

## **Briefing note on Ethiopia-Country Coordinating Mechanism (CCM/E)**

### **I. The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)**

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), often called the Global Fund, was created in 2002 as an innovative financing mechanism that seeks to **rapidly raise and disburse** funding for programs that reduce the impact of **HIV/AIDS, tuberculosis and malaria and health systems strengthening (HSS)** in low- and middle-income countries. The Global Fund is structured as a partnership between developed countries, developing countries, the private sector, civil society and affected communities.

Unlike many other donors, the Global Fund has adopted a model that provides funding to country governments and in-country stakeholders based solely on proposals/concept notes and implementation plans designed by the countries themselves. As a result of its new approach, and its ability to raise funds, the Global Fund has rapidly become one of the most significant aid mechanisms.

#### **1. The major principles of the Global Fund:**

- The Fund is a financing instrument, not an implementing agency;
- The Fund is intended to leverage financing for AIDS, TB and malaria;
- Programs are country-led, with broad, cross-sectoral participation;
- Funding is additional to existing resources;
- The Fund provides prevention, treatment and care funding, across different regions, diseases, and interventions;
- The Fund is part of a broader network of actors;
- Transparency is essential;
- The Fund is performance-based;
- The Fund is interested in developing civil society, private sector and government partnerships, and in supporting communities and people living with the diseases;
- The Fund seeks to be simple, innovative, and rapid; and,
- The Fund is a learning organization and will adapt over time.

## 2. Structure of GFATM

The Global Fund Secretariat is in Geneva Switzerland and doesn't have country office. Rather it created a system of grant management and oversight in the recipient country; the Country Coordinating Mechanism, Principal Recipient (PR) and Local Fund Agent (LFA).

## 3. Investment by the Global Fund

Since its establishment in 2002, the Global Fund has invested USD 31.87 Billion for fighting HIV/AIDS, Tuberculosis and Malaria and strengthening health systems as of December 2016.

Component	Signed	Committed	Disbursed
HIV/AIDS	US\$19,310,306,662	US\$17,676,079,352	US\$16,796,414,151
Tuberculosis	US\$6,160,445,375	US\$5,616,401,304	US\$5,017,469,842
Malaria	US\$10,970,403,428	US\$9,846,624,173	US\$8,899,881,362
TB/HIV	US\$1,498,898,577	US\$945,530,049	US\$547,759,939
Other	US\$748,062,890	US\$664,602,368	US\$603,612,646
Total	US\$38,688,116,933	US\$34,749,237,246	US\$31,865,137,940

Through these investments, the following global achievements were recorded:

- 20 million lives were saved through the Global Fund partnership
- 9.2 million people currently receiving antiretroviral therapy
- 15.1 million people tested and treated for tuberculosis
- 659 million insecticide treated nets distributed.

## II. Ethiopia Country Coordinating Mechanism (CCM/E)

Country Coordinating Mechanism is a country level partnership of stakeholders, responsible for developing and submitting grant proposals/concept notes, nominating PRs, and providing oversight to grant implementation. Ethiopia Country Coordinating Mechanism (CCM/E) was established in February 2002. Each country decides who is represented in the CCM and the following institutions are represented in CCM/E:

<b>Sector</b>	<b>Constituency</b>	<b># Seats</b>
<b>Government</b>	Federal Ministry of Health	3
	Federal HIV/AIDS Prevention and Control Office	1
	Pharmaceutical Fund and Supply Agency	1
	<b>Government Total</b>	<b>5</b>
<b>Multilateral</b>	WHO	2
	UNAIDS	1
	<b>Multilateral Total</b>	<b>3</b>
<b>Bilateral</b>	USAID	1
	DFID	1
	<b>Bilateral Total</b>	<b>2</b>
<b>Civil Society Organizations</b>	<b>Academic - Ethiopian Public Health Institution</b>	1
	<b>Academic Total</b>	<b>1</b>
	<b>Non-Government Organizations (NGOs) and Community Based Organizations (CBOs) - CCRDA</b>	1
	<b>NGO Total</b>	<b>1</b>
	<b>People living with HIV or affected by TB or malaria</b>	
	- NEP+	1
	- National Network of Positive Women Ethiopians	1
	- Malaria Consortium	1
	- Volunteer Health Services (TB)	1
	<b>People living with HIV or affected by TB or malaria Total</b>	<b>4</b>
	<b>Key Affected Population</b>	
	- Ethiopian Women Federation	2
	<b>Key Affected Population Total</b>	<b>2</b>
	<b>Private Sector</b>	
	- Confederation of Ethiopian Trade Unions	1
	- Ethiopia Employers' Federation	1
	<b>Private Sector Total</b>	<b>2</b>
<b>Religious/Faith based organisations – EIFDDA</b>	1	
<b>FBOs Total</b>	<b>1</b>	
<b>CSOs Total</b>	<b>11</b>	
<b>All Total</b>	<b>21</b>	

CCM/E has 21 members representing government, bilaterals/multilaterals and civil society organizations. The CCM/E has governance framework documents; governance manual, oversight plan, conflict of interest policy, etc.

The governance manual stated that

- At least 40 percent of CCM/E members shall be representatives of civil society (i.e. NGOs, community-based organizations, people living with or affected by the diseases, key affected

populations, religious/faith-based organizations, the private sector constituency, and academic institutions).

- No more than half the CCM/E's membership should consist of members of Government constituency institutions.
- The CCM shall ensure that there is gender balance in the composition with the women representation gradually increasing to 30% of the CCM members.
- Membership shall be made of senior management representatives from the relevant stakeholders as identified by each of the participating entities.
- Each member of CCM/E shall have a designated alternate member.
- The CCM members shall serve for a term of three calendar years except for Government Representatives.
- The Chairperson of CCM/E shall be a representative from the Government while the Vice Chairperson shall be from a civil society constituency.
- The Vice-Chairperson shall hold office for a period of three calendar years. The term of office of the Vice-Chairperson may be renewed for a maximum of 1 other term of three years.

As per the governance manual, CCM/E has decided to conduct a regular meeting every two months and may also conduct extraordinary meetings if need arises.

#### **1. CCM/E core functions and requirements**

CCM/E has the following core functions:

- a. Coordinating Global Fund applications for funding
- b. Selecting the Principal Recipient(s)
- c. Overseeing the implementation of the approved grant
- d. Ensuring linkages and consistency between Global Fund grants and other national health and development programs
- e. Participating in the national strategic plan discussions at country level
- f. Convening and coordinate inclusive country dialogue. This means, ensuring that all key stakeholders in the country are consulted during all parts of the Global Fund funding model. Especially people who live with or are affected by the diseases.

And there are six requirements to evaluate its functionality and CCM Eligibility and Performance Assessment (EPA) is conduct annually to evaluate CCM/E performance and plan for improvement.

Under oversight function, CCM/E has formed three oversight committee task teams and oversight executive committee.

## 2. PR selection

As stated above, CCM/E is the one coordinating applications for funding to the GF and also responsible for PR selection and overseeing grant implementation. PR(s) is/are nominated during proposal or concept note submission to the Global Fund. Currently FMOH and HAPCO are PRs for TB, Malaria, HSS and HIV grants.

## 3. Status of current grants

Ethiopia has started implementing Global Fund grants starting from 2002. As of the reporting to date,

- Fifteen grants have been approved for Ethiopia (06 grants for HIV/AIDS, 03 grants for TB, 04 grants for Malaria and 02 grant for HSS).
- RCC wave 02 has also been approved for HIV/AIDS component in connection with Round 02; and
- To date all the fifteen Grant Agreements have been signed as per the grants rule and regulation.

The table below shows detailed portfolio grants to date.

Component	Signed	Committed	Disbursed
HIV/AIDS	US\$1,268,366,618	US\$1,268,364,557	US\$1,200,205,707
Tuberculosis	US\$163,718,856	US\$157,704,013	US\$126,409,119
Malaria	US\$610,797,280	US\$560,418,338	US\$537,514,942
Other	US\$65,339,412	US\$47,709,686	US\$40,995,723
Total	US\$2,108,222,165	US\$2,034,196,593	US\$1,905,125,491

Through these investments in Ethiopia:

- 380,000 people are currently receiving antiretroviral therapy
- 465,000 new smear-positive TB cases were detected and treated
- 41,600,000 LLINs were distributed to malarious areas.

➤ **HIV/AIDS Grants:**

- HAPCO has been PR since the beginning of Global Fund funding in 2002 (Round 2, Round 2 RCC, Round 4, Round 7 and NFM Grants)
- Network of Networks of HIV Positives in Ethiopia (NEP+) and Ethiopia Interfaith Forum for Dialogue Development and Action (EIFDDA) were PRs for Round 7 grant. Currently both are Sub-recipients (SRs) for NFM grant receiving funds directly from GF Secretariat but they report to HAPCO.
- The current rating of HIV/AIDS NFM grant is B1 (60%)

➤ **Tuberculosis Grants:**

- FMOH has been PR for all TB grants (Round 1, Round 6, Round 10 and NFM Grants)
- The current rating of TB NFM grant is A2

➤ **Malaria Grants:**

- FMOH has been PR for all malaria grants (Round 2, Round 5, Round 8, Transitional Funding Mechanism (TFM) and NFM grants)
- Current rating of malaria NFM grant is B1

➤ **Health System Strengthening (HSS) Grants:**

- FMOH has been also PR for all HSS grants (Round 9 and NFM)

All PRs use progress update and disbursement request form to report to the Global Fund and Local Fund Agent (LFA) verifies the reports submitted and report to the Global Fund.