
Evolving CCMs to Deliver on the Global Fund Strategy

42nd Board Meeting

GF/B42/10

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Board Information

Purpose of the paper: To present the Board with reflections on CCM Evolution Pilot findings and insights on core principles of an evolved model for CCMs.

Context

1. Country Coordinating Mechanisms (CCMs) are multi-sectoral partnerships based on one of the Global Fund's core principles – country ownership. CCMs have the potential to drive not only more effective development and oversight of grants across the diseases and RSSH, but also improvements in the mechanisms of broader health governance within countries to sustain disease and health responses.
2. CCMs are a core part of the Global Fund model in countries. However, despite 15 years of investment in technical assistance (TA), evaluations in 2016¹ identified significant opportunities to improve CCMs. In 2017, the Global Fund Board asked the Secretariat to examine how to evolve the current CCM model to deliver on the new Global Fund strategy (2017-2022).
3. In May 2018, the Board approved a CCM Evolution pilot in 18 countries² (May 2018 - December 2019)³. The pilot focused on sustainably increasing the maturity⁴ of CCM performance in four areas: *overseeing* grants, ensuring *linkages* with national structures, *engaging* key stakeholders and strengthening how CCMs *function*. The results and lessons learned from the pilot, which included a baseline, ten months of implementation and an end-line assessment, aimed to better inform the implementation of CCM Evolution in the next allocation cycle.

Where are we now? Progress to date

4. **Progress update on CCM Evolution.** As discussed during the 11th Strategy Committee Meeting (October 2019), the pilot demonstrated promising results, particularly given the accelerated timeline. Assessed against baseline performance, the end line found **gains in CCM maturity in 3 of 4 areas** (as defined above, in number three [3]).
 - i. **Oversight:** 88% of pilot CCMs now operate at the top two levels of maturity, compared to 31% at the baseline. They have data-based discussions, use dashboards and are supported by CCM Secretariat Oversight Officers. Oversight was featured by countries during the end-line assessments as a key intervention from the pilot, infusing data into country dialogue hosted by the CCM.
 - ii. **Linkages:** Only 19% of pilot CCMs initially engaged in outreach to other structures in country, whereas now 94% do, 56% at higher levels of maturity. Information is shared among key bodies and there is more coordination, though opportunities remain to merge or strategically position CCMs into national structures that meet the core requirements, including engagement of civil society and communities (e.g. those living with the diseases, affected populations, key populations, etc.). Opportunities to combine coordination platforms with existing and emerging bodies remains a priority as well to ensure efficient and effective use of coordination resources from partners and countries.
 - iii. **Engagement:** Less than half of pilot CCMs (44%) operate at higher levels of maturity, although this is more than double the number of CCMs initially (13%). Opportunities to enhance meaningful engagement (e.g. getting beyond attendance) as well as ensuring voices from TB, malaria and RSSH, remain a priority for future phases of CCM Evolution.
 - iv. **CCM Functioning:** This is the area of least progress. No CCMs moved into the top two levels of maturity, although now no CCMs are at the lowest level. CCM Secretariats remain a key entry point to sustainably increase this capacity with countries and partners.
5. **Partnership is key.** Along with the work of the Global Fund, host governments, affected populations and multilateral and bilateral partners play many roles in their engagement with CCMs, including their membership (across diseases) and associated contributions (e.g. data from surveys, community-based monitoring, etc.). This engagement spans the grant lifecycle from funding request development to active oversight and shared accountability in the effectiveness of the

¹ These include the [Office of the Inspector General \(OIG\) audit](#) and [Review of the Global Fund Business Model](#) (GF/B36/28).

² Three countries were funded by GIZ for implementation of pilot interventions.

³ [CCM Evolution: Funding for Near-Term Implementation](#) (GF/B39/DP10).

⁴ Defined and measured by the collectively developed "Maturity Model for CCMs" which includes four (4) levels – working towards functional; functional; engaged; and, strategic.

investments in TB, malaria, HIV and RSSH. For CCM Evolution in particular, there was an effort to work closely together with partners in country and leverage their expertise and support. As discussed during the October 2019 Strategy Committee meeting, the strength of a CCM has a clear relationship to the active participation of its members.

Key messages and priorities

6. The interventions and activities deployed during the CCM Evolution pilot resulted in several valuable **lessons**, as follows:
 - i. **Keeping it simple.** Too many metrics for assessment, too many consultants, and overlapping visits made it difficult for CCMs to implement. Going forward, there is a need to streamline the evolution approach, strengthen central coordination and simplify how to evaluate CCMs.
 - ii. **Creating systemic improvements through the CCM Secretariat.** The introduction of well-qualified Oversight Officers into the CCM Secretariats demonstrated that effective CCM Secretariats could be a sustainable way to create systemic improvements in CCM maturity (vs. fly in/fly out technical assistance).
 - iii. **Equipping CCMs with the right interventions and incentives.** The clearer the specific tools and the strategic intent, the easier it is for CCMs to change.
 - iv. **Differentiating CCMs.** CCMs will not mature in the same way so flexibility is critical. In two countries, radically different approaches were employed after the baseline assessment (one restructured into the national system and another required exclusive focus on ethical and governance issues).
7. Learning from the CCM Evolution pilot also pointed to a **few challenges**:
 - i. **Working with assessment tools rooted heavily in compliance components** and binary metrics. While consultations mitigated this through qualitative details, the tools were at times a limiting factor. Refinements to the tools are underway to ensure these answer key questions and reflect the nuance and context present across (and often within) countries;
 - ii. **Relying on consultants for much of the in-country work** created a level of risk in quality and subjectivity and did not institutionalize some of the learnings. Country Team engagement and CCM Hub officers helped mitigate this and their increased engagement in the future is critical;
 - iii. **Overwhelming CCMs (including countries/partners)** with interventions from multiple providers with frequent implementation visits following up on interventions for refinement and learning. Future phases will focus more on identifying priority intervention areas during the baseline where the greatest interest and need exists across the core responsibilities of a CCM;
 - iv. **Operating under tight pilot timelines limited realizing fully developed results** as the pilot is on track and continues through December 2019 – the end lines capture approximately 10 months of implementation. This did not allow sufficient time to assess the relationship between grant performance and CCM maturity though this is planned in future phases of CCM evolution (note: an analysis of this relationship was carried out in 2017 and showed a *correlated relationship* between grant rating and CCM performance, as measured by the eligibility performance assessments).
8. Based on the Pilot, an **Evolved CCM** demonstrates the following strengths across key areas of responsibility:
 - i. **Active oversight of investments:** Conducts regular, data-based reviews of grant performance in the context of the national program and in coordination with partners and identifies opportunities to enhance performance across the diseases and RSSH to ensure impact of the investments.
 - ii. **Engagement of key stakeholders:** Seeks input and participation from the government and across sectors, diseases (TB, malaria, HIV and RSSH), and populations, including civil society, those living with and affected by the diseases, key populations and youth. An engaged CCM also leverages the 15% of resources for non-governmental participation and ensures full utilization to engage a diversity of expertise in funding request development and oversight.

- iii. **Linkages with national structures:** Pursues specific and tangible opportunities to merge into national structures as well as existing and emerging coordination platforms (non-negotiable: must include affected populations) for ongoing multisectoral participation in health. While seeking these partnerships, the CCM also actively participates in other coordination and technical working groups to ensure non-duplication of funding and opportunities for co-investment.
- iv. **Well-functioning governance:** Sustains coordination and governance operations (including core responsibilities of developing evidence-based investments and transparent selection of Principal Recipients), while managing conflicts of interest and providing strategic steer and preparation of CCM leadership (e.g. Chair/Vice Chair), to create shared accountability for investments to end the diseases.

What are the next steps for the Committees and Board?

During the October 2019 Strategy Committee dialogue, constituencies commended the CCM Evolution pilot on its timely execution and promising results. Members also provided suggestions on alignment with national health governance structures; careful consideration of the pace of an evolved launch; meaningful participation of civil society, those living with and affected by the diseases (including key populations); and the need to re-visit the relationship between grant performance and CCM maturity. As the Global Fund Secretariat incorporates this feedback and the learnings from the pilot, key interventions will be differentiated across 115 CCMs globally, launching in 90 countries in 2020 (subject to the amount of funding available for catalytic investments). There will also be support for discrete activities defined in partnership with the pilot CCMs, per the original pilot design and budget.

Discussion questions

- i. What are your overall reflections on the CCM Evolution findings and the outcomes in CCM maturity?
- ii. How can CCMs best succeed in strategic positioning within national structures and/or in merging with existing or emerging coordination platforms? (non-negotiable: maintaining the active participation of affected populations, including key populations, those living with the diseases, civil society).
- iii. What are key actions or interventions that we collectively as partners can support to ensure “meaningful participation” in CCMs across populations, sectors and disease programs (including RSSH)?
- iv. As this catalytic investment serves to change “business as usual” with CCMs, what are some key areas in CCM Evolution that will be most critical to consider?

Annex: Further information

Committee and Board materials

- [GF/B39/04 – Revision 1](#) - CCM Evolution: Code of Conduct, Policy & Level of Ambition
- [GF/SC07/ o8](#) - CCM Evolution Phased Approach: Draft Indicators
- [GF/B41/03 - Revision 1](#) –Catalytic Investments for the 2020-2022 Allocation Period
- [GF/SC11/10](#) - Evolving CCMs to Deliver on the GF Strategy

Relevant Global Fund Policies.

- The [CCM Policy](#) sets forth the principles and requirements for CCMs which also determine eligibility for grant funding and provides guidelines on the CCM's role in Global Fund processes, grounded in the core principles.
- The [Code of Ethical Conduct for Country Coordinating Mechanism Members](#) outlines how individual CCM Members should perform their duties and is key to CCM functioning.
- The Global Fund [Sustainability, Transition and Co-financing Policy](#) highlights the responsibility of Ministries of Finance and Health to ensure that co-financing commitments have the necessary approval of the concerned governmental authorities. CCM Evolution emphasizes greater responsibility on CCMs for tracking co-financing commitments, creating greater domestic fiscal space.