



## COUNTRY COORDINATING MECHANISM MODEL HARMONIZATION AND ALIGNMENT

**H**armonization and alignment of health investments is a challenge that predates the Global Fund. Common scenarios include vertical programs for diseases, a confusion of players, difficulties in coordination and duplication of resources. At the inception of the Global Fund, it was understood that its substantial finances could affect national processes and systems in a variety of direct and indirect ways. Accordingly, the Global Fund has always advocated complementing national programs and using the new funds to strengthen health systems. To examine the extent to which this had occurred, and the challenges therein, case studies were conducted in **Cambodia, Mozambique, Nigeria, and Tanzania**.

### COUNTRY COORDINATING MECHANISMS (CCMs) AND OTHER BODIES

Few countries had pre-existing structures geared to coordinating responses across the three diseases. While most countries had National AIDS Committees, these

were AIDS-focused and lacked broad stakeholder involvement and proposal development expertise. For these and other reasons, including a lack of faith in the capacity of pre-existing structures and misconceptions that separate entities were a stipulation of the Global Fund (**Mozambique**), CCMs were established anew in each case. The CCMs of **Cambodia, Nigeria, and Mozambique** were more typically constituted to deal exclusively with Global Fund grants. **Tanzania's** CCM was mandated to coordinate all national responses to the three diseases, encompassing Global Fund investments as well as those of other partners. **Mozambique** made a concerted effort to integrate the CCM functions into the health Sector-Wide Approach (SWAp), following which, the CCM only met for matters exclusively relevant to Global Fund grants, such as proposal development and grant negotiations. Alignment in this case, was felt to have gone as far as it could.

### NATIONAL PLANNING

Despite the new finances provided by the Global Fund, none of the countries had fully-financed stra-

tegic plans, resulting in continued fragmented programming. Global Fund proposals were said to be broadly consistent with national strategic and program plans for the three diseases, and, therefore, aligned with national objectives. Difficulties were expressed, however, in relation to aligning Global Fund supported programs with national plans and cycles. Reasons included a lack of predictability of the sums and timings of Global Fund disbursements, which were linked to the Global Fund's performance-based financing model. Furthermore, as countries managed greater numbers of Global Fund grants, the difficulty of aligning multiple plans increased, making it harder to work toward integration goals. The relatively recent steps to encourage grant consolidation should help with multiple grant management and contribute to aligning Global Fund investments with national plans.

Key stakeholders relevant to HIV/AIDS, tuberculosis (TB), and malaria were generally included as members of CCMs, providing theoretical opportunities for harmonization and integration. However, there was no

indication that Global Fund investments had contributed to integrating responses across the three diseases (as distinct from within each disease) or suggestions that this was either expected or desired.

## FINANCIAL ARRANGEMENTS

In **Cambodia**, cooperation between donors for health sector-wide management helped reduce the administrative burden on government. **Mozambique's** SWAp had led donors to channel finances through the government's Health Sector Common Fund and the HIV & AIDS Common Fund. The Global Fund's participation in this scheme was welcomed and reported to have encouraged the World Bank to follow suit. In **Nigeria**, some donors pooled contributions while others did not. Some challenges in interpreting the requirements of performance-based funding within pooled financing mechanisms were

reported. There were no signs that the accountability benefits of the performance-based model might be integrated as a part of the national harmonization and alignment architecture.

## PROCUREMENT

In most instances, pre-existing systems were used for procurement, although there were exceptions: **Cambodia's** CCM had developed its own system due to dissatisfaction with existing mechanisms. While **Nigeria** mostly used established systems, independent agents were used for international procurement and commodity distribution within the country. In **Tanzania**, separate systems were set up to handle procurement for nongovernmental organizations (NGOs). There were no indications that newly established mechanisms were intended to be temporary or that plans were in place to invest in and strengthen national systems.

## MONITORING AND EVALUATION (M&E)

National M&E systems were used to some extent in all countries with the exception of **Cambodia**. The **Cambodian** CCM established its own M&E system for reasons of preference and necessity. While outcome indicators were common to all programs, process indicators for the Global Fund were distinct. In **Tanzania**, the CCM largely relied on the national M&E systems, but was establishing a separate facility to capture information uniquely required for Global Fund grants. Evidence of alignment emerged from **Nigeria** where M&E systems, formats, and synchronicity of reports for the Global Fund and other partners had been streamlined. **Mozambique** was also working to harmonize disparate requirements; a new list of health sector indicators was being developed to serve all parties.

## RECOMMENDATIONS

Establish guidelines and plans to harmonize further between multiple Global Fund grants and within county planning cycles

Train and sensitize CCM members to identify and proactively support further efforts at harmonization and alignment

Establish more lessons learned and clearer guidelines for managing SWAs and common financing mechanisms

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