

KNOW YOUR RIGHTS

A guide for community CCM representatives and Global Fund advocates

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I. INTRODUCTION

Why does the CCM matter?

The **Global Fund** is the largest global donor to the HIV, tuberculosis, and malaria response. Since it was first created in 2002, the Global Fund partnership has contributed to cutting the combined death rate from AIDS, TB and malaria by 61% and has saved 65 million lives. For communities most affected by the three diseases, engaging with the Global Fund is an important way to make sure these health programs are impactful and reach the people who need services most.

The Global Fund operates differently than many other funders, in that it has a strong focus on community leadership and engagement. There are several ways this is achieved:

- The Global Fund supports [at least \\$700 million](#) per year in community-focused programs.
- The Global Fund funds community-led organizations worldwide to implement health programs.
- The Global Fund's Board has three delegations for civil society representatives, including one for communities
- Decision-making at the country level is made by the Country Coordinating Mechanism, which have community members sit on their board.

The **Country Coordinating Mechanism**, or CCM, is one of the most important ways for communities to engage in decision-making about Global Fund programs. Additionally, since CCMs are multi-sectoral bodies that include government representatives, bilateral funders, implementing organizations, and technical partners, these spaces are good opportunities to advocate for community priorities with every stakeholder in public health.

When communities do not engage with the CCM, there is a high risk that public health programs won't work. The voices of healthcare services users and key and vulnerable population is essential to make sure that governments and implementers are accountable, that programs are impactful, and that decision-making is transparent to all stakeholders.

What is the purpose of this guide?

Engaging with the CCM and advocating to the Global Fund [can be very difficult](#). While it is valuable that the CCM is a space with many different stakeholders, oftentimes the power imbalances and country politics can make it difficult for communities to do strong advocacy. This is even more challenging in contexts where key and vulnerable populations are criminalized and may not feel safe in the CCM space.

The way that the Global Fund works is also complicated. At first, the discussions at the CCM can be difficult to understand, since there are many technical terms, acronyms, and jargon. Without already understanding the Global Fund model, it can be difficult to know enough to participate.

The purpose of this guide is to provide communities with the information they need to get started engaging with the CCM. The goal is to give an in-depth primer of how the CCM works, what communities' role is, and what to do when things go wrong. By understanding their rights and learning the "Global Fund language", community members will be better able to be strong advocates for their needs.

The guide can be a resource for someone who is brand new to the Global Fund world, or it can be a refresher for those who have been working with the CCM for years.

II. HOW TO USE THIS GUIDE

Who should use this guide?

This resource is designed to support CCM representatives, and in particular those who represent communities and key and vulnerable populations. While it is oriented toward community priorities, the resource may also be useful for CCM members from other sectors.

In addition, the resource is intended to help advocates and community members who are not on the CCM to understand how to advocate to their CCM.

Lastly, this guide may be useful for those who are supporting advocates and CCM members, such as technical partners or technical assistance providers.

III. WHAT IS THE CCM?

What does the CCM do?

Every country that receives Global Fund financing is required to have a **Country Coordinating Mechanism (CCM)**. The CCMs are public-private partnerships, which means they include representatives from both the government and outside of the government, who are responsible for making decisions about Global Fund support and making sure the grants are performing. In some countries, the CCMs are formed from existing national structures (for example, National AIDS Councils, Roll Back Malaria Committees, or and National Steering Committees) or they may be a standalone structure. The Global Fund does not require for CCMs to be legally registered or incorporated.

A DEEPER LOOK: Is my country eligible for Global Fund funding?

Every year the Global Fund publishes a list of every country's eligibility for support. Eligibility is specific to a disease, so your country could be eligible for HIV but not malaria, for example. Keep in mind that eligibility doesn't guarantee that you will receive funding, but eligibility is the first step.

[Eligibility List](#)

[CCM Dashboard](#)

What about eligibility transitions? When a country's disease burden drops, or if their national income level grows, they may become ineligible for additional funding. If you want to see if your country is likely to transition, you may review Global Fund's report on who they predict will transition next.

[Projected Transitions from Global Fund Support](#)

The CCM is made up of individuals from the sectors involved in the HIV, TB, and malaria response. The members of the CCM are selected to participate in the CCM on behalf of their constituencies, which means they are not hired as individuals, but rather as representatives. Each CCM member has a defined constituency who they represent (for example, men who have sex with men, or the Ministry of Health, or PEPFAR).

The CCM members are responsible for transparently and inclusively working together to fulfill the **five core functions of the CCM**:

1. Coordinating the development and submission of **Funding Requests (FR)**;
2. Nominating the **Principal Recipient(s) (PR)** who will implement the grants, and monitoring their performance;
3. Overseeing the implementation of Global Fund-supported programs, including the grant closure process;
4. Endorsing any program's revision request (as defined in Global Fund operational policies); and
5. Ensuring linkages and consistency between the Global Fund financed programs, and other national health and development programs

There are two exemptions to the CCM rule. First, countries that only receive funding through a multi-country regional grant may be part of a **Regional Coordinating Mechanism (RCM)** or a Regional Organization (RO) instead of a CCM.

The second exemption is for countries in certain exceptional circumstances where forming a CCM would not be possible. This includes countries that do not have a legitimate government; where a conflict, emergency, or natural disaster has been declared; or countries where civil society is actively suppressed and not acknowledged by government.

What are the requirements for how a CCM should operate?

While CCMs have some flexibility in how they are organized and how they do their work, there are six **Eligibility Requirements** for CCMs. These requirements mandate that all CCMs and RCMs must:

1. Develop the Funding Request, with community engagement
2. Nominate and oversee PRs
3. Manage grant oversight
4. Include as members people living with and affected by the three diseases
5. Hold transparent selection processes for nongovernmental members, and

6. Maintain a high standard of ethics and integrity.

These requirements are nonnegotiable: if any CCM does not meet these requirements, they are not eligible for funding from the Global Fund. When the Funding Request is submitted, compliance with these requirements is assessed. In addition, requirements 3-6 is also measured on an annual basis throughout the cycle. The only exception to this rule is if the **Additional Safeguard Policy (ASP)** has been invoked.

DEEPER LOOK: What is the Additional Safeguard Policy?

The Additional Safeguard Policy (ASP) is a Global Fund policy that may be applied to a country, or a disease component, in certain exceptional cases. These include countries where there is significant political instability, serious problems with civil society participation, a lack of a transparent process for PR selection, fraud or misuse of funds, or conflict within the CCM that is blocking the selection of PRs.

Depending on what type of challenges are present, the ASP can mean that the Global Fund Secretariat is responsible for choosing the PR or the sub-recipients (SRs). In other cases, it may involve greater reporting requirements, requiring the pooled procurement of commodities, or disbursing smaller amounts of money. The decision to invoke, and revoke, the ASP is taken by the Global Fund's Executive Director.

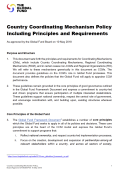
Most commonly, the United Nations Development Programme (UNDP) is selected as the PR in ASP countries.

CCMs are also expected to operate in accordance with seven **principles of coordinating mechanisms**. These are not formally evaluated by the Global Fund, but should guide all CCM activities.

1. Partnership: CCMs should bring together key stakeholders; actively seek engagement across geographies, genders, expertise, and sectors; and ensure effective representation and the flow of information to and from the CCM members and constituencies
2. Engagement of **key populations**: Each CCM should establish a mechanism to engage key populations, people living with or affected by diseases and civil society, throughout the grant life cycle, in a way that allows their voices to be heard
3. Oversight: CCMs should oversee the performance of the PRs to ensure that agreed targets are met
4. Build on national structures: CCMs should make efforts to proactively coordinate activities with other development planning mechanisms in the country
5. Sustainability and transition: CCMs should work to strengthen the sustainability of the Global Fund financed programs and prepare for transition towards domestic financing
6. Good governance: CCMs and CCM Secretariats should timely, equal, and comprehensive sharing of information, ensure that all CCM members are equal partner with equal rights to decision-making and expression, accountability for good performance, and management of conflict of interest to ensure decisions are objective and credible

7. Differentiation: CCMs can and should tailor their focus and expectations to their country contexts

Documents referenced in this section



1. The Global Fund. Country Coordinating Mechanism Policy Including Principles and Requirements. As approved by the Global Fund Board on 10 May 2018.

Available online at :

https://www.theglobalfund.org/media/7421/ccm_countrycoordinatingmechanism_policy_en.pdf



2. The Global Fund. Operational Policy Manual. 15 May 2024. Available online at :

https://www.theglobalfund.org/media/3266/core_operationalpolicy_manual_en.pdf.

IV. HOW CAN I ENGAGE WITH MY CCM?

The CCM is meant to represent the national priorities of your country, and it is there to serve all people living with and impacted by the three diseases nationwide. However, the CCM can only act on your behalf if you are engaging with your representative(s).

The CCM has an important role: it decides which public health programs should be implemented in your country, it decides who will be in charge of implementing the program, and it ensures that the program is working well. As someone outside of the CCM, you may find it useful to work with the CCM for several reasons, including advocating for the funding and implementation of programs that are priorities for the community, making sure programs are being implemented well, and sharing community monitoring data and feedback.

There are two main ways you can work with your CCM:

- **Participate in consultations** with your CCM representative. By meeting with your representative, sharing feedback and information with them, and participating in consultations and feedback sessions, you can learn about Global Fund grants and share your needs, experiences, and priorities.
- **Become a CCM representative** on behalf of your community. This will allow you to work directly with the other CCM members from the government and other sectors, as well as the Global Fund, to advocate for community priorities. This option is described in more detail in Section IV.

DEEPER LOOK: Who is my CCM representative?

Most CCMs have at least one focal point, who is the main point of contact for the entire CCM. The Global Fund has a public database of every country's CCM focal points and their email

addresses.

[Country Coordinating Mechanism Contacts](#)

[CCM Dashboard](#)

When does the CCM consult with communities?

The Global Fund operates on a three-year cycle. Every three years, the Global Fund solicits funding from donors during a **Replenishment conference**. The total amount pledged by donors represents the amount available for country grants, as well as the funds needed to operate the Secretariat in Geneva. The Global Fund then calculates the total Allocation available to each country, using a methodology that factors in each country's economic and epidemiological context. The Secretariat informs each country of its available funding in an **Allocation Letter**, which is usually sent out at the very end of the three-year cycle.

After receiving its Allocation Letter, each country must develop its Funding Requests. The **Funding Request** is an application form that describes how the country proposes to use the Global Fund support. The application includes a detailed budget, performance targets, and several additional annexes to describe the country context.

Under the CCM **Eligibility Requirement 1**, the CCM is required to consult broadly when developing the Funding Request. Specifically, this consultation must include people who are on the CCM and people outside of the CCM. The process for this consultation, or **Country Dialogue**, must be “transparent and documented” and must include both receiving input and sharing activities for review. In addition, the CCM must document its efforts to engage key populations. This requirement applies to all Funding Requests.

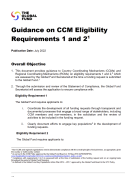
The Global Fund Secretariat has a team called the **Compliance Review Panel (CRP)**, which is responsible for assessing each CCM's compliance with these requirements. In general, the CCM will need to submit documentation to prove that consultations happened. These documents could include the CCM Endorsement Sheet, materials used to invite people to consultations (public announcements in the media, emails, etc), and documentation from the consultations themselves (sign-in sheets, meeting minutes, etc).

Documents referenced in this section



1. The Global Fund. Country Coordinating Mechanism Policy Including Principles and Requirements. As approved by the Global Fund Board on 10 May 2018. Available online at :

https://www.theglobalfund.org/media/7421/ccm_countrycoordinatingmechanism_policy_en.pdf



2. The Global Fund. Guidance on CCM Eligibility Requirements 1 and 2. July 2022. Available online at : https://www.theglobalfund.org/media/5551/fundingrequest_ccmeligibilityrequirements1-2_guidance_en.pdf.



3. The Global Fund. Applicant Handbook: 2023-2025 Allocation Period. October 2022. Available online at : https://www.theglobalfund.org/media/4755/fundingmodel_applicanthandbook_guide_en.pdf

IV. WHO CAN BE A CCM REPRESENTATIVE?

Which sectors are part of the CCM?

According to the Global Fund, the CCM should include representatives from all sectors involved in the response to the diseases. This can vary by country, but in general this includes academic institutions, civil society, faith-based organizations, government, multilateral and bilateral agencies, nongovernmental organizations, people living with the three diseases, the private sector, and technical agencies.

DEEPER LOOK: Key populations

Who is considered to be part of a key population? According to the Global Fund, KPs can include the following groups:

- Key populations in the **HIV** response: Gay, bisexual and other men who have sex with men; people who inject drugs, people who are sex workers; and all transgender people
- Key populations in the **tuberculosis** response: Prisoners and incarcerated populations, people living with HIV, migrants, refugees and indigenous populations
- Key populations in the **malaria** response: Refugees, migrants, internally displaced people and indigenous populations in malaria-endemic areas

Each country has the flexibility to design its own CCM, including deciding which sectors should be involved. The Global Fund does not provide rules about how seats on the CCM are allocated, which means that decisions about the CCM structure may or may not happen in a transparent or democratic way.

No matter how it is organized, every CCM must comply with the following requirements in order for the country to be eligible to receive funding:

- Must fulfill the **six Eligibility Requirements**, including Eligibility Requirement 4 (see text box)

- Must be able to fulfill the **five core functions** for the CCM
- Must operate in a way that is guided by the **seven principles** for CCMs: partnership, engagement of key populations, oversight, building on national structures, sustainability and transition, good governance, and differentiation

This means that if a CCM is organized in such a way that it cannot fulfill those requirements, the structure must be changed, or the country risks being ineligible for future funding.

DEEPER LOOK: Eligibility Requirement 4

“The Global Fund requires all CCMs, based on epidemiological as well as human rights and gender considerations, to show evidence of membership of:

1. *people that are both living with and representing people living with HIV;*
2. *people affected by and representing people affected by tuberculosis and malaria; and*
3. *people from and representing Key Populations.”*

What does this mean?

If your country has grants for HIV, your CCM must:

- Include a member who is living with HIV (PLHIV). This member’s responsibility is to represent all PLHIV in your country, which means they can’t also represent another constituency (for example, a PLHIV employed by the Ministry of Health cannot represent the government and also be the PLHIV representative)
- Include one or more members who are part of a Key Population affected by HIV. The KP members should reflect which populations have the highest risk in your country, and should also take into account which populations are most vulnerable due to human rights (for example, stigma or criminalization) and gender
- If the country context makes it impossible for key populations to safely serve as members, the Secretariat can waive the requirement for KP members

If your country has grants for malaria and tuberculosis, your CCM must:

- Include member(s) who have lived with these diseases in the past, or who are members of communities where transmission and infection is common
- Include one or more members who are part of a key population affected by tuberculosis and malaria

In 2018, the Global Fund launched a pilot program called **CCM Evolution**, which was designed to strengthen the functioning of CCMs. While the pilot ended in 2019, CCM Evolution continued as one of Global Fund’s Strategic Initiatives in Grant Cycle 6 (2020-2022). As part of this initiative, the Secretariat created a methodology for reviewing CCM performance, which it called the **Integrated Performance Framework**.

One of the indicators that are tracked in this framework is whether at least 40% of CCM seats are held by non-state sectors, which can include civil society, academic, private sector, or any other

sector that is not the government. Although the CCM Hub tracks this indicator, it is not a formal eligibility requirement.