SUMMARY PAPER ON COUNTRY PROCESSES
TWG MEETING 22-24 NOVEMBER 2001
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SUMMARY OF KEY RECOMMENDATIONS

Basic Principles to guide country processes

1. The Fund will base its work on programs that reflect national ownership and respect country partnership-led formulation and implementation processes.

2. The Fund will promote partnerships among all relevant players within the country, and across all sectors of society. It will build on existing coordination mechanisms, and promote new and innovative partnerships where none exist.

3. The Fund will work with and support existing national, regional and global programs such as National AIDS plans, National Health Strategies and country elements of Stop TB, Roll Back Malaria as well as to Poverty Reduction Strategies and Sector Wide Approaches. The Fund will take into account regional frameworks and global level recommendations.

4. The Fund will leverage support for capacity development from other financial sources throughout the programs it supports.

Coordination Mechanism at country level

5. The Fund will work with a country coordination and partnership mechanism that should include broad representation from governments, NGOs, civil society, multilateral and bilateral agencies and the private sector. The mechanism should be at the highest national level responsible for national multi-partner and multi-sectoral development planning. It should preferably be an already existing body. If no appropriate coordinating body exists, a new mechanism will need to be established. Where public/private partnerships do not exist, the Fund may support alternative partnerships among NGOs and the private sector.

6. [The Country Coordinating Mechanism (CCM) will be the foci for program accountability.] Awaiting decisions regarding overall Fund accountability and fiduciary.

7. A senior government official should in most cases chair the mechanism. Where agreed upon among the partners, any member of the mechanism can chair it.
8. The role and function of each player within the partnership of the mechanism will be agreed upon by the mechanism, safeguarding equity and transparency among the partners.

9. The role of the United Nations agencies, multilateral and bilateral agencies and other development agencies in the mechanism should be country partnership-driven and reflect the roles of these partners in AIDS, TB, and malaria programs in-country. The country partners may want to identify a “Lead Support Agency”, either bilateral or multilateral, to support the preparation of proposals and undertake any other support as requested by the CCM.

10. Proposals for funding should be submitted to the Fund through the country partnership mechanism. The technical review panel will only recommend funding CCPs, which reflect genuine, broad participation and ownership of all interested groups.

11. The Fund will also consider proposals arising from partnerships in circumstances such as:
   a. countries without legitimate governments;
   b. countries in conflict or facing natural disasters;
   c. countries that suppress or have not established partnerships with civil society and NGOs;

Country Proposals

12. Countries will be encouraged to submit a coordinated proposal to the Fund. The Fund will consider proposals on one or more of the three diseases or crosscutting aspects of these, depending on country realities and readiness. The proposal is hereafter referred to as the CCP (Coordinated Country Proposal).

13. A CCP may consist of existing and already costed plans. It should be, however, submitted with a cover note specifying what aspects of these plans need funding from the GFATM. In addition, the note should describe how the CCP fits within the overall national health program. The format of the CCP should not be overly elaborate and not impose undue burden to the countries.

Channeling of Funds:

14. All partners on the CCM will be entitled to access Global Fund support based on their role and allocations on the approved CCP.

15. To facilitate targeting of financial support as well as accountability, CCPs will be submitted with budgets tied to specific partners. Each
partner’s contribution must have specified outcomes, targets, and results and an indication of how these will be measured.

16. The CCP should include an indication of how funds will be disbursed to partners, emphasizing that funds should go directly, efficiently and transparently from the disbursing entity chosen by the partnership to implementing partners, based on allocations in the Board-approved CCP.

17. Disbursements will be made in tranches based on results as measured by ex-ante indicators and independent assessments and surveys. A working group will investigate how this principle can be applied to the Global Fund. Disbursements during the initial phase of Fund operation will be looked into by a separate sub-working group. This should be linked to the above mentioned principles.

18. Alternative or special arrangements will only be used when clear justification exists. These will be tailored so that country partnership mechanisms can take over as soon as possible.

**Monitoring and Evaluation**

19. Monitoring at country level will be country–driven, but also linked to the Fund’s monitoring and evaluation system at global level.

20. The Fund will seek to use, wherever possible, existing monitoring and evaluation mechanisms.

21. An independent, impartial annual assessment of progress at country level will be done. It will include the broad participation of government, civil society, as well as multilateral and bilateral agencies.

22. The monitoring and evaluation will include an assessment of the functioning of the CCM and the process of developing the CCP including the functioning of partnerships at country level.

**Capacity Building**

23. The CCP will consider institutional and absorptive capacity. It may include interventions to improve national capacity, which are associated with the delivery of the Funds programs to deal with the three diseases. Proposals to the Fund shall not have capacity building as their main focus.