Integrating Country Coordinating Mechanisms (CCMs) into pre-existing national structures and processes

What do we know?

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Background

In recent years several reports have recommended reducing duplication between Country Coordinating Mechanisms (CCMs) and pre-existing structures. In line with the Paris Declaration, we would expect that greater integration of Global Fund structures would deliver better results in terms aid effectiveness. However, very little evidence is available to support this hypothesis.

The questions

Can integration contribute to aid effectiveness?

There is growing experience of linkages and integration with national structures for AIDS and health coordination. We explored how countries are improving aid management by integrating the architecture and governance of Country Coordinating Mechanisms (CCMs) with existing country structures and processes. These approaches potentially contribute to improved aid effectiveness, but raise some concerns in practice.

CCMs: adding to the complexity of the aid architecture?

CCMs were introduced in 2002; according to the Global Fund's Framework Document they should 'preferably be an existing body, and where no appropriate body exists, a CCM should be established'. Multi-sectoral coordinating entities were already in existence at this time in the form National AIDS Commissions (NACs). These bodies proliferated in the late 1990s and early 2000s and received a major boost through World Bank Multi-Country AIDS Program (MAP) funding.

Whether it is the Global Fund's focus on three diseases, NAC capacity issues, or strong perceptions that they had to be separate entities to qualify for funding, CCMs have remained largely separate and have not fitted easily into pre-existing structures. Eight out of twelve countries we studied had separate CCMs in sub-Saharan Africa, and eight out of eleven in the Middle East and North Africa.

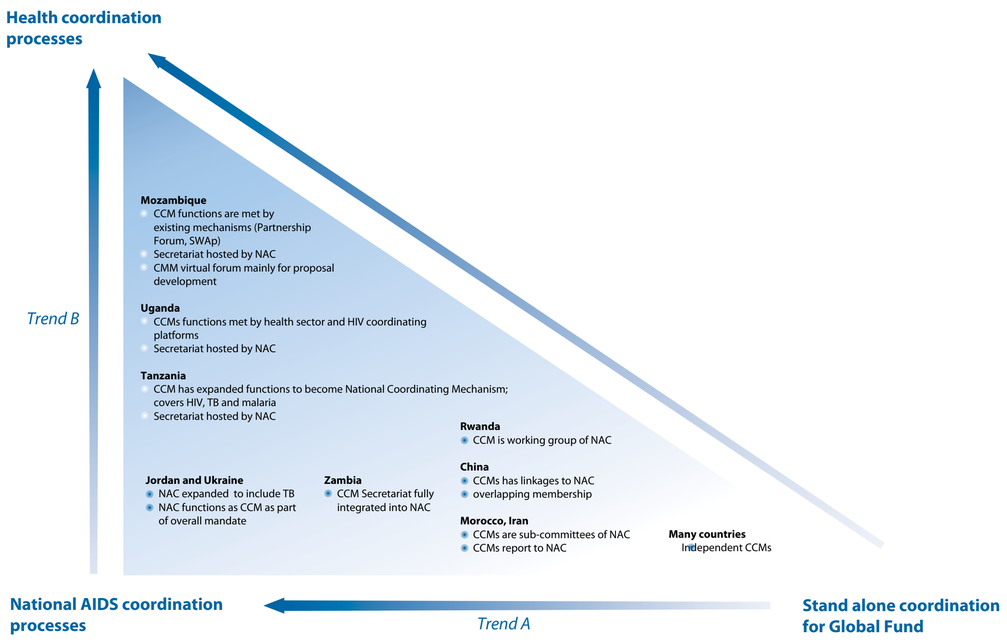
Current approaches to integration

No single model but two emerging trends

In the countries we studied, Global Fund requirements are being met in two different ways:

- **Trend A**: the CCM is closely associated with the NAC through operational links to or administrative functions undertaken by NACs. In some cases NACs have been restructured to play the role of CCMs.
- **Trend B**: varying degrees of integration of CCM governance and administrative functions with national health coordination mechanisms (which may also have a role in HIV, TB and malaria coordination).

Examples of CCM integration with AIDS and health coordination structures



Pros and cons of CCM integration with HIV and wider health structures

Both trends represent efforts to meet Global Fund requirements, while also improving donor harmonisation and alignment with national structures, processes and plans. In this respect, each approach has some pros and cons.

Pros

- Integration can increase country ownership and institutional capacity
- Integration improves harmonisation and alignment, accountability, grant oversight and participation
- NACs as CCM Secretariats can speed up coordination and reduce transaction costs

Cons

- CCM Secretariats experience performance problems when NACs suffer from insufficient funding and staff
- NAC/CCMs can reduce NAC's role and effectiveness in monitoring and coordination across the HIV response; the NAC/CCM meets only for Global Fund business; the focus on three diseases may compromise the HIV response; the dual function can confuse roles and responsibilities for representatives of both bodies
- Conflicts of interest may arise when NAC is the Principal Recipient and hosts the CCM; the loss of a separate oversight function is a risk for the Global Fund.

Lessons learned

- **Donor-initiated structures and mechanisms gain their own momentum.** When trying to simplify health governance, donor and country partners have responded by creating additional layers such as supra coordination mechanisms. Reducing, merging or closing institutions is rare. Donors need to understand the pre-existing institutional, historical and political contexts before setting up new structures, recognising they will remain part of the problem or solution for a very long time.

- **Failure to learn from the past.** Many NACs have experienced significant governance problems from the outset and struggled to fulfil their mandate. Nonetheless, multi-sectoral coordinating mechanisms have been relentlessly pursued by donors, with all the concomitant problems.

- **CCMs cannot be expected to work in the same way in all countries.** The different approaches to integration reflect how countries are grappling with their institutional landscape and donor requirements. Prescribing a one-size-fits-all country mechanism – designed at global level – and expecting it to work in similar ways in all countries is naïve. A much greater appreciation of the institutions, interests and ideas shaping a country's policy and governance environment is vital for future initiatives.

Concluding remarks

Countries are refining their health and HIV structures and processes to better suit their contexts. Further studies exploring how the architecture for AIDS and health aid management is developing at country level will yield important insights into whether integration improves aid effectiveness, and with what effect on programme delivery.

As the Global Fund starts to scale up its support for National Strategy Applications (NSAs), institutional arrangements between CCMs and NACs are bound to change. The NSA process might catalyse dialogue and greater integration, or lead to conflicts over authority. Either way, a more nuanced approach to appreciating institutional arrangements within the NSA context will be required.

Sources

Dickinson et al (2007) *A synthesis of institutional arrangements of National AIDS Commissions in twelve African countries*. HLSP Institute

UNAIDS/HLSP (2009) *A review of National AIDS Commissions in the Middle East and North Africa Region*.

Spicer N et al (2010) *National and sub-national HIV/AIDS coordination: are global health initiatives closing the gap between intent and practice?* Globalisation and Health 2010, 6:3

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