 The Secretariat will report to the PIC on the implementation along with the value for money approach throughout the grant life cycle at the next PIC meeting. Initial background information on the latter was requested to be shared with PIC within four weeks after the PIC meeting held in March 2011.

Guidance on Maternal, Newborn and Child Health

5.23 In line with GF/B22/DP15⁴, the Secretariat and the World Health Organization presented a progress report on the development of guidance to countries to increase the focus of maternal, newborn and child health (MNCH) outcomes within their proposals for Global Fund financing. A two-stage approach was presented: (i) develop a technical guidance to define evidence-based interventions linked to the three diseases and health system strengthening (HSS), and (ii) develop an information note on how countries can maximize the inclusion of MNCH interventions within their gap analysis and situational assessments while adhering to Global Fund principles.

³ GF/B22/DP27: Approval for Round 10 Proposals

⁴ GF/B22/DP15: Enhancing Global Fund Support to Maternal, Newborn and Child Health.

5.24 The PIC re-emphasized the directions provided at the Twenty-Second Board Meeting which is to keep the Global Fund current mandate and support MNCH outcomes through the three diseases and HSS.

5.25 The PIC requested the Secretariat to focus on developing a short and practical information note for countries that is focused on MNCH linkages with the three diseases and HSS, and includes a list of prioritized MNCH interventions (linked to the three diseases and HSS) that can be funded by the Global Fund. The information note is to be reviewed and approved by the PIC at the same time as the Round 11 Forms and Guidelines. The Private Foundations constituency (Shannon Kowalski) volunteered to work with the Secretariat in developing the information note.

5.26 At the same time, the PIC encouraged WHO to continue developing technical guidance on MNCH for countries but noted that the WHO guidance is independent from the Global Fund information note.

Role of Global Fund on Pharmacovigilance

5.27 The Secretariat presented the proposed principles and elements of a Global Fund pharmacovigilance strategy. The PIC suggested that:

- i. The Global Fund should be involved in pharmacovigilance but not lead this initiative.
- ii. The strategy should focus on ensuring that (i) countries are driving and addressing this issue and (ii) technical partners are facilitating/assisting the country and global responses.
- iii. Partnerships with manufacturers who bear the highest reputational risks should also be strengthened.
- iv. Pharmacovigilance is a huge undertaking for which there is a need to define the costs as well as the implications for grants and partners.
- v. As a health system issue, pharmacovigilance should be embedded in National Strategy Applications and health system funding platforms.
- vi. Communication should be a major part of the strategy.
- vii. The Market Dynamics and Commodities Ad-Hoc Committee needs to be involved given its oversight of the Quality Assurance Policy and the relationship with manufacturers.

5.28 The Secretariat will present at the next PIC meeting an approach to pharmacovigilance which clearly defines the Global Fund's role and focus on pharmacovigilance (as compared to countries and partners) including, if relevant, associated costs. An electronic update will be submitted before the full plan is presented at the next PIC meeting.

Briefing from the Comprehensive Reform Working Group

5.29 The Comprehensive Reform Working Group provided a briefing to the PIC on the proposed nine reform areas. The PIC expressed concerns on the lack of a Global Fund-wide strategy to provide a framework and drive the reform agenda. The next Global Fund strategy is being developed in parallel with the reform agenda. Further, the linkages of this initiative with the Committees' work priorities and the Secretariat's reform agenda need to be clarified.

5.30 The PIC also indicated that the reform areas are too broad and suggested to prioritize the following urgent issues:

- i. Developing the next Global Fund strategy;
- ii. Addressing governance issues;
- iii. Strengthening risk management; and
- iv. Mobilizing resources for the Global Fund.

Gender Equality and Sexual Orientation and Gender Identities Strategies

5.31 The Secretariat presented updates on the implementation of both strategies. The PIC noted that:

- i. An improved attention was given to gender and SOGI in both grant management and Round 10 proposals but that quality of interventions still needed strengthening;
- ii. Both strategies remain important given the relatively low funding allocations specifically for men who have sex with men, sex workers and drug users reported in signed Round 8 grants;
- iii. The implementation of both strategies requires coordinated efforts among the Secretariat, countries and technical partners.

5.32 The PIC suggested to:

- i. Separate updates on the SOGI Strategy from the Gender Equality Strategy in future reporting to the PIC;
- ii. Include more details on transgender populations as a distinct group in future reports;
- iii. Clarify entry points for a focus on sex workers in implementing the two strategies; and
- iv. Ensure that the implementation of the strategies is a Secretariat-wide responsibility (not only of the Gender and SOGI advisors).

Update on the Partnership Strategy Implementation Plan

5.33 The progress update prepared by the Secretariat was not fully discussed due to time constraints. The PIC agreed to include this item in the next meeting to review: (i) the results achieved through the implementation of the strategy including the impact of the Memoranda of Understanding with partners and of a better coordinated planning among partners at country level, and (ii) the progress update on the costed technical assistance plan introduced in Round 10.

PIC Priorities for the Next Meeting

5.34 The PIC agreed to focus on the following items for its next meeting. The PIC requested more action-oriented and less information items in the agenda:

- i. Update on Streamlining the Application to Signing Process;
- ii. Partnership Strategy Implementation;
- iii. Periodic Reviews and Grant Renewals;
- iv. Value for Money Approach for the full grant cycle;

- v. Review of the COS Policy - Options for Malaria Treatment;
- vi. CCM Performance Framework;
- vii. Humanitarian Emergency Response Fund;
- viii. Buffer Stock Options; and
- ix. Global Fund's Approach on Pharmacovigilance.

This document is part of an internal deliberative process of the Global Fund and as such cannot be made public until after the Board meeting.

GUIDELINES AND REQUIREMENTS FOR COUNTRY COORDINATING MECHANISMS

EXECUTIVE SUMMARY

This document provides updated guidelines to Country Coordinating Mechanism¹ (CCMs) on their role in Global Fund processes. These guidelines were revised after extensive reviews of CCM experience since the inception of the Global Fund. Notably, 26 research/evaluation reports and policy documents, including 40 country case studies, were reviewed; and 12 multi-stakeholder consultations were conducted, including e-surveys, and regional CCM meetings.

The guidelines remain grounded in the core principles of good governance outlined in the Global Fund Framework Document and express a commitment to country-led and driven programs that ensure participation of multiple stakeholders. The guidelines support national ownership, respect the central role of government, and encourage coordination with, and building upon, existing structures wherever possible.

Where applicable, these Guidelines define:

- i. **Requirements** that represent the minimum criteria that all CCMs must meet in order to be eligible for funding by the Global Fund.
- ii. **Standards** that represent important criteria considered vital for effective CCM performance based on accumulated experience.
- iii. **Recommendations** that represent good practices for CCMs to follow in order to uphold core principles and to strengthen performance.

The Global Fund Secretariat monitors compliance of CCMs with **requirements on an ongoing basis and with every new CCM application for funding. Continued compliance with all requirements throughout program implementation is a condition for access to Global Fund financing.**

To enhance good governance, adopting **standards** and implementation of **recommendations** by CCMs is encouraged. While neither **standards** nor **recommendations** represent conditions for Global Fund financing, these will be used by the Global Fund to form the basis of information to appraise overall CCM performance. Standards and recommendations within the CCM Guidelines will inform the development of a CCM performance framework with CCMs and the Global Fund Secretariat, in the context of the CCM Funding Policy.

The requirements are as follows:

Requirement 1: The Global Fund requires all CCMs to:

- i. *Coordinate the development of all funding applications through transparent and documented processes that engage a broad range of stakeholders - including CCM members and non-members - in the solicitation and the review of activities to be included in the application.*

¹ The policies defined for CCMs in this document also apply to Sub-national CCMs (sub-CCMs) and to Regional Coordinating Mechanisms (RCMs).

- ii. *Clearly document efforts to engage key population groups² in the development of funding applications, including most-at-risk populations.*

Requirement 2: *The Global Fund therefore requires all CCMs to:*

- i. *Nominate one or more PR(s) at the time of submission of their application for funding.³*
- ii. *Document a transparent process for the nomination of all new and continuing PRs based on clearly defined and objective criteria.*
- iii. *Document the management of any potential conflicts of interest that may affect the PR nomination process (see section 6 on good governance).*

Requirement 3: *Recognizing the importance of oversight, the Global Fund requires all CCMs to submit and follow an oversight plan for all financing approved by the Global Fund. The plan must detail oversight activities, and must describe how the CCM will engage program stakeholders in oversight, including CCM members and non-members, and in particular non-government constituencies and people living with and/or affected by the diseases.*

Requirement 4: *The Global Fund requires all CCMs to show evidence of membership of people living with HIV and of people affected by TB or malaria (where funding is requested or has previously been approved for the respective disease). People affected by TB or malaria include people who have lived with these diseases in the past or who come from communities where the diseases are endemic.*

Requirement 5: *The Global Fund requires all CCM members representing non-government constituencies to be selected by their own constituencies based on a documented, transparent process, developed within each constituency. This requirement applies to all non-government members including those members representing people living with or affected by the three diseases, but not to multilateral and bilateral partners.*

Requirement 6: *To ensure adequate management of conflict of interest, the Global Fund requires all CCMs to:*

- i. *Develop and publish a policy to manage conflict of interest that applies to all CCM members, across all CCM functions. The policy must state that CCM members will periodically declare conflicts of interest affecting themselves or other CCM members. The policy must state, and CCMs must document, that members will not take part in decisions where there is an obvious conflict of interest, including decisions related to oversight and selection or financing PRs or SRs.*
- ii. *Apply their conflict of interest policy throughout the life of Global Fund grants, and present documented evidence of its application to the Global Fund on request.*

The document is organized as follows:

Section 1: Describes the **purpose and structure** of this document.

² Key population groups include: women and girls, men who have sex with men, transgender persons, people who inject drugs, male and female and transgender sex workers and their clients, prisoners, refugees and migrants, people living with HIV, adolescents and young people, vulnerable children and orphans, and populations of humanitarian concern.

³ In exceptional cases, the Global Fund will directly select PRs for the CCM under the [Additional Safeguards Policy](#).

- Section 2: Outlines the **core principles** for CCMs as defined in the Framework Document of the Global Fund.
- Section 3: Reflects the **role and core functions** of CCMs, discusses their legal authority and main functions, as well as those of other key actors - PRs, SRs, the Global Fund Secretariat, and Local Fund agents in grant management.
- Section 4: Describes the principles and mechanisms for **multi-stakeholder engagement**, providing guidance for membership and ways to select and define each member's role.
- Section 5: Offers guidance on ways to organize **CCM structures** to fulfill objectives, particularly with respect to CCM Secretariats, committees and working groups for technical and executive functions.
- Section 6: Describes **good governance** principles and practice, including considerations for selecting Chairs and Vice Chairs; establishes processes to make decisions and achieve transparency.
- Section 7: States the Global Fund's commitment to **aid effectiveness** including the 2005 [Paris Declaration on Aid Effectiveness](#) and the 2008 [Accra Agenda for Action](#). Practical guidance is provided for applying aid effectiveness principles within the work of CCMs including for harmonization and alignment.
- Section 8: Outlines the **eligibility** requirements for CCMs, non-CCMs and multi-country applicants.
- Section 9: Describes provisions for **technical and financial assistance** for CCMs through the Global Fund Secretariat and partners.
- Section 10: Outlines mechanisms for reviewing **CCM performance**, including via CCM self-assessment, as well as raising and addressing concerns.
- Annex 1: Indicates types of constituency representation for CCMs to consider within CCM membership.

Electronic links to useful websites, email addresses and suggested additional reading are inserted throughout this document.

Section 1: Purpose and Structure of the CCM Guidelines

1. This document provides guidelines to Country Coordinating Mechanisms (CCMs)⁴ on their role in Global Fund processes, and defines the policies that the Global Fund will apply to appraise CCM performance. Technical and financial assistance resources available to CCMs are also described.
2. These guidelines are grounded in the core principles outlined in the Global Fund Framework Document and express a commitment to country led and driven programs that ensure participation of multiple stakeholders, and coordinate with and build on existing structures wherever possible.
3. Where applicable, these Guidelines define:
 - i. **Requirements** that represent the minimum criteria that all CCMs must meet in order to be eligible for funding by the Global Fund.
 - ii. **Standards** that represent important criteria considered vital for effective CCM performance based on accumulated experience.
 - iii. **Recommendations** that represent good practices for CCMs to follow in order to uphold core principles and to strengthen performance.
4. The Global Fund Secretariat monitors compliance of CCMs with **requirements on an ongoing basis and with every new CCM application for funding. Continued compliance with all requirements throughout program implementation is a condition for access to Global Fund financing.**
5. To enhance good governance, adopting **standards** and implementation of **recommendations** by CCMs is encouraged. While neither **standards** nor **recommendations** represent conditions for Global Fund program financing, these will be used by the Global Fund to form the basis of information to appraise overall CCM performance. Standards and recommendations within the CCM Guidelines will inform the development of CCM performance frameworks with CCMs and the Global Fund Secretariat, in the context of the CCM Funding Policy.
6. The Global Fund defines six **requirements** for CCM funding eligibility:

Requirement 1: The Global Fund therefore **requires** all CCMs to:

- i. Coordinate the development of all funding applications through transparent and documented processes that engage a broad range of stakeholders - including CCM members and non-members - in the solicitation *and* the review of activities to be included in the application.
- ii. Clearly document efforts to engage key population groups⁵ in the development of funding applications, including most-at-risk populations.

Requirement 2: The Global Fund therefore requires all CCMs to:

- i. Nominate one or more PR(s) at the time of submission of their application for funding.⁶

⁴ The policies defined for CCMs in this document also apply to Sub-national CCMs (sub-CCMs) and to Regional Coordinating Mechanisms (RCMs).

⁵ Key population groups include: women and girls, men who have sex with men, transgender persons, people who inject drugs, male and female and transgender sex workers and their clients, prisoners, refugees and migrants, people living with HIV, adolescents and young people, vulnerable children and orphans, and populations of humanitarian concern.

- ii. Document a transparent process for the nomination of all new and continuing PRs based on clearly defined and objective criteria.
- iii. Document the management of any potential conflicts of interest that may affect the PR nomination process (see section 6 on good governance).

Requirement 3: Recognizing the importance of **oversight**, the Global Fund **requires** all CCMs to submit *and* follow an oversight plan for all financing approved by the Global Fund. The plan must detail oversight activities, and must describe how the CCM will engage program stakeholders in oversight, including CCM members and non-members, and in particular non-government constituencies and people living with and/or affected by the diseases.

Requirement 4: The Global Fund **requires** all CCMs to show evidence of membership of people living with HIV *and* of people affected by TB or malaria (where funding is requested or has previously been approved for the respective disease). People affected by TB or malaria include people who have lived with these diseases in the past or who come from communities where the diseases are endemic.

Requirement 5: The Global Fund requires *all* CCM members representing **non-government** constituencies⁷ to be selected by their own constituencies based on a documented, transparent process, developed within each constituency. This requirement applies to all non-government constituency members including those members representing people living with or affected by the three diseases, but not to multilateral and bilateral partners.

Requirement 6: To ensure adequate management of conflict of interest, the Global Fund **requires** all CCMs to:

- i. Develop and publish a policy to manage conflict of interest that applies to all CCM members, across all CCM functions. The policy must state that CCM members will periodically declare conflicts of interest affecting themselves or other CCM members. The policy must state and CCMs must document that members will not take part in decisions where there is an obvious conflict of interest, including decisions related to oversight and selection or financing PRs or SRs.
- ii. Apply their conflict of interest policy throughout the life of Global Fund grants, and present documented evidence of its application to the Global Fund on request.

7. These requirements are also highlighted in text boxes in the appropriate sections of this document, and reviewed in Section 8.

8. This document is divided into thematic sections as follows:

Section 1: Purpose and Structure of the CCM Guidelines

Section 2: Core Principles

Section 3: Role and Core Functions of CCMs

Section 4: Multi-stakeholder Engagement through CCMs

Section 5: CCM Structure

⁶ In exceptional cases, the Global Fund will directly select PRs for the CCM under the [Additional Safeguards Policy](#).

⁷ The term 'non-government constituency' is used to refer to any sector apart from government, including civil society and the private sector, but with the exception of multilateral and bilateral partners.

- Section 6: Good Governance Principles and Practice
- Section 7: Aid Effectiveness Principles and Practice
- Section 8: CCM Eligibility
- Section 9: Technical and Financial Assistance available to CCMs
- Section 10: CCM Performance
- Annex 1: Guidelines on Types of Constituency Representation

9. Electronic links to useful websites, email addresses and suggested additional reading are inserted throughout this document. Readers who are unable to access documents electronically may contact the Global Fund by paper mail or by telephone/fax/e-mail for assistance⁸.

Section 2: Core Principles

10. According to its [Framework Document](#), the purpose of the Global Fund is “to attract, manage and disburse additional resources through a new public-private partnership that will make a sustainable and significant contribution to the reduction of infections, illness and death, thereby mitigating the impact caused by HIV/AIDS, tuberculosis (TB) and malaria in countries in need, and contributing to poverty reduction as part of the Millennium Development Goals (MDGs)”.

11. The Framework Document establishes a number of core principles which the Global Fund seeks to apply in all of its policies and decisions, and it expresses the Global Fund’s commitment to support programs, among others, that:

- i. Reflect *national ownership* and respect country-led formulation and implementation processes;
- ii. Focus on the creation, development and expansion of *partnerships among all relevant players within a country, and across all sectors of society*, including governments, civil society⁹, multilateral and bilateral agencies, and the private sector;
- iii. Strengthen the *participation of communities and people, particularly those affected by the three diseases*;
- iv. Aim to *eliminate stigmatization of and discrimination* against those infected and affected by the three diseases, especially for women, children and vulnerable groups;
- v. Build on, complement, and *coordinate with existing regional and national programs* in support of national policies, priorities and partnerships, including Poverty Reduction Strategies and Sector-Wide Approaches; and
- vi. Encourage *transparency and accountability*.

12. The Global Fund recognizes the importance of different national contexts, governance systems and government operating procedures. The Global Fund also recognizes the role of governments in coordinating overall health programs in a country, as well as its role in planning, implementing and providing resources for programs.

13. The Global Fund is committed to a rights-based approach to health by scaling up access to prevention, treatment, care and support services for *all* persons living with and affected by

⁸ The Global Fund (CCM team), Chemin de Blandonnet 8, Vernier 1214, Geneva, Switzerland. Tel: +4158 791 1700; Fax: +4158 791 1701 - e-mail: ccm@theglobalfund.org

⁹ See “Definition of the Term Civil Society” 8th Policy and Strategy Committee Meeting; Geneva, 19-21 September 2001. GF/PSC8/07.

HIV, tuberculosis and malaria. The Global Fund supports programs that contribute to the elimination of stigma and discrimination against those living with and affected by the three diseases, especially populations that are marginalized or criminalized, such as men who have sex with men, transgender persons, people who inject drugs, male and female and transgender sex workers and other key population groups. The Global Fund may decide not to finance or support activities that violate human rights as defined in the United Nations' [Universal Declaration of Human Rights](#).

14. To promote commitment to the above principles, the Global Fund requires government and non-government stakeholders at the country level to define a clear mechanism for the coordination of their joint efforts around Global Fund financing. This coordinating mechanism should be at the highest national level responsible for national multi-partner and multi-sectoral development planning. When appropriate, an already existing mechanism may service this function provided it can meet the requirements for funding eligibility outlined in Section 1 of this document. These "Country Coordinating Mechanisms" or CCMs should primarily aim to engage country stakeholders in upholding the principles outlined in this document while applying the following **core functions**:

- i. the development of applications for Global Fund financing (proposals)
- ii. the transparent nomination of Principal Recipients (PRs) to implement Global Fund grants
- iii. the oversight of PR performance in program implementation
- iv. engaging in periodic reviews of programs financed by the Global Fund and completing mid-term requests for continued funding

Section 3: Role and Core Functions of CCMs

CCMs and Other Key Actors in Grant Management

15. In performing their core functions, CCMs interact with a number of key actors each with a distinct role as follows:

- i. **CCM** members represent the interests of country level stakeholders in the fight against HIV, TB, and malaria. CCMs are mechanisms for public-private partnership in the governance of national disease programs. As individuals, CCM members are accountable to the sectors they represent and as a group the CCM is accountable to the nation. On behalf of the country, CCMs request financing from the Global Fund, and provide strategic oversight to ensure effective and strategic implementation of programs. The role of the CCM is further detailed in the remainder of this document.
- ii. **Principal Recipients (PRs)** sign a grant agreement with the Global Fund which is a legally binding contractual document. They directly receive the funding approved by the Global Fund Board and manage its implementation on a day-to-day basis on behalf of the CCM. PRs are nominated by CCMs and are accountable to them to achieve program objectives. Many PRs implement programs both directly and through sub-recipients (SRs).
- iii. **Sub-Recipients (SRs)** receive grants from PRs to implement components of Global Fund-financed programs. They report to PRs and their performance is critical to program success.
- iv. **The Global Fund Secretariat** signs grant agreements with PRs, and manages the periodic disbursement of funding to them based on the successful achievement of program targets - and in compliance with Global Fund policies. The Fund Portfolio Manager (FPM) is the focal point for grant management at the Global Fund

Secretariat and is responsible for ensuring the necessary communication and interaction with key actors for the effective implementation of Global Fund financed programs.

- v. **Local Fund Agents (LFAs)** are contracted by the Global Fund Secretariat to assess implementation capacities and verify program results reported by PRs and SRs. They report directly to the Global Fund. LFAs do not represent the Global Fund Secretariat: they provide recommendations to it but they do not make decisions on its behalf. Additional detail on the role of the LFA is available through the Global Fund's [LFA Manual](#).

Legal Authority of the CCM in its Role

16. CCMs may find it advantageous to constitute themselves legally, although this is not a Global Fund requirement. In all cases, the Global Fund's [grant agreement](#) includes a number of articles¹⁰ that give the CCM the legal authority to perform its role, and mandates the PR to cooperate with the CCM in carrying out its oversight responsibilities. These articles include:
- i. **Article 7a:** the CCM oversees the implementation of programs financed by the Global Fund.
 - ii. **Article 7b:** PRs are legally obligated to cooperate with CCMs and to be available to meet with them regularly to discuss plans, share information and communicate on program-related matters. PRs are also legally obligated to provide program-related reports and information to the CCM upon request.
 - iii. **Article 15:** PRs are legally obligated to provide CCMs with a copy of periodic reports submitted to the Global Fund.
 - iv. **Article 23:** The CCM is consulted on any decisions to change PRs.¹¹
 - v. **Article 25:** PRs are legally obligated to copy CCMs on all notices, requests, documents, reports or other communication exchanges with the Global Fund Secretariat.
 - vi. **Article 28b:** The PR implements programs on behalf of the CCM.

Core Function: the Development of Funding Applications to the Global Fund

17. CCMs may access Global Fund financing through more than one modality, including for example, rounds-based proposals and national strategy applications. CCMs are responsible for selecting the most suitable application process for which they are eligible.
18. The Global Fund recognizes that only through a country-owned, coordinated and multi-sector approach involving all relevant stakeholders - each with different skills, background and experience - will additional resources have a significant impact on the three diseases. To this end - regardless of the application modality used - the participation of a broad range of stakeholders from government and non-government constituencies in the development of funding applications is considered essential.

19. Requirement 1: The Global Fund therefore requires all CCMs to:

- i. Coordinate the development of all funding applications through transparent and documented processes that engage a broad range of stakeholders - including CCM members and non-members - in the solicitation *and* the review of activities to be included in the application.

¹⁰ The grant agreement for multilateral organizations is different and is linked [here](#).

¹¹ Except where the Global Fund's [Additional Safeguard Policy](#) is being applied

- ii. Clearly document efforts to engage key population groups¹² in the development of funding applications, including most-at-risk populations.

20. In addition, the Global Fund **recommends** that in developing funding applications, CCMs:

- i. Ensure that funding applications are aligned with national development objectives and harmonized with existing efforts by other national and international entities. Funding requests should be based on identified financial gaps in national programs.
- ii. Consider contributions to health and community systems strengthening through Global Fund grants. CCMs should seek to maximize synergies across all grants under their oversight, particularly in closely related areas, such as HIV and TB.
- iii. Engage technical partners and seek technical assistance (TA) as necessary to ensure that programs for which funding is requested are reaching expected targets in an effective and sustainable manner.
- iv. Include costed plans for management and/or TA to ensure strong program performance. This may include efforts to strengthen program-level management and/or implementation capacity of PRs or SRs. Furthermore, TA should address long-term local capacity building, known gaps and program weaknesses, and should contribute to high quality of services.
- v. Refer carefully to funding application guidelines issued by the Global Fund so that they may take into account relevant policies, and apply them as appropriate to their country context. For additional guidance on the development of funding applications please refer to the [applicants section of the Global Fund webpage](#).

21. CCMs should be aware that the development of funding applications in a consultative manner is time consuming and involves financial costs for items such as meetings with stakeholders, communication, translation, and technical assistance. The Global Fund does *not* offer financial support for the development of funding applications.

22. The Global Fund will only accept consolidated funding applications that result in a “single stream of funding” for *each* proposed PR in a given disease area. This has no bearing on the introduction of new PRs or the number of PRs per disease area. CCMs are still encouraged to apply the dual-track financing policy. The budget and work plan of consolidated funding applications must reflect:

- i. new funding being requested for a given PR and disease and
- ii. funding already approved by the Global Fund for the same PR and disease.

23. Consolidated funding applications and other features of the Global Fund’s grant architecture allow CCMs to limit fragmentation of programs into multiple grants (per PR), to maintain a program-based perspective during program development and review, and to achieve efficiencies in grant administration. Features of the grant architecture relevant to CCMs are detailed in the [Frequently Asked Questions](#) document on the Global Fund’s grant architecture.

¹² Key population groups include: women and girls, men who have sex with men, transgender persons, people who inject drugs, male and female and transgender sex workers and their clients, prisoners, refugees and migrants, people living with HIV, adolescents and young people, vulnerable children and orphans, and populations of humanitarian concern.

Core Function: Nomination of Principal Recipient(s) for implementation of Global Fund grants

24. Within funding applications, CCMs are invited to describe implementation arrangements in order to demonstrate feasibility of the proposed programs. To support achievement of planned results, PR nomination must follow a transparent process aimed at identifying the organization(s) most capable of meeting planned targets. A transparent PR nomination process will also help to ensure that nominated PRs have credibility with all concerned parties.

25. Requirement 2: The Global Fund therefore requires all CCMs to:

- i. Nominate one or more PR(s) at the time of submission of their application for funding.¹³
- ii. Document a transparent process for the nomination of all new and continuing PRs based on clearly defined and objective criteria.
- iii. Document the management of any potential conflicts of interest that may affect the PR nomination process (see section 6 on good governance).

26. The Global Fund also defines the following CCM standard for PR nomination:

- i. CCMs should routinely nominate *both* government and non-government PRs for each disease program to strengthen the roles of civil society and the private sector in responses to the three diseases¹⁴. Additional detail on this Global Fund policy is provided in the [Information Note on Dual Track Financing](#).

27. Once a funding application is approved, PRs nominated by the CCM must pass an assessment of systems and resources before being confirmed. The Global Fund **recommends** that CCMs:

- i. Nominate PRs through a transparent and documented process at an early stage in the funding application development process so that any capacity building needs would inform TA planning within the funding application. This would be considered during the PR's capacity assessment.
- ii. Work with PRs to ensure the SR selection process is open, fair and based on objective criteria related to performance capacities. CCMs are encouraged to ensure that - to the extent possible - nominated PRs identify prospective SRs, in consultation with the CCM, during the development of applications so that the feasibility of the proposed program can be assessed.
- iii. CCMs nominate national PRs where possible to ensure that national capacities are developed for more sustainable responses. The Global Fund recognizes that in certain contexts, international agents (multilateral organizations or INGOs) are the most suitable interim PRs. In such cases, CCMs are encouraged to include national capacity development and a transition plan as program priorities in their funding application.

¹³ In exceptional cases, the Global Fund will directly select PRs for the CCM under the [Additional Safeguards Policy](#)

¹⁴ It is recognized that dual-track financing may not be possible in all proposals due to current in-country contextual situations. In this case, applicants are requested to summarize the reason(s) why this option has not been pursued, and discuss alternative ways in which their proposal aims to ensure both government and non-government sector involvement in implementation if not also at the PR level. Global Fund Information Note: Dual-track Financing (May 2010).

Core Function: Oversight of PRs and Program Implementation

28. Once CCMs have secured Global Fund financing, their most important function is oversight. CCMs oversee the performance of PRs to ensure that they will achieve the agreed targets of the programs they are implementing. Through CCM oversight, PRs are held accountable to all country stakeholders.

29. **Requirement 3:** Recognizing the importance of **oversight**, the Global Fund **requires** all CCMs to submit *and* follow an oversight plan for all financing approved by the Global Fund. The plan must detail oversight activities, and must describe how the CCM will engage program stakeholders in oversight, including CCM members and non-members, and in particular non-government constituencies and people living with and/or affected by the diseases.

30. As outlined in paragraph 15, CCMs interact with a number of key actors including PRs, SRs, the Global Fund Secretariat and LFAs. Good communication with these actors will help ensure that CCMs have access to the information they need to conduct oversight. As detailed in paragraph 16, PRs are legally obligated to cooperate with the CCM, and to share information periodically *and* on request.

31. In addition to reports from PRs, the Global Fund Secretariat receives LFA reports on financial and program performance which it systematically reflects back to CCMs through grant management letters. The Global Fund **recommends** that CCMs seek further information from LFAs by:

- i. Nominating (a) CCM member(s) to attend LFA debriefings to the PR on findings of their work
- ii. Inviting LFAs to attend CCM meetings (in coordination with the Global Fund Secretariat)

32. Good CCM communication practices with LFAs and other key actors are detailed in the [PR-LFA Communications Themed Report](#) and in the [LFA Communications Protocol](#).

33. The Global Fund defines the following **CCM standards** for oversight:

- i. CCMs should ensure that program activities contribute to the elimination of stigma and discrimination against those living with and affected by the three diseases, especially populations that are marginalized or criminalized.
- ii. Every CCM should have a communication strategy agreed with its PRs, detailing communication activities throughout the grant lifecycle, and including scheduled financial and programmatic updates to the CCM on PR and SR performance.

34. Based on accumulated experience on good oversight practices, the Global Fund **recommends** that CCMs regularly:

- i. review Performance Update and Disbursement Requests (PUDR) at the time of their submission to the Global Fund by PRs;
- ii. visit service sites periodically to obtain first-hand information on program activities and quality; and
- iii. seek feedback from non-members of the CCM, and from people living with diseases in particular.

35. The oversight role of CCMs is especially important to mitigate implementation bottlenecks. In this respect, the Global Fund recommends that CCMs:
- i. anticipate and proactively identify implementation challenges, and meet with PR(s) and SR(s) regularly to discuss challenges before performance is affected;
 - ii. pay special attention to challenges that could affect supplies of drugs and equipment;
 - iii. coordinate the provision of technical assistance for PR(s) and/or SRs as necessary;
 - iv. facilitate government or other partner involvement to resolve challenges as necessary; and,
 - v. consider requesting reprogramming of funds or (even) change of PR(s) in the most difficult cases, as described in paragraph 41 below.
36. In performing oversight, it is important for CCMs to avoid involvement in the day to day operational details of program implementation. The Global Fund recommends that CCMs strategically select information for follow up with PRs to ensure delivery of program outcomes. The CCM [oversight tool](#) allows CCMs to highlight strategic information to check that:
- i. program activities will be implemented on time and that agreed performance targets will be met.
 - ii. arrangements are in place for pharmaceutical products and equipment to be procured and delivered on time, and for there to be no risk of stock-outs.
 - iii. grant conditions set by the Global Fund will be satisfied on time to avoid administrative delays to financing or risks of program suspension.
37. A [Guidance Paper on CCM Oversight](#) provides additional detail on this important function, and a themed report on [Oversight Practice](#) describes country experiences and good practices.
38. Associated with oversight are a number of grant-related events. The Global Fund will engage CCMs in these activities, and recommends that CCMs facilitate them as necessary to avoid delays in financing. These activities include but are not limited to:
- i. **Grant negotiation and signing:** Once funding applications are approved, the Global Fund negotiates a grant agreement to be signed with each PR. The grant agreement is the basis upon which funds may be disbursed. CCM oversight of the grant-signing processes ensures that program outcomes remain in line with the original proposal submission. No grant agreement will be signed by the Global Fund without endorsement by the CCM Chair or Vice-Chair, and a member of civil society on the CCM.
 - ii. **Routine PR audits:** On an annual basis, PRs are required to undergo an independent audit. CCMs should facilitate the audit process, if appropriate, and should review audit findings to identify potential risks to program implementation.
 - iii. **Country Audits of Global Fund Grants:** By way of sampling, or if irregularities are detected, the Global Fund's Office of the Inspector General may launch a comprehensive audit of a country portfolio. As with routine audits, CCMs should support this process and review its findings.

Core Function: Completing Periodic Program Reviews and Requests for Continued Funding

39. The Global Fund applies the principle of “performance-based funding” by linking access to resources to the achievement of results. A core function of CCMs is completing *Periodic Reviews* of programs coupled with *Requests for Continued Funding* from the Global Fund.
40. The timing of *Periodic Reviews* will be established by the CCM in coordination with PRs and the Global Fund Secretariat. The Global Fund recommends that CCMs take advantage of the Global Fund grant architecture by scheduling *Periodic Reviews*:
- i. for all PRs implementing in the same disease area at the same time to enhance the CCM’s ability to adopt a program-based perspective of funds under its oversight and
 - ii. at the same time as in-country reviews of relevant national programs to improve sharing of information across programs with different sources of funding.
41. The Global Fund also recommends that CCMs take advantage of *Periodic Reviews* and *Requests for Continued Funding* to carefully consider:
- i. reallocation of funds between program activities if necessary based on epidemiological updates and past program performance;
 - ii. reallocation of funds between program activities to address capacity building and technical assistance needs of PRs; and
 - iii. changes to implementation arrangements where PR or SR performance is a persistent challenge.
42. CCMs should note that all CCM requirements - including requirements related to the development of funding applications and the nomination (*or renewal*) of PRs - must be met throughout the life of Global Fund grants. CCM compliance with all six requirements is systematically reviewed when requests for continued funding are submitted to the Global Fund Secretariat.

Section 4: Multi-stakeholder Engagement through CCMs

CCM Composition

43. CCMs are mechanisms for public-private partnership in the governance of national disease programs. They should seek active engagement of all stakeholders relevant to the fight against the three diseases in their national context.
44. The Global Fund sets the following **CCM standards** for composition:
- i. All CCMs may include members representing the following constituencies: government, civil society, the private sector, as well as other constituencies, such as multilateral and bilateral international partners working in-country. See Annex 1 for a list of examples.
 - ii. Membership of CCMs should comprise a minimum of 40% representation of the non-government constituencies (multilateral and bilateral partners are not counted within this 40%).
 - iii. CCMs should ensure that CCMs possess strong expertise on gender equality and integrate this knowledge to the effective response to the three diseases. The CCM should have equal representation of men and women. The Global Fund’s [Gender Equality](#) strategy provides additional guidance in this regard.
 - iv. CCMs should ensure the representation of key affected populations (refer to footnote 2) taking into account the socio-epidemiology of the three diseases and

the national context. The Global Fund [Sexual Orientation and Gender Identities](#) strategy provides additional guidance in this regard for populations most-at-risk for HIV.

- v. CCMs should ensure balanced geographical representation particularly from state/provinces/districts affected by the disease(s) for which the CCM is requesting Global Fund financing. Larger countries can consider sub-national CCMs as an option.
- vi. CCMs should submit to the Global Fund Secretariat, periodically and on request, the CCM membership list with details including each CCM member's name, organization, sector represented and contact information. The Global Fund will make this information publically available, unless otherwise agreed with the relevant CCM member. To ensure CCM membership details are continuously up to date, the CCM should notify the Global Fund Secretariat of any changes.

45. Requirement 4: The Global Fund **requires** all CCMs to show evidence of membership of people living with HIV *and* of people affected by TB or malaria (where funding is requested or has previously been approved for the respective disease). People affected by TB or malaria include people who have lived with these diseases in the past or who come from communities where the diseases are endemic.

CCM Member Roles and Responsibilities

- 46. Each CCM member represents the interests of their entire constituency, and not those of their own individual self or organization. The Global Fund has published [Guidelines on Constituency Processes](#) for its own Board which operates in a similar way to CCMs. These Guidelines offer useful parallels on constituency processes which can be applied by CCM members.
- 47. The Global Fund sets the following **standards** with respect to CCM member roles:
 - i. CCM members should share information with their constituents in an open and timely manner, and should respond to requests for additional information.
 - ii. CCM members should consult their constituents regularly so that they can reflect their views and concerns in CCM decisions and meetings.
- 48. The role and function of each CCM member will be agreed upon among country stakeholders. The [Global Fund Partnership Strategy](#) (available at www.theglobalfund.org) provides guidance on specific country-level partnership roles agreed by stakeholders represented at the Global Fund Board. In addition, the Global Fund offers the following recommendations for specific member roles:
 - i. Government members should be mandated by, represent the views of, and report back to the senior leadership of the government. Government members have an important role in coordinating CCM activities and decisions with other national programs, acting as a liaison between the CCM and government agencies, and ensuring program sustainability.
 - ii. The private sector can share expertise and resources with CCMs, and can act as a powerful advocate for disease programs, particularly on issues related to economic development. For example, representatives from the private health care sector can provide insight into the design of programs which can best leverage private health care services to complement the public health system. As well, they can identify appropriate practitioners and clinics to involve in grant implementation.
 - iii. Additional guidance on the role of the private sector in CCMs is available through [this link](#).

- iv. Civil society partners including NGOs, people living with or affected by the three diseases and key population groups should maintain strong ties to their communities, in order to provide feedback on the quality and impact of programs. Independent civil society actors not involved in program implementation can play a valuable watchdog role, and can advocate for community interests. Additional guidance on the role of civil society in CCMs is available in the [Making Global Fund CCMs work through Full Engagement of Civil Society](#) and the [Guidelines for Improving CCMs through Greater PLHIV Involvement](#).
- v. Multilateral and bilateral partners, including the United Nations, are essential as providers of technical and management assistance to the CCM. Their role should be country-partnership driven, and they are well positioned to facilitate harmonization of CCM activities with other foreign aid initiatives in the country.

CCM Member Selection

49. Requirement 5: The Global Fund requires *all* CCM members representing non-government constituencies to be selected by their own constituencies based on a documented, transparent process, developed within each constituency. This requirement applies to all non-government members including those members representing people living with or affected by the three diseases, but not to multilateral and bilateral partners.

50. In addition, the Global Fund sets the following **CCM standards** for selection of CCM members:

- i. CCM members representing people living with or affected by the three diseases should be selected by a constituency where one exists.
- ii. CCM member selection by their own constituency should be based on clear criteria, and should take into account relevant experience in working with AIDS, TB or malaria and the member's ability to network with their constituency. Documentation of the CCM member selection process should be made publicly available.
- iii. CCMs should publish membership details, and constituencies should develop terms of reference for their members, and review member performance to ensure accountability to the constituency. Sample terms of reference are available [here](#).
- iv. CCMs should allow constituencies to replace members whose performance is unsatisfactory (e.g. members who do not attend or do not share information).
- v. members should undergo training periodically and for orientation at the start of their term to stay informed of Global Fund policies and of the status of HIV, TB and malaria programs in their countries.

51. The Global Fund also **recommends** the following practices relating to CCM membership:

- i. member terms should be limited to two or three years, with rules for renewal, to allow increased access to representation.
- ii. CCM members should follow a staggered schedule for membership renewal (for example, one third of members to be renewed per year) to preserve CCM institutional memory.
- iii. each constituency should select an alternate member for every seat, to increase transparency and to facilitate quorum at CCM meetings.

52. Additional reading on member selection processes can be found in the Global Fund's [Governance and Civil Society Participation](#) themed report, and in the [Aidspan Guide to Building and Running an Effective CCM](#).

Section 5: CCM Structure

The CCM Secretariat

53. The CCM Secretariat has an administrative function and supports the execution of decisions made by the CCM. CCM duties involve extensive coordination of information and of meeting logistics. The Global Fund therefore sets the following **CCM standards** relating to CCM secretariats:

- i. Every CCM should establish a CCM secretariat to provide administrative functions to the CCM.
- ii. The CCM should have adequate human and financial resources, taking advantage of the Global Fund's [CCM funding policy](#) as necessary to help support its operating costs.
- iii. The CCM secretariat should be, ideally, independent of PR and SR offices to limit conflicts of interest (see section 6), and its staff should be accountable to the CCM as a whole, and not to any one constituency or member.
- iv. CCM secretariat staff should have clear terms of reference, be selected through a transparent and documented process based on capacity for the role, and be evaluated on a regular basis, with participation of all CCM constituencies.

54. The following activities are **recommended** as important CCM secretariat duties:

- i. Produce, archive and circulate minutes of all CCM meetings.
- ii. Ensure CCM membership details are up to date and publicly available, and inform the Global Fund Secretariat of any changes.
- iii. Coordinate logistics for CCM meetings, and oversight visits.
- iv. Assist the CCM in the production of its annual work plan and calendar of meetings.
- v. Coordinate the documentation and dissemination of important CCM processes such as proposal development, PR nomination, and member selection processes for example.
- vi. Facilitate the participation of all CCM members in CCM meetings and decision making processes.

CCM organizational structure

55. The Global Fund **recommends** that CCMs carefully consider their organizational structure. Many CCMs choose to have permanent committees or working groups with executive or technical functions. Examples of different CCM structures are available through this [link](#). In determining their structure, the Global Fund **recommends** that CCMs:

- i. Aim for the number of members that achieves balance between representation and efficiency.
- ii. Consider the organizational structure that will allow them to perform optimally in accordance with these guidelines.
- iii. Define and document the organization, terms of reference and operating procedures of the entire CCM and of each committee or working group. These terms of reference should be endorsed by all CCM constituencies and made publicly available.
- iv. Ensure that committees or working groups do not replace the function of the larger CCM.

Section 6: Good Governance Principles and Practice

Good Governance: Management of Conflict of Interest

56. Conflicts of interest arise where the individual or organizational interests of CCM members influence or could potentially influence their decision-making. The mere perception of conflict of interest can damage the credibility of CCMs and the programs they oversee. Actual, potential or apparent conflicts of interest are expected in all decision-making bodies and should be managed to ensure that decisions made are objective and credible.

57. Requirement 6: *To ensure adequate management of conflict of interest, the Global Fund requires all CCMs to:*

- i. Develop and publish a policy to manage conflict of interest that applies to all CCM members, across all CCM functions. The policy must state that CCM members will periodically declare conflicts of interest affecting themselves or other CCM members. The policy must state and CCMs must document that members will not take part in decisions where there is an obvious conflict of interest, including decisions related to oversight, and selection or financing PRs or SRs.
- ii. Apply their conflict of interest policy throughout the life of Global Fund grants, and present documented evidence of its application to the Global Fund on request.

58. The Global Fund recognizes that there is an inherent conflict of interest when SRs and PRs are CCM members with decision-making authority, particularly in the Chair and Vice-Chair positions.

59. The Global Fund understands that CCMs must consider the role of PRs and SRs according to their national context and **recommends** a non-voting role for these actors.

60. Country experiences and good practices for the management of conflict of interest in CCMs are available in the Global Fund's themed report on [Conflict of Interest](#).

61. All CCM stakeholders should note that through article 21 (c) of the Global Fund's [grant agreement](#), PRs are legally obligated to disclose actual, apparent or potential conflicts of interest affecting any persons affiliated with the PR(s) or with SRs, the LFA or the CCM.

Good Governance: Equality Among Members

62. The Global Fund considers all members of a CCM to be equal partners, with full rights to expression and involvement in decision-making in line with their areas of expertise. The Global Fund defines the following **standards** to help CCMs ensure that CCM decisions fairly reflect the interests of all members:

- i. CCMs should elect their Chairs and Vice-Chairs in accordance with the election procedures agreed by the CCM members. In general, good governance involves periodic change of leadership.
- ii. CCMs should elect Chairs and Vice-Chairs from different constituencies (i.e. government and non-government).

63. The Global Fund **recommends** the following good practices to help CCMs ensure that decisions reflect the voices of all CCM members and constituencies:

- i. CCM members - and in particular Chairs and Vice-Chairs - are encouraged to support a culture of fair and open discussion in CCM meetings, and equal participation in

decision making by all members (where no conflict of interest is involved). The themed report on [Partnership and Leadership](#) provides additional guidance.

- ii. CCMs are encouraged to consider voting by secret ballot, as necessary, to manage influence of member decisions by other members. Good practices on voting process can be found through this [link](#).
- iii. CCM election procedures should consider term limits for Chair and Vice-Chair positions keeping country context in mind and recognizing the unique nature of government positions¹⁵. Rotation of leadership positions within and between constituencies is also good practice.

64. Unequal or unfair treatment of CCM members may be reported to the Global Fund Secretariat and will be reviewed (see Section 10).

Good Governance: Transparency

65. To promote accountability, and to ensure that any misuse of funds is prevented, it is essential that CCMs seek transparency in all of their processes. Full transparency gives credibility to programs and promotes public trust and stronger performance. Transparency depends on the timely, equal and comprehensive sharing of information, and is essential for effective constituency engagement.

66. The Global Fund therefore sets the following **standards** for CCM transparency:

- i. Every CCM should publish and follow a communication strategy for sharing information with stakeholder constituencies and with the general public. The plan should define the activities that will be used to disseminate information on Global Fund financing opportunities, on CCM discussions and decisions, and on the performance of programs financed by the Global Fund or the approval of an application for funding.
- ii. Every CCM should publish and follow its work plan for the year to allow constituencies time to plan ahead and prepare. The work plan should provide a schedule of CCM meetings, key oversight activities, and important events such as the planned submission of an application for funding, periodic reviews and requests for continued funding.

67. Based on accumulated experience, good practices in communication and transparency are available in a themed report on [Governance and Civil Society Participation](#). The Global Fund **recommends** the following activities to enhance sharing of information with all stakeholders outside the CCM:

- i. Establish CCM websites to post important CCM documents and announcements publicly. Non-electronic mass media may be used where web-sites are not considered the most accessible channel for stakeholders. Important CCM documents include for example, CCM operating procedures, and documents demonstrating CCM compliance with the requirements.
- ii. Announce confirmed dates and agendas ahead of CCM meetings (minimum two weeks), and promptly publish meeting minutes, and feedback from the review of reports or from oversight visits. CCM meeting minutes should be clear and concise so as to facilitate access to information, and should reflect different perspectives around decisions taken. Minutes, particularly those documenting CCM decisions, should be maintained by the CCM and made available to the Global Fund Secretariat upon request.

¹⁵ Governments may have arrangements for appointing government posts, as well as setting term limits and parameters for rotation. These arrangements for government should be respected by CCMs.

Section 7: Aid Effectiveness Principles and Practice

68. As signatory to the 2005 [Paris Declaration on Aid Effectiveness](#) and to the 2008 [Accra Agenda for Action](#), the Global Fund is fully committed to seeing Aid Effectiveness principles applied through CCMs. This section offers practical guidance and examples of how CCMs can apply aid effectiveness principles through their core functions. Additional guidance on this topic is available through the Global Fund's themed report on [Harmonization and Alignment](#).

69. The Global Fund **recommends** that CCMs apply Aid Effectiveness principles and actions through the **development of funding applications**:

- i. in a fully inclusive manner to ensure that approaches are harmonized and coordinated with existing in-country aid modalities including common funding mechanisms and SWAps as appropriate;
- ii. that are aligned with national strategies and policies, and reflected in national budgets;
- iii. that draw on targets, indicators and reporting forms included in the national monitoring and evaluation plan and that are acceptable and relevant to all partners in-country;
- iv. that are coordinated with national cycles to reduce transaction costs and reporting burden;
- v. in a fully inclusive manner to enhance country ownership and accountability;
- vi. where appropriate and where sufficient capacity exists, nominate national systems as the default option when selecting implementation arrangements; and
- vii. include systems-strengthening measures (for procurement, finance or monitoring and evaluation) as part of the proposal as needed.

70. The Global Fund also **recommends** that CCMs apply the Aid Effectiveness principles and actions by selecting **implementation arrangements** that:

- i. Build national capacities by preferentially nominating national PRs where possible.
- ii. Build national capacities by implementing Dual Track Financing and Health and [Community Systems Strengthening](#) policies.
- iii. Align performance and reporting schedules of all implementers to agreed national cycles.

71. Furthermore, to apply Aid Effectiveness through their **oversight** function, the Global Fund **recommends** that CCMs should:

- i. ensure that members disseminate oversight information within their constituencies;
- ii. align program reviews with national review cycles;
- iii. participate in national program reviews where feasible to increase accountability of Global Fund-financed programs;
- iv. promote accountability and national ownership by engaging a broad and representative range of country stakeholders in the oversight role; and
- v. ensure communication and transparent reporting of Global Fund financing in national budget documentation and/or with national planning authorities.

72. In a number of countries, CCM core functions have been assigned to existing multi-stakeholder national bodies. The Global Fund encourages this approach as appropriate to the national context *provided* the requirements for CCM eligibility are met. CCMs are encouraged to contact the Global Fund CCM team at ccm@theglobalfund.org for assistance with the use of existing national mechanism as CCMs.

Section 8: CCM Eligibility for Funding

73. As described in section one, and highlighted in text boxes throughout this document, the Global Fund defines six requirements as criteria of CCM eligibility for funding. **CCMs must meet *each one of these requirements* to be eligible for Global Fund financing.** The requirements relate to:

- i. Processes for development of funding applications (requirement 1)
- ii. Processes for nomination of PRs (requirement 2)
- iii. Oversight planning and implementation (requirement 3)
- iv. Processes for non-government CCM member selection (requirement 4)
- v. CCM membership of affected communities (requirement 5)
- vi. Management of conflict of interest on CCMs (requirement 6)

74. The Global Fund Secretariat screens all applicants on CCM compliance with the requirements. Compliance with requirements 1 and 2 is assessed at the time of submission of funding applications, including mid-term requests for continued funding. Compliance with requirements 3 to 6 is assessed *both* at the time of submission of new funding applications, and throughout the period of Global Fund financing. Non-compliance may lead to rejection of funding applications, or suspension of funding.

75. The six requirements for CCM eligibility apply equally to sub-national CCMs and to Regional Coordinating Mechanisms (RCMs). Additional information on the CCM Eligibility requirements is provided in the [Clarifications on Minimum Requirements](#) document, and best practices on meeting the six requirements are detailed in the [Screening Review Panel reports](#).

76. As mentioned above, progress with CCMs is assessed throughout the life of Global Fund grants with a view to providing technical support where needed.

Non-CCM Applications

77. Under exceptional conditions, the Global Fund will accept non-CCM applications where compliance with the six requirements *is not required*. These exceptional circumstances are limited to:

- i. Countries without a legitimate government; or
- ii. Countries in conflict, facing natural disasters, or in complex emergency situations (identified by the Global Fund through reference to international declarations such as those of the United Nations Office for the Coordination of Humanitarian Affairs); or
- iii. Countries that suppress or have not established partnerships with civil society and non-governmental organizations. These circumstances include a CCM's failure or refusal to consider a civil society or non-governmental organization proposal, particularly those targeting highly marginalized and/or criminalized groups, for inclusion into the national composite CCM proposal.

78. For multi-country applicants, Regional Organization (RO) applications are an alternative to RCM applications. Non-CCM and RO applicants are *not* bound to the six requirements for CCM eligibility or the multi-stakeholder model described in these guidelines. A single organization can independently submit a non-CCM application for example - if at least one of the three exceptions in paragraph 77 is met. More information on non-CCM and RO applications can be found at www.theglobalfund.org.

79. Applicant eligibility related to country income levels is detailed at www.theglobalfund.org.

Section 9: CCM Financial and Technical Assistance

Technical Assistance

80. The Global Fund Secretariat and technical partners provide technical support to CCMs in the following ways:

- i. Facilitation and/or funding of CCM technical support visits by partners.
- ii. Direct support visits by Global Fund staff specialized in CCMs.
- iii. The review of CCM governing documents for feedback.
- iv. The development of CCM support tools including the CCM oversight tool.
- v. The organization of CCM-focused regional workshops to facilitate the exchange of best practices within regions.

81. To explore additional opportunities for CCM technical support, please contact the CCM team in the Global Fund Secretariat at ccm@theglobalfund.org.

82. In collaboration with technical partners, the Global Fund has developed the following support resources which CCMs may find useful, and are available at the Global Fund CCM webpage at www.theglobalfund.org:

- i. support tools including the [CCM oversight tool](#).
- ii. documented good and best practices for CCMs, and [themed reports](#) and focused studies on CCM topics of interest.
- iii. [reports](#) of CCM regional meetings and other relevant fora.
- iv. CCM funding (see below).

CCM Funding Assistance

83. The Global Fund offers opportunities for financial support to CCMs through two channels:

- i. Basic CCM funding offers a one year grant for up to US\$ 50,000 per year.
- ii. Expanded CCM funding offers a two year grant, and allows CCMs to access larger amounts of annual funding linked to measurable performance in four priority areas (CCM oversight, engagement of constituencies, aid effectiveness and gender).

84. CCMs interested in applying for CCM funding should download the relevant application forms through the [CCM Policy section](#) of the Global Fund website. The CCM funding policy is described in full detail at the same website address.

85. CCMs are encouraged to seek additional sources of CCM funding from domestic and international partners in-country.

Section 10: CCM Performance

Review of CCM Performance

86. CCMs may undergo various forms of appraisal by the Global Fund, including:

- i. Ongoing appraisal of CCMs' fulfillment of the requirements and progress with performance by the Global Fund Secretariat.
- ii. Performance reporting relating to CCM Funding (see paragraph 83 above).
- iii. Assessments by the OIG, particularly for CCMs in more challenging environments.

87. The Global Fund recommends that CCMs complete a self-assessment using the [self-assessment tool](#) every 2-3 years. The self-assessment tool is optional.

Communication with the Secretariat

88. Individual CCM members are encouraged to communicate perceived weaknesses in CCM structure and performance (e.g. lack of transparency, conflict of interest, poor oversight) to the Global Fund Secretariat, on a confidential basis if necessary. In particular, issues of non-compliance with CCM requirements and difficulties or slow progress with meeting the standards described in this document, should be brought to the attention of the Global Fund Secretariat without delay through the following points of contact:

Email: ccm@theglobalfund.org

Fax: +41 58 791 1701 (Please include "Attention: CCM Team" at the top of your message)

Direct contact with Global Fund staff in meetings

Mail: The Global Fund to Fight AIDS (CCM Team), Tuberculosis and Malaria,
Chemin de Blandonnet 8, 1214 Vernier - Geneva, Switzerland

89. It should be noted that PRs are legally obligated through grant agreements to report issues of corruption or conflict of interest to the Global Fund.

90. Where CCM weaknesses are brought to the attention of the Global Fund, the Secretariat will further assess the complaint drawing on the assistance of the LFA as necessary. If allegations are confirmed, response measures will be determined on a case by case basis.

91. Irregularities and misconduct may also be reported directly to the Office of the Inspector General at the Global Fund. The [In-country Whistle Blowing Policy of the Global Fund](#) provides additional guidance in this regard.

Annex 1 to Guidelines and Requirements for Country Coordinating Mechanisms

Guidelines on Types of Constituency Representation

For each CCM, it is necessary to consider the types of government, civil society, private sector and other representatives who would be valuable to the CCM at present and in the future, as the role and importance of partnership among these sectors increases, particularly in the development of funding applications and grant oversight. This annex is intended to provide an indication of the possible options and, in particular, to provide guidance for CCMs wishing to strengthen and/or improve the representation of civil society and the private sector. This list of examples is not exclusive. CCMs can and should decide which sectors are most relevant to include in their particular contexts.

*Government Representatives*¹⁶

Governments within implementing countries define the legal and policy environment within which national responses to the three diseases are developed. Governments also manage a large share of the health infrastructure and work force in each country. Their role, therefore, in providing support for an empowering environment, advocacy, oversight, and implementation, particularly with national ministries and disease-specific agencies such as National AIDS Councils or disease control centers, is key. The involvement of governments with partners is also central towards coordination and improving aid effectiveness. Government representatives may include, but are not limited to, individuals representing: Ministries of Health, Finance and Planning, Women's and Social Affairs, International Cooperation and Interior.

*Civil Society*¹⁷ *Representatives*

The kinds of civil society representatives who would be integral to the work of CCMs would ideally include, but would not be limited to, individuals or organizations representing:

- i. **Watchdog organizations:** Beyond service delivery, non-governmental, non-profit organizations play a unique role in maximizing health results through advocacy and mobilization. The Global Fund recognizes that civil society has an essential contribution to make in informing and improving public policy through its activities around policy monitoring, analysis, advice and advocacy. The presence of independent watchdog organizations in the CCM is especially desirable for the purposes of grant oversight, conflict of interest management and policy coherence.
- ii. **Key Population Groups:** Key population groups include: women and girls, men who have sex with men, transgender persons, people who inject drugs, male and female and transgender sex workers and their clients, prisoners, refugees and migrants, people living with HIV, adolescents and young people, vulnerable children and orphans, and populations of humanitarian concern.
- iii. **Women's organizations:** women and young girls are often most affected by the three diseases and are particularly vulnerable due to physiological and socio-economic factors. It is important that women's organizations, as well as other organizations, representing the concerns of women, are well-represented on CCMs to ensure that programmatic issues relating to gender are reflected in funding applications to the Global Fund.

¹⁶ As described in the Global Fund's Partnership Strategy Implementation Plan, 2010-2012.

¹⁷ See "Definition of the Term Civil Society" 8th Policy and Strategy Committee Meeting: Geneva, 19-21 September 2007. GF/PSC8/07.

- iv. **Children and Young People:** Children and young people should be represented on the CCM, through youth groups, organizations, national and international NGOs working with children and young people infected and affected by the three diseases. The Global Fund encourages CCMs to preferably include young people themselves through representatives of organizations established and led by young people.
- v. **Experienced International NGOs working in the three diseases:** International non-governmental organizations (INGOs) are valuable to CCMs as they generally have strong connections with community stakeholders and vulnerable populations; they have experience in implementation and are well-placed to contribute valuable insight into the development of funding applications and the determination of programmatic activities; INGOs may also have strong relationships with other sectors, including governments and multi/bilateral organizations which are valuable to partnership building. Some INGOs are also well-placed to further support the participation of vulnerable and marginalized groups on CCMs, through capacity building or support towards the attendance of hard-to-reach groups.
- vi. **Experienced national NGOs working in the three diseases:** National NGOs working in the three diseases know in particular the needs of communities outside of large urban areas and understand the disparate needs of key populations. They are often involved in the delivery of services as well as in prevention and education programs; they have strong community networks and are often aware of additional initiatives being conducted in a given setting.
- vii. **Charitable Organizations (i.e. Religious and Faith-Based Organizations):** In many settings charitable organizations, most often referred to as religious and faith-based organizations, play a vital role in reaching communities infected and affected by the three diseases. These organizations provide crucial services and are often instrumental in convincing political leaders at the national, regional and local levels to prioritize the needs of affected populations. They are increasingly becoming involved in implementation and provide a valuable role in the development of effective funding applications.
- viii. **Academia:** members from academic institutions bring a range of knowledge of the epidemics, as well as social, political and cultural determinants involved in fighting the three diseases, including knowledge of key affected groups as well as insight into demographic factors and potential challenges to scaling up activities.

Private Sector Representatives

Given the breadth of expertise and resources that the private sector can provide, CCMs can benefit greatly from including companies and organizations that represent the most relevant facets of the private sector, which include, but are not limited to, the following kinds of organizations:

- i. **Large for-profit companies with a proven commitment to fighting the three diseases:** a wide range of large national or multinational companies have pioneered company-specific responses to fight HIV/AIDS, TB and malaria. Representatives from these companies can provide leadership and expertise to CCMs and implementers, and can draw on the significant resources of their companies in supporting the scale-up of national programs.
- ii. **Organizations representing small and medium-sized enterprises (SMEs) and the informal sector:** In most developing countries, the majority of private enterprises are subsistence micro-enterprises concentrated in the informal sector. SMEs and the informal sector account for an average of over 50% of all economic activity and thus can give a

voice to the majority of people who are economically active in most countries. Representatives from these sectors can support the design and implementation of programs which are relevant to a very large share of the economy and workforce.

- iii. ***Business associations to fight HIV/AIDS, TB and Malaria:*** In many affected countries, as well as internationally, socially responsible companies have formed associations and networks to combat the three diseases. Their goal is often to promote and support the implementation of health programs in the workplace (and the community more broadly) and to draw on the collective expertise and resources of member companies in supporting local, national and international efforts to combat the three diseases. These associations can provide insight into using private sector expertise and infrastructure to reach severely affected communities, and draw on their networks of companies to support and participate in the more efficient and effective design and implementation of programs.
- iv. ***Representatives from exposed industries:*** Certain industries are more affected by the three diseases, including transportation, agriculture, oil and gas and mining. For-profit companies, business coalitions and/or employer associations who represent the exposed industries can offer insight and support for sector-specific interventions that can reach higher risk groups of workers and their communities.
- v. ***Private practitioners and for profit clinics:*** In many affected countries, the private health care sector provides services to large parts of the population and thus plays a vital role in the scale-up of national interventions. Representatives from this sector can provide valuable insight into the design of programs which can best leverage private health care services to complement the public health system as well as identify appropriate practitioners and clinics to involve in grant implementation.
- vi. ***Charitable foundations established by corporations:*** Many large private philanthropic foundations or foundations established by companies have extensive experience in supporting HIV/AIDS, TB and malaria programs in different country contexts. These organizations can be an invaluable source of international expertise, as well as provide resources to support CCMs and program implementation.

Other Constituencies

Multilateral and bilateral international partners working in-country¹⁸: Multilateral and bilateral partners serve many roles including providing policy and normative guidance, assisting with gap analyses towards a shared understanding of and commitment to ‘knowing your epidemic’, and providing expertise, such as in the field of gender. Such partners can broker and coordinate technical, management and financial support; and facilitate the involvement of civil society and the private sector within Global Fund structures and processes - including proposal development and advocacy. Multilateral and bilateral partners frequently contribute to strengthening monitoring and evaluation, oversight, and coordinating assistance towards harmonization and alignment. Participation of multilateral and bilateral partners, including representatives from Global Fund donor governments is therefore encouraged.

Last approved by the Global Fund Board: [xx] 2011

Electronic links last updated: [xx] 2011

¹⁸ As described in the Global Fund’s Partnership Strategy Implementation Plan, 2010-2012.

GUIDANCE ON LOCATION OF FURTHER INFORMATION

The below table indicates where further information on items dealt with in this report can be found:

Where indicated documents are available on the Governance Extranet:

<http://extranet.theglobalfund.org/cme/default.aspx>

Item:	Further information available:
1. Revised CCM Guidelines	GF/PIC4/05: Revised CCM Guidelines
2. Pilot Humanitarian Emergency Response Fund	GF/PIC4/06: Pilot Emergency Fund
3. Terms of Reference of the Technical Review Panel	GF/PIC4/09: Round 11 Proposal Forms and Guidelines
4. Information Items	GF/PIC4/02: Operations and Portfolio Updates GF/PIC4/03: Improving Effectiveness of LFAs GF/PIC4/07: Review of Continuity of Services Policy GF/PIC4/08: Global Fund's Role on Pharmacovigilance GF/PIC4/10: Value for Money Approach for Round 10 Signing GF/PIC4/11: Guidance on Maternal, Newborn and Child Health: Progress Update GF/PIC4/12: Update on the Gender Equality and SOGI Strategies GF/PIC4/13: Partnership Strategy Implementation Plan GF/FAC16/04: Potential Impact of Round 11 Timing on Existing Programs