Country Coordinating Mechanisms (CCMs) are tasked with multiple roles - from developing proposals, and allocating substantial funds, to providing oversight for implementation. The potential for conflict of interest is considerable, particularly since many – if not most – CCM members are increasingly also recipients of funds and responsible for implementation. To examine this area further, case studies were commissioned to look at policies and procedures to mitigate conflict of interest within the CCMs of Jamaica, Kenya and Zimbabwe.

Guidelines
CCMs in all three countries had developed guidelines on conflict of interest. The guidelines in Kenya specified that CCM members must acknowledge and declare their conflicts. However, clearly defined parameters – including a conflict of interest declaration form – had yet to be delineated, and there was no evidence of mechanisms to oversee the process. The CCM in Zimbabwe had drafted an Ethics and Conflict of Interest Policy in 2005. Here too, there was no evidence for its actual implementation or that the committee for oversight had been constituted or had ever met. Furthermore, CCM members in Kenya and Zimbabwe showed little knowledge of the policies or means for redressing problems. Jamaica’s CCM was an exception: this CCM possessed a documented and fully operational plan covering oversight and enforcement. It created a separate Oversight Monitoring Committee chaired by the Joint United Nations Programme on HIV/AIDS (UNAIDS), and all CCM members were required to disclose conflicts of interest on an annual basis in writing.

Conflicts of Interest and Principal Recipients (PRs)/Sub-recipients
Jamaica’s CCM had documented procedures for selecting PRs and sub-recipients. In contrast, although processes in earlier rounds were unclear, these had improved in subsequent rounds to include criteria-based assessments. Kenya constituted an “independent” technical review panel to oversee selection. However, CCM members were perceived to influence the process, and some members were consultants of organizations who were applicants for funds.

**KEY AREAS OF CONFLICT OF INTEREST RAISED BY STUDY PARTICIPANTS**

1. **Misuse of Power and Voting**: Most key positions (e.g. Chair/Vice-Chair and Committee Chairs) are held by persons whose organizations are Global Fund recipients. Also, increasingly CCM members represent organizations that are sub-recipients. Finally, CCM members who abstain from voting because of a conflict of interest are frequently still participating in meetings and, therefore, influencing decision-making.

2. **Location of CCM Secretariats and/or Ethics and Oversight Committees**: When these entities are hosted by Global Fund recipients, perceptions of a lack of impartiality can occur.
Worldwide, approximately 60 percent of CCMs are chaired by Ministers of Health (or his/her representatives), and most are also a PR. In many cases, this management arrangement is considered necessary and even desirable. However, enforcing systems to mitigate conflict of interest is clearly essential to protect the integrity of the funds and those who implement them. It should be noted that the Global Fund’s minimum requirements stipulate a policy for conflict of interest in such instances. However, as CCM members increasingly become sub-recipients, it appears prudent for all CCMs to have comprehensive conflict of interest policies applicable to all members at all times.

**Voting**

Policies to mitigate conflict of interest generally require those with a direct or indirect vested interest in decision-making to remove themselves from discussions and voting in particular. However, this does not always occur. In some instances, such as in Zimbabwe, where the majority of CCM members are either PRs or sub-recipients, it was noted that few people would be left in the room if such policies were enforced. Zimbabwe therefore allows all CCM members to remain present. However, even when such members did not participate in voting, their presence was felt to influence the outcome, partly because voting operated on a consensus basis.

**CCM Secretariat**

A further area of potential conflict of interest related to the location of the CCM Secretariat. For example, the CCM Secretariat in Kenya is hosted and staffed by the Ministry of Health and was consequently not seen as impartial. It was also noted, however, that lack of capacity in such secretariats can lead to misperceptions of conflict of interest. For instance, delays in circulating key documents can be interpreted, rightly or wrongly, as efforts to withhold information. Wherever difficulties in ensuring impartiality arose, it appeared beneficial for CCMs to seek adjudication support from external organizations.

### Recommendations

- Establish and enforce policies with clear procedures and tools for addressing conflicts of interest applicable to all members, all the time
- Educate CCM members on conflict of interest policies and mitigation procedures
- Consider the support of external entities, such as UN agencies, and other partners, in the development and implementation of conflict of interest policies
- Wherever possible, house and finance CCM Secretariats independently from CCM stakeholders

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**CCM JAMAICA - CONFLICT OF INTEREST MANAGEMENT STRATEGIES**

- Full disclosure of conflicts of interest
- Recusal of members from discussions and decision-making related to their interests
- Inclusion of an independent committee member for decision-making
- Transfer or reassignment of members’ responsibilities to avoid conflict of interest
- Recommends specific sanctions when failure to disclose interest is evident