

4. Examples: stronger mechanisms, better managers

Support for CCMs in Southeast Asia

Context

Cambodia, the Lao People's Democratic Republic and the Philippines are addressing HIV epidemics of varying magnitude. Cambodia is burdened with one of the worst HIV epidemics in Asia, with about 1.6% of adults aged 15–49 living with HIV. Laos and the Philippines have, by contrast, experienced very limited epidemics, with national adult prevalence of under 0.1%.

Technical support

All three countries have received Global Fund grants to respond to AIDS, tuberculosis and malaria, and have been keen to benefit from technical support to make best use of this funding. In consultation with the countries, BACKUP supported a training initiative that aimed to strengthen the capacity of their Country Coordinating Mechanisms, Principal Recipients and other implementing organizations.

This training initiative which took place in 2004–2005 aimed to achieve three goals:

- › Strengthen the coordination, management and grant proposal-writing of CCMs, their secretariats and other stakeholders.
- › Better understanding of policies related to migration and mobile populations in the region.
- › Strengthening of monitoring and evaluation of HIV and other disease programmes.

Representatives of the CCMs and grant holders (PR and/or Sub-recipients) from the three countries collaborated with independent consultants and the Southeast Asia Ministers of Education Organization (SEAMEO) Tropical Medicine and Public Health Network in planning the initiative, participated in regional and national workshops and, when appropriate, brought in counterparts from other countries in the region and other disease areas such as tuberculosis and malaria, to learn more and coordinate their work.

Activities included a workshop on leadership, coordination, Global Fund work and planning of national workshops, which led to the restructuring of PR and CCM secretariat and training in financial management and improvement of reporting systems. The initiative also allowed for regional and national workshops on proposal writing. The Philippines workshop, for example, generated three revised proposals, and a revised proposal development process that ensured input from experts working on malaria and tuberculosis as well as HIV.

Results

Overall, participants agree that the SEAMEO/GTZ regional initiative allowed CCMs and grant recipients to improve the effectiveness and efficiency of their work, while contributing generally to stronger health systems. It also generated new links for the sharing of information and stimulated healthy competition among groups in the three countries.

El Salvador: clear rules strengthen country's response to HIV and tuberculosis

Context

In El Salvador, the work of the CCM established in 2002 was hampered by low participation, poor control of funds and confusion about the roles of members of the CCM and the PR. There was a general need for El Salvador's CCM to strengthen its structure, and a specific need to design a methodology for the development of a participatory approach to prevention strategies as part of the Global Fund-financed project.

Technical support

The BACKUP Initiative paid for a consultant to provide technical assistance to strengthen the strategic management of El Salvador's CCM and implementation of the country's Global Fund grant proposal. This consultant helped to develop two critical documents:

- › Statutes and regulations that define the role of the CCM, its objectives, composition, electoral procedures and other functions. The document also defines the relations that the CCM will have with strategic partners, including the Principal Recipient.
- › An operational plan that is guiding the technical management of the CCM, and clarifying the steps by which it will monitor and evaluate the implementation of its grant.

Results

In 2005, an external evaluation, conducted by the DFID Health System Resource Centre, concluded that the technical support strengthened the CCM and built the capacity that it needs to implement the Global Fund grant. The evaluators also found that it provided a mechanism to promote broader participation in the CCM. As a result, representatives of civil society and government are for the first time discussing the implementation of HIV and tuberculosis treatment programmes. Finally, the technical support helped the CCM harmonize its work with other agencies: for example, by forging links with the technical working groups of El Salvador's HIV and the tuberculosis programme.



Niger and Chad: strengthening the capacity of Principal Recipients

Context

Niger and Chad have both received Global Fund grants to address serious disease epidemics, and had trouble implementing them owing to the weak capacity of their coordinating bodies.

One year after Niger had gained funding for its HIV programmes from the Global Fund, little had been achieved with the money. The Principal Recipient, Coordination Intersectorielle de Lutte contre les IST/VIH/SIDA (CISLS), the NAC of Niger, was overburdened, as it was also in charge of major financing from the World Bank MAP. It, therefore, asked for technical support from the World Bank and the BACKUP Initiative.

Chad gained funding for its tuberculosis and HIV programmes in Rounds 2 and 3 of the Global Fund, and began implementation of the grants in May and August of 2004. The country sought technical support from the BACKUP Initiative to develop the managerial capacity of the Principal and Sub-recipients of the grants.

Technical Support

A needs assessment was conducted in Niger by the UN Global Implementation Support Team (GIST) and a GTZ consultant. This discovered that national guidelines for testing were not being followed and a severe shortage of trained health workers was hurting implementation. The joint mission also found that the implementation of funds was being slowed by shortcomings, such as poor understanding of Global Fund principles and of the roles of coordinating and managing bodies, inadequate human resources and weak management in the Principal Recipient, poor decision-making and leadership in the Ministry of Health, and frustration among civil society groups. Based on this assessment, a technical assistance plan was developed and realized with support from a technical advisor funded by GTZ.

In Chad, BACKUP financed a technical advisor to work with Principal and Sub-recipients for a one-year period. Under the supervision of the grants administrator, this consultant supports the recipients' programming, implementation, decentralization and monitoring of tuberculosis- and HIV-related activities. The advisor is also to help with prompt evaluations of the execution of annual action plans, reporting and assisting the CCM and PR in the coordination of interventions funded by the Global Fund. The emphasis in all this work is to build capacity among Chad's health care managers to ensure that they are able to maintain the systems.



Results

By mid-2006, one year after the start of BACKUP's support, Niger's national bodies are coordinating their activities more effectively. The National Health Development Plan to address significant gaps in Niger's health system had been improved. The country has also set priorities for its national response to HIV and begun focusing its resources on these. Staff of the PR and Sub-recipients are trained on leadership and management capacity to sustain interventions after the departure of the external technical advisor.

Chad's BACKUP support began only in September 2006, so it is too early to report on its results, however, early indications are that the technical support is developing new capacity for the managing bodies to make best use of the global health financing.