Perspectives Integrating Country Coordinating Mechanisms with Existing National Health and AIDS Structures: Emerging Issues and Future Directions

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This paper analyses how countries are adapting the architecture and requirements for national-level governance of the Global Fund to Fight AIDS, Tuberculosis and Malaria to better suit their contexts and to implement the Paris Principles for more effective aid. The paper identifies two trends of linkages and integration with the national structures for co-ordination of a) the HIV/AIDS response, and b) the health sector. Both approaches potentially contribute to improved aid effectiveness, but raise some concerns in practice. The paper proposes a future research and action agenda to promote better understanding of integration and the role it can play in promoting harmonization and alignment.

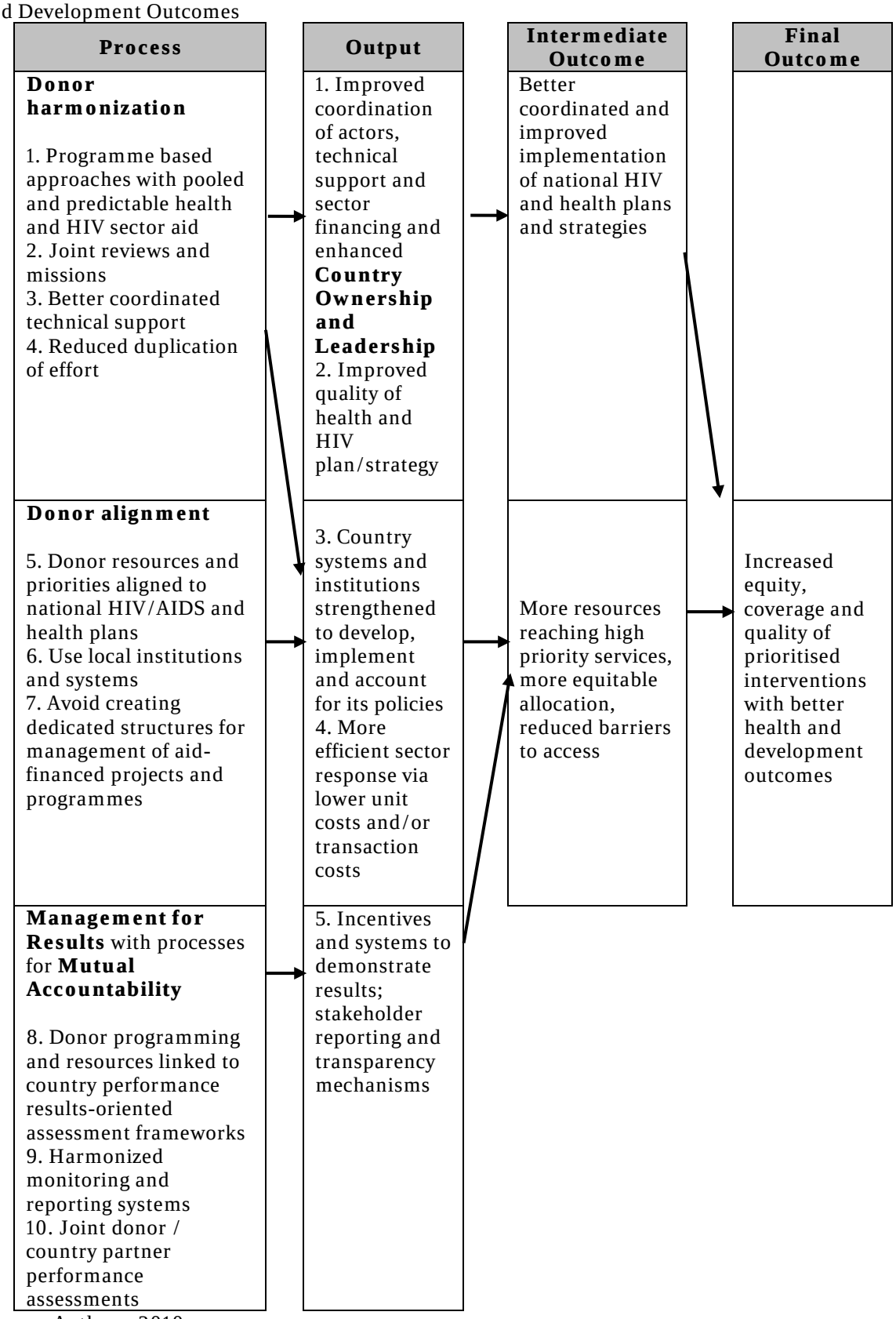
INTRODUCTION

Aid to the health sector has increased substantially over the last 20 years from $5 billion in 1990 to $21.8 billion in 2007.[1] This has been accompanied by an increasingly fragmented aid architecture and a diversity of actors and governance arrangements at the country level that is challenging national systems and management capacity.[2]

Weak collaboration between global health actors, poor coordination and subsequent added transaction costs have been identified as "grand challenges" in global health governance today.[3] Aid effectiveness principles, as set out in the 2005 Paris Declaration (Paris Principles) and the 2008 Accra Agenda for Action,[4] and the instruments and processes to make them operational, such as the Global Task Team on improving AIDS coordination among multilateral and international donors,[5] the Best Practice Principles for Global Health Partnerships,[6] and the International Health Partnership[7] have developed in response to these challenges. In this respect, donors have agreed to harmonize and coordinate their practices and align their support to country systems, including, where possible, the use of national institutions and systems for managing aid in a bid to improve the efficiency and value of aid.

This paper explores how countries are trying to improve aid efficiency and management by adapting their Country Co-ordinating Mechanisms (CCMs) - the national level governance structures of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) - to better fit their context, especially with co-ordination structures established for the HIV/AIDS and/or the health sectors. We discuss the processes taking place, the pros and cons of some approaches in use, and identify a future research and action agenda. The paper draws upon a framework developed by one of the authors to demonstrate how the Paris Principles contribute to improved coordination and better health outcomes (see Table 1). The framework is used to assess emerging trends in how CCMs have been linked with HIV/AIDS and health sector coordination mechanisms, and how these trends may or may not support better adherence to the Paris Principles.

Table 1: Framework of Analysis: How the Paris Principles for Aid Effectiveness Contribute to Health and Development Outcomes



Source: Authors, 2010

METHODS AND THEIR LIMITATIONS

This paper reviews findings from two qualitative studies of institutional arrangements of twelve National AIDS Commissions (NACs) in sub-Saharan Africa[8] and sixteen NACs in the Middle East and North African region (MENA).[9] The studies were commissioned to increase understanding of the governance, structure, and functions of NACs, and in the case of the MENA study, to review pre-existing NAC organisational forms in order to reduce duplication and enhance harmonization and efficiency when coordinating national HIV responses. The studies developed a framework of analysis that was used to extract data and synthesize findings on NAC governance arrangements, functions, operational issues, financing, and harmonization and alignment of national plans and coordination mechanisms. The studies' methodology included a review of peer-reviewed and grey literature; semi-structured interviews with donor, government and other informants who had worked on NAC issues such as known consultants; and a secondary analysis of NAC and development partner self-administered questionnaires from 16 countries structured according to the framework of analysis mentioned above. The integration of CCMs and NACs was not the starting point of analysis in these two studies but emerged as a key finding. This paper is therefore based on preliminary observations emerging from qualitative assessments in 28 countries. We have not been able to conduct country case studies that explore CCM/NAC integration in more detail and instead have based our conclusions on existing material, substantiating them with findings from the limited published and grey literature that specifically discuss CCM/NAC integration.

COUNTRY COORDINATING MECHANISMS: ADDING TO THE COMPLEXITY

The Global Fund's Framework Document of 2002 outlines the need for national commitment to multi-sectoral approaches, including a co-ordinating function that would "preferably be an existing body, and where no appropriate body exists, a Country Co-ordinating Mechanism (CCM) should be established".[10] The CCM, or equivalent existing body, is the Global Fund's national level entity for providing core governance functions, for example in co-ordinating proposal submissions, providing oversight of grant implementation, monitoring and evaluation, and ensuring transparency and accountability. The CCM fosters participation and partnership through a CCM membership that is multi-sectoral and broadly representative of all national stakeholders. The Global Fund's emphasis on the use of an existing body, country ownership, alignment with country priorities, and accountability correspond closely to the Paris Principles.

Other multi-sectoral coordinating entities, including those for HIV/AIDS, existed at the time of the Global Fund's establishment in 2002 in the form of NACs. In the late 1990s and early 2000s there was considerable pressure for mainly African countries to organise their national responses around NACs. The World Bank's Multi-Country AIDS Program (MAP, launched in 2000) included a conditionality to set up "a high-level HIV/AIDS coordinating body with broad representation of key stakeholders from all sectors, including people living with HIV/AIDS".[11] This was further strengthened, firstly, by the 2001 UN General Assembly Special Session (UNGASS) on HIV/AIDS that focused on leadership; and secondly, by the Three Ones principles endorsed in 2004 which focused on harmonizing HIV responses around one coordinating body, one action framework, and one monitoring and evaluation (M&E) system.[12] In low prevalence countries, such as Morocco and Tunisia, multi-

sectoral National AIDS Committees have also been widely established but largely remain embedded within the Ministry of Health (MoH).

Despite the Global Fund's original desire for the CCM functions to be entrusted to an existing body, few countries had structures in place for coordinating responses across the three diseases, and this resulted in many countries setting up a new coordinating entity. For example, our analysis shows that eight out of twelve sub-Saharan African countries have separate CCMs.[13] Other factors contributing to the establishment of a new entity included the need for broad stakeholder involvement, proposal development expertise, a perceived lack of capacity in pre-existing structures, and some misconceptions that separate CCMs were a stipulation of the Global Fund.[14]

The multiplicity of parallel coordination structures has challenged the governance of national HIV programmes and adherence to the Paris Principles. For example, the Global Fund's Five Year Evaluation states that although there are some examples of Global Fund activity aligning with country systems and procedures, the overall picture is one of the Global Fund channelling funds through stand-alone systems "often duplicating in-country efforts and national structures."[15] Other studies reveal that the same individuals are often members of several coordination structures;[16] conflicts of interest can arise when recipients of funds are members of the CCM and are involved in providing oversight for their own organisations;[17] and although CCMs and NACs have separate and clearly defined functions on paper (see Table 2), how those roles, functions, and responsibilities are played out in practice can be problematic. For example, informants based in low prevalence countries suggested that when the majority of funds for HIV/AIDS come from the Global Fund, led by the CCM, the status of NACs and their role in coordinating the national response are weakened.[18]

Table 2: The Roles of the Country Coordinating Mechanisms and the National AIDS Commissions

The Roles of the CCM	The Roles of National AIDS Commissions
1. Coordinate the submission of one national proposal for funding.	1. Facilitate HIV/AIDS policy development, adoption, dissemination, and periodic review.
2. Select one or more appropriate organization(s) to act as the Principal Recipient(s) (PR) for the Global Fund grant.	2. Spearhead advocacy and social mobilisation on HIV/AIDS in all sectors at all levels.
3. Monitor the implementation of activities under Global Fund approved programs, including approving major changes in implementation plans as necessary.	3. Build partnerships among all stakeholders in the countries with regional and international linkages.
4. Evaluate the performance of these programs, including of Principal Recipient/recipients in implementing a program, and submit a request for continued funding prior to the end of the two years of initially approved financing from the Global Fund.	4. Lead resource mobilization allocation and tracking of effective utilisation.
5. Ensure linkages and consistency	5. Guide the development of HIV/AIDS national strategic frameworks and strategic plans.
	6. Facilitate and support the development of strategic frameworks and plans throughout all sectors and decentralized units.
	7. Develop strategies for mainstreaming HIV/AIDS in all sectors at all levels.
	8. Promote the principle of greater involvement of people living with HIV/AIDS (GIPA) through active participation in decision and policy making fora,

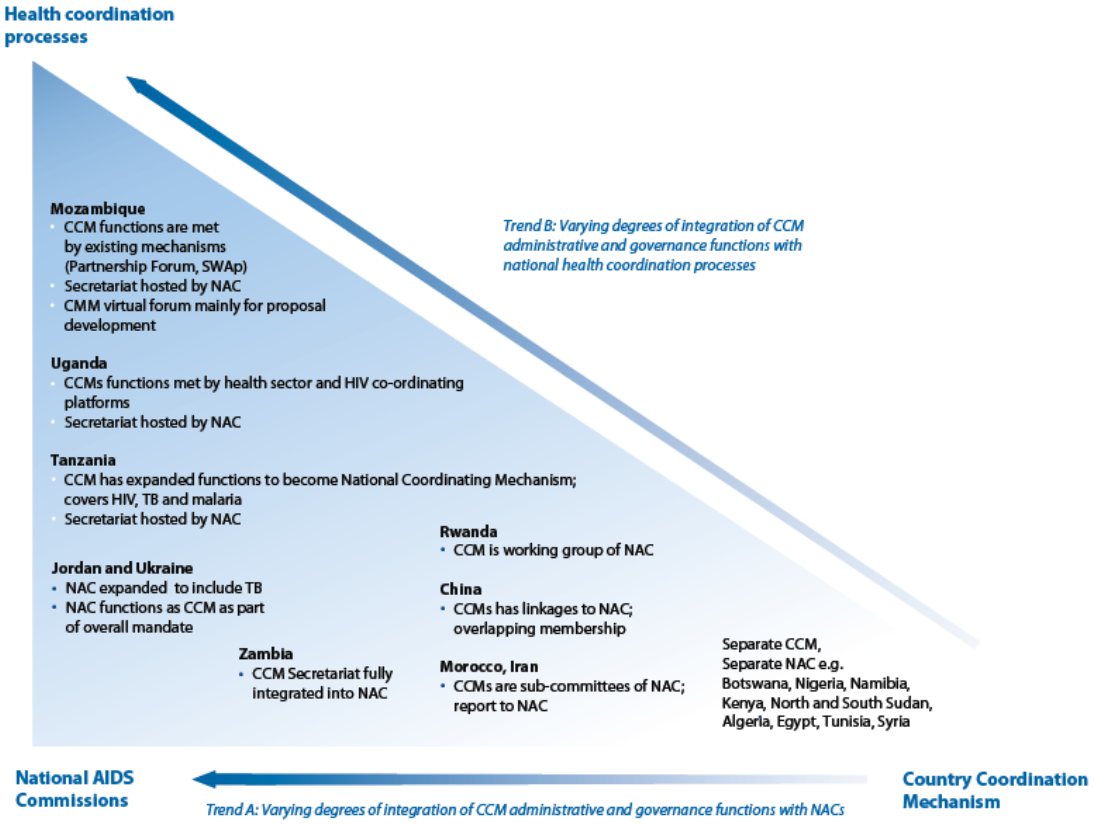
between Global Fund assistance and other development and health assistance programs in support of national priorities, such as poverty reduction strategies or sector wide approaches.	support and facilitation of People Living with HIV/AIDS organisations. 9. Develop a national HIV/AIDS monitoring and evaluation system. 10. Manage knowledge through documentation and exchange of experiences, approaches, practices and promotion of best practices. 11. Map out interventions indicating the geographical coverage and the scope of interventions and actors throughout a country. 12. Facilitate and support the development of human capacities for responding to HIV/ AIDS at all levels. 13. Identify research priorities and use of findings for policy developments.
Source: The Global Fund (undated) Guidelines and requirements for Country Coordinating Mechanisms	**Source: Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa 2002**

NO SINGLE MODEL BUT TWO EMERGING TRENDS

Over the last five years, in response to the Paris Declaration, a number of international reports have recommended reducing duplication between CCMs and pre-existing national structures, particularly NACs, through greater "integration."[19],[20],[21]. Although the reports do not elaborate on the how, what, and why of integration, the current orthodoxy is that greater integration of Global Fund architecture will improve coordination and deliver more impact as a consequence of implementing the Paris Principles (see Table 1). While evidence is limited, it is clear that stakeholders active in national HIV/AIDS responses in many countries are responding to these calls.

There is no single model emerging for CCM and NAC integration or with other national governance and co-ordination structures, but two notable trends are apparent. Figure 1 illustrates these approaches and plots examples in different countries where Global Fund requirements are being met over time through more integrated processes.

Figure 1: Examples of Trends towards Integration of CCMs with National HIV/AIDS and Health Co-ordination Structures



Source: Authors, 2010

The first trend, A, includes examples where separate CCMs exist but over time, have developed operational links with the NAC and/or CCM governance functions are increasingly undertaken by the NAC. The second trend, B, represents situations where some CCM governance functions are met increasingly through wider national health co-ordinating structures, although the CCM Secretariat (i.e. administrative functions) often remains located within the NAC.

The first trend shows the increasing association of the CCM with the national structure for HIV coordination, usually the NAC. The examples described below deliver some rationalization of the architecture, providing an institutional context for greater donor harmonization and alignment with the national HIV/AIDS plan, budget, and monitoring framework (i.e. the processes and outputs expected through implementing the Paris Principles set out in Table 1). Arrangements vary from linkages for operational and/or governance functions, to more complete integration of CCM functions. NAC and CCM linkages exist through overlapping membership (China);[22] NAC participation on CCM technical working groups (Rwanda);[23] and CCMs' location and participation as sub-committees of the NAC, reporting to the NAC (Morocco and Iran).[24]

In other cases, CCMs have integrated their Secretariat function into NACs (Zambia). To address the needs of TB and malaria constituencies, some NAC Secretariats have co-opted TB and Malaria members to help meet Global Fund eligibility criteria and grant management requirements (Malawi).[25]

In a few cases, NACs have been restructured and/or expanded to play the role of CCMs. For example, the Jordanian NAC was reformulated by decree in 2007 to expand its representation and to include TB representatives to function as the national CCM. In Ukraine, the National Coordination Council for the Prevention of HIV/AIDS (NCC) was established in May 2005 by a decree to replace the earlier State Commission on AIDS.[26] Setting up the NCC was a strategic decision to establish a coordinating body consistent with Global Fund requirements for CCMs, the Three Ones Principles and the Recommendations of the Global Task Team. The NCC includes the function of CCM as part of its overall mandate as the 'one' body for coordinating the national HIV response.

Trend B shows the increasing association of the CCM with national health coordination mechanisms. In most cases, however, the NAC still exists and functions as the CCM Secretariat. As with Trend A, these approaches are also more likely to deliver the process and output results expected through implementing the Paris Principles, as arrangements represent greater integration with national structures and processes.

In Mozambique, tight integration within other national health mechanisms has significantly reduced the CCMs independent functions with oversight and constituency representation having been transferred to existing sectoral oversight systems, such as the Partnership Forum for HIV/AIDS and the 'SWAP Saude' for the health sector.[27],[28] The CCM is a virtual forum, convened on an ad-hoc basis mainly for proposal development purposes. In Tanzania, attempts to improve the alignment of the CCM with national structures has resulted in an expansion of its functions to become the Tanzania National Coordinating Mechanism (TNCM) which has the remit to coordinate all international funding for AIDS, TB, and malaria, including World Bank and PEPFAR funding. Global Fund grant oversight functions are undertaken by three technical working groups and the Executive Chairman of the NAC (TACAIDS) sits on the TNCM.[29],[30]

Djibouti established the National Intersectoral Technical Committee (ITC) for AIDS, TB, and Malaria (ATM), which is responsible for managing projects for the three diseases through its Executive Secretariat. The CCM is a technical sub-committee of the ITC and plays a role in monitoring ITC decisions and coordinating ATM actions. Funds are channelled through existing structures and processes, and donors rely on a single set of indicators for HIV monitoring and evaluation.[31]

In 2006, Uganda restructured its CCM, splitting its roles and responsibilities between two existing coordinating mechanisms for different diseases--the Health Policy Advisory Committee for TB and Malaria (HPAC), and the Partnership Committee for HIV/AIDS (PC). HPAC's and PC's functions have expanded to include Global Fund proposal development and grant oversight. Both mechanisms coordinate themselves through monthly and quarterly meetings and through an agreement to channel all Global Fund communication through the same person.

Arrangements described in both trends are likely to contribute to the five outputs expected from implementing the Paris Principles in Table 1 (co-ordination and ownership; quality of plan/strategy; strength of institutions and systems; efficiency of response; and demonstrated results and transparency). Although there are pros and cons with both trends in relation to their likelihood of achieving these outputs (as summarised below in Table 3), a number of essential features appear to be required in order to meet the needs of the Global Fund and improved aid effectiveness. These requirements are: robust oversight mechanisms that prevent and manage conflicts of interest; membership, composition, and participation that reflect national stakeholders; mechanisms for transparent reporting of results; and sufficient

resources and capacity within the pre-existing national structures to take on and support delivery of key CCM functions.

Table 3: Pros and Cons of Approaches to Integration, with Selected Examples

Trend A: Increasing association of the CCM with national structures for HIV coordination, usually the NAC – Pros		
Paris Principle Output (Table 1)	**Pros**	**Cons**
Donor harmonisation		
1. Degree of ownership and co-ordination	Hosting CCM secretariats in NACs should also help promote government ownership and strengthen existing institutional capacity.	Government organisations do not always have the infrastructure, funds or capacity to carry out CCM functions. High turnover of employees can slow down processes and decision making. E.g. appointing the NAC as Zambia's de facto CCM Secretariat at a time when it was suffering from a serious staffing deficit meant it could not coordinate communication effectively ahead of CCM meetings.[32]
2. Quality of plan/strategy	Improved coordination, efficiency and impact of the national HIV response through links to technical committees that can feed into proposal and policy development and programme oversight processes and through reduced transaction costs of often, overlapping membership of NACs and CCMs.	
Donor alignment		
3. Strength of country institutions and systems	Improved coordination with other departments, line ministries and HIV-related multi-sectoral representatives, often represented on NACs. All this potentially makes for better alignment with the national plan , reduces transaction costs, and in the long run is likely to be more efficient and sustainable.	Ukraine's experience suggests that greater integration can result in NACs focusing heavily on CCM functions instead of its broader remit of a national AIDS authority, meeting irregularly and only when Global Fund business requires it to. The NAC spent more time on TB-related proposals which can enhance opportunities for TB/HIV integration but may also compromise other components of the HIV response[33].
4. Efficiency of response	As CCMs have limited resources and infrastructure to house a secretariat, hosting it within a government organisation facilitates its daily activities and reduce costs.	Jordan's experience of integrating the CCM with the NAC suggests participants were unclear of the role of the CCM or their part in it. Debates around the kinds of skills needed by NAC/CCM members (technical, managerial or both) continued and there were problems

		defining roles and responsibilities for the development and oversight of the National Strategic Plan.[34]
Management for Results and Mutual Accountability 5. Demonstration of results, reporting and transparency	Integration may support alignment around one monitoring and results framework.	Risk of conflict of interest if the NAC itself is a principal recipient, or where there are political interests at play. Some argue that CCM Secretariats should be separate from government institutions if for no other reason than the perception of transparency. The loss of the separate oversight role is a clear risk to Global Fund grant management and the integration of functions may also reduce the effectiveness of the NAC as the national authority with a monitoring and co-ordinating role for the national response.
Trend B: Increasing association of CCM with national health coordination mechanisms		
	Pros	**Cons**
Donor harmonisation 1. Degree of ownership and co-ordination 2. Quality of plan/strategy	Integration of CCM membership and oversight functions can improve country ownership, and participation in decision making e.g. as found in Mozambique and Tanzania. Having SWAP members as CCM representatives appears to result in more rational and efficient decision making because there is more neutrality and less competition between CCM members[35] and reduces transactions costs (as many CCM representatives are members of health and HIV SWAps co-ordination groups (Mozambique)	
Donor alignment 3. Strength of country institutions and systems	Integration can stimulate greater harmonisation, alignment, accountability and joint results frameworks and increases the scope to cover other major donors for the three diseases (Tanzania and Mozambique)[36]	Efforts to integrate Global Fund financing into the sector performance framework and budget have proved challenging, resulting in for example delays in

4. Efficiency of response	Integration reduces transactions costs as CCM representatives can be members of health and HIV SWAps co-ordination groups (as in Mozambique)	disbursements linked to reporting requirements that can be difficult to align (Mozambique).
Management for Results and Mutual Accountability		
5.Demonstration of results, reporting and transparency	Mechanisms for sector oversight can improve accountability and reporting of Global Fund grants eg as found in Tanzania and Mozambique	Risks of conflict of interest (eg where the MOH is both PR and plays a key role in the health co-ordination structure) need to be managed.

FUTURE RESEARCH AND ACTION AGENDA

Although some case studies on integration are emerging, more independent assessments that analyze the experiences and effectiveness of different approaches to NAC/CCM integration are important, both for countries interested in rationalizing their coordination structures and for building evidence on whether harmonization and alignment is contributing to better HIV/AIDS and health outcomes as a result of more effective coordination - a critical yet under-researched area.

Future case study/research questions could include:

- Which integrated approaches are working well, less well, and what are the key factors determining success?
- How has integration affected/compromised the delivery of NAC or CCM functions and what changes are taking place as a result of more integrated working (e.g. impact on NAC staffing, roles, operations, membership)?
- How do integrated approaches with NACs facilitate the delivery of CCM functions in relation to TB and malaria and is there scope for scale up?
- Are key principles of the Global Fund being fulfilled in practice through integrated arrangements?

Questions on the performance of integrated approaches in relation to the Paris Principles could include:

- Are the approaches resulting in the outputs and outcomes expected from implementing the Paris Principles?
- To what extent are functions for oversight and evaluation of Global Fund grants integrated with existing NAC or health coordination systems such as Joint Assistance Reviews?
- How do integrated approaches ensure technical assistance associated with Global Fund grant implementation is provided through coordinated programmes, consistent with country partner priorities?

In addition to a research agenda, international organizations could do more to test and promote integrated approaches. Stronger referencing and endorsement in Global Fund documents of the importance of integrating with existing country

mechanisms—where possible—and piloting the integration of functions required by the Global Fund for TB and malaria grants in national coordination structures would be useful.

Organizations such as UNAIDS in partnership with the Global Fund could play a pivotal role in promoting integration through establishing a database of best practice documents, such as example sets of terms of reference for more integrated NAC/CCMs or NAC/CCM secretariats, and/or developing guidance on NAC/CCM integration, based on international experience, to help countries understand what might work in different epidemic settings.

CONCLUDING REMARKS

As the Global Fund starts to scale up its support for National Strategy Applications (NSAs), a process whereby countries can submit their national programme strategies for funding instead of specific proposals, institutional arrangements between CCMs, and NACs are likely to change further. Conflicts of authority may arise over the ownership, participation, and accountability of national strategies, resting with the NAC or other national co-ordination entities and the NSA process, funding, and implementation oversight, resting with the CCM or the equivalent body. Alternatively, the NSA process may prove to be a catalyst for improving dialogue and forging greater integration between the two entities. In the Trend B countries, this issue may be less complex given that the same forum may host functions for the CCM and management of the national strategy. However, this may increase the risk of conflicts of interest, particularly in terms of oversight functions. Either way, a more nuanced approach to appreciating institutional arrangements within the NSA context will be required.

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