



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

2 December 2009

**ADMINISTRATIVE ORDER**

No. 2009-0024

**SUBJECT: Reconstitution of the Country Coordinating Mechanism (CCM) in Support of the Implementation of The Global Fund to Fight Against AIDS, TB and Malaria (GFATM) Grants in the Philippines**

**I. RATIONALE**

The Global Fund to Fight AIDS, Tuberculosis and Malaria, more commonly referred to as "The Global Fund" or "GFATM" was established in January 2002, with a Secretariat Staff in Geneva, to finance critical interventions against the three diseases. Generally, GFATM aims to make a sustainable and significant contribution to a country's development by mitigating the impact caused by these three diseases and contributing ultimately to poverty reduction efforts as espoused under the Millennium Development Goals (MDGs).

In its recent Report on Country Coordinating Mechanism Model, GFATM cites that its main innovative features are its emphasis on the centrality of partnerships among all relevant sectors of society and on the concept of performance-based funding. Indeed, GFATM recognizes that only through a country-driven, well-coordinated and multi-sectoral approach will additional resources have a sustainable impact on the reduction of infections, illnesses and deaths from the above-mentioned diseases. The Country Coordinating Mechanism (CCM) model embodies these GFATM principles of country ownership and multi-stakeholder partnership.

The Philippine CCM was put in place to oversee the implementation of GFATM grants in the country. It is a body composed of national and local government, public and private sector representatives which was first organized as part of the National Infectious Disease Advisory Council (NIDAC). Administrative Order No. 76 series 2002 approved by the Secretary of Health on the Creation of the NIDAC was amended with the issuance of Administrative Order 83-A series 2002 to include an additional function of NIDAC i.e., function as as the CCM in the country for GFATM grants.

Within the context of the health sector reform implementation led by the Department of Health (DOH), anchored on a Sector Development Approach for Health (SDAH) as stipulated in Administrative Order No. 2007-0038, there is a need to reconstitute the CCM and, to prescribe a more comprehensive set of guidelines to improve its governance and how it can fully support alignment of GFATM grants to national health goals and directions.

## **II. OBJECTIVES**

This order shall provide guidelines on the organization, responsibilities, governance and operation of the Philippine CCM for the implementation of GFATM grants

## **III. SCOPE OF APPLICATION**

This order shall apply to all the partners and stakeholders involved in the implementation of GFATM grants/ projects at the national and local levels .

## **IV. GUIDING PRINCIPLES FOR THE PHILIPPINE CCM**

1. The CCM is a national consensus group designed to promote the development and implementation of GFATM supported projects. It takes its decisions in a transparent way;
2. The CCM ensures alignment to and harmonization of all GFATM grants with the thrusts and directions of the health sector under the SDAH and within the principles of the Paris Declaration for Aid Effectiveness;
3. All members of the CCM are being treated as equal partners with full rights to participate in the decision-making process in line with their areas of expertise. Each constituency brings a unique and important perspective, thus increasing the probability of achieving measurable impact against the diseases. Representation of a gender perspective in the CCM is desirable
4. In order to ensure equal rights, voting is reserved to one per organization/ group;
5. The CCM is responsive to all national stakeholders. Individual members have to inform their constituents to ensure that representative views and concerns are expressed in the meetings of CCM;
6. The CCM ensures that all relevant actors are involved in the process and that this process is transparent to the general public. As such, it is responsible for ensuring that information related to the GFATM , such as Calls for Proposals, decisions taken by the CCM, and detailed information on approved proposals for funding, is disseminated to all interested parties in the country;
7. The CCM promotes the sustainability of the GFATM projects beyond their funding period;
8. The CCM determines the details of its functioning, including organizational structure, election procedures, frequency of meetings, etc.

## **V. SPECIFIC GUIDELINES**

### **A. Functions of the CCM**

The CCM shall be responsible for the following :

1. On Proposal Development, Submission and Selection of Principal Recipients (PR):
  - a. Disseminate the call for proposals by the GFATM through the secretariat;
  - b. Set guidelines on proposal/s based on national health objectives and GFATM recommendations;
  - c. Provide mechanics for the submission, review process and endorsement of proposals;
  - d. Engage technical advisers to assist in proposal development or conceptualization, as necessary;

- e. Endorse proposals to the GFATM upon careful deliberation and proper documentation and address concerns /queries from the Technical Review Panel of GFATM, as appropriate.
  - f. Select one or more appropriate organization(s) to act as the PR for the GFATM grant.
2. As Oversight to GFATM Grant implementation in terms of programmatic and financial aspects:
    - a. Monitor the implementation of activities and of GFATM approved projects, including the approval of major changes in work/ implementation plans as necessary , reprogramming of budget lines as well as financial accounts of PRs and their Sub-Recipients (SRs);
    - b. Evaluate the project performance, including the PR/s according to agreed upon indicators, in the implementing the projects;
    - c. Submit request/s for continued funding six months prior to the end of the two years of the projects financed by the GFATM;
    - d. Improve existing governance/ systems support for crosscutting project issues/challenges;
    - e. Ensure that Conflict of Interest policies will be applied strictly during the decision making processes.
  3. As a Collaborating Partner to other non GFATM -funded projects:
    - a. Participate in the Partnership Forum/Health Partners Meetings to ensure linkages and coherence between GFATM assistance and other development partners' assistance in support of national priorities. A Partnership Forum is shall then be conducted regularly to inform all sectors and civil society on the progress of GFATM Implementation and to encourage potential partners to be CCM members, TWGs, or implementers
    - b. Assist the PRs/SRs in the coordination with other project implementers in the field.;
    - c. Coordinate with other national offices, non-government organizations (NGOs) and external partners/experts in the conduct of GFATM reviews and evaluation;
    - d. Coordinate with International GFATM Partners for further development and enhancement of the CCM's capacity to oversee the projects.
    - e. Report/ provide feedback to appropriate fora, as necessary

**B. Composition of the CCM:**

The CCM shall be composed of not more than 24 members as follows:

**B.1. Permanent Members:**

- a. Department of Health (DOH) as the Chairperson
- b. National Economic and Development Authority
- c. World Health Organization
- d. UN Theme Group
- e. Persons Living With Disability (1 for each disease component)

**B.2. Rotating members:**

- a. Other government agencies
- b. Private sector representatives
  - a) NGO/Faith Based Organizations and other civil society groups
  - b) Business Sector and Corporate foundations and Public-Private coalitions
  - c) Academic Institutions/Research Organizations/Professional societies
- c. Other international development partners

### **C. Selection of members:**

Rotating members will be selected through a transparent election process:

1. Initial call for nomination through a transparent selection process done per sector at a Partnership Forum .
2. CCM members representing the non-government sectors must be *selected by their own sector(s)* following a documented, transparent process and based on criteria developed by each sector.
3. A screening committee of the CCM specifically for selection of members will consider the applicant's track record/qualifications based on specific criteria for CCM membership. This will be presented to the CCM body in the subsequent CCM Regular Meeting.

As part of the screening process, the nominees will be required to submit documentation on their organizational profile. This documentation includes but not but not limited to the following:

- Interest and willingness to serve in the CCM through a letter of confirmation after being provided with the guidelines on the operations of the CCM
  - Track record of involvement in public health activities particularly in at least one of the three diseases
4. The CCM will then call for a sectoral election wherein sectors will vote for the qualified nominees. This will be conducted through a CCM election committee headed by the CCM Chair or designate.
  5. The election result will be presented to the CCM for endorsement.
  6. An orientation process for all new members will be undertaken in January every year.
  7. The CCM members then select an individual to represent them in the CCM meeting and an alternate in the absence of the representative.
  8. Membership is for a term of two years, without prejudice to re-election, subject to a limitation of two consecutive terms.
  9. Any constituent member of the CCM can be dropped if he/she fails to attend 30% of CCM meetings in a year , or with 3 consecutive absences, either as the representative or the alternate unless with valid reason.

### **D. CCM Meetings and Decision-making Process**

The conduct of CCM meetings and decision-making process shall be guided by the following:

1. Meetings will be held every second Thursday of the Month or as may be necessary as decided by the CCM Chairperson and/or agreed upon by the CCM members.
2. CCM meetings should be as informative as possible to allow for the informed participation of all members of the CCM in decision making. The agenda of each of the meetings will depend on the due GFATM Reports and CCM matters/issues raised for discussion.
3. Special CCM Meetings will be called by the CCM Chair if there are critical issues/decisions that need to be deliberated on and of which cannot wait for the next Regular Meeting.
4. Quorum of 50% plus 1 is required for a meeting to be officially opened and shall be observed for both the regular and special CCM meetings. If no quorum is

reached, the meeting will still be held provided that no CCM decisions/approvals have to be made.

5. The CCM through the secretariat will forward to the GFATM minutes of the meetings as related to GFATM issues and information on membership changes. For the sake of transparency, major dissents to decisions taken shall also be reflected in the minutes.
6. A CCM member if selected as Principal Recipient to 1 or more of the grants will be excluded in the decision process of the grant/s being managed by that member. Likewise, CCM members who are also Sub Recipients or Implementors of subcomponents of the Grants will also be excluded if the subcomponent will require CCM decision/s.

#### **E. Supporting Structures to the Operations of the CCM in the Philippines:**

The following support structures with their corresponding functions shall be established to assist CCM in its operations:

**E.1. CCM Oversight Committee-** This committee shall be created to strengthen the oversight functions of the CCM. These shall be composed of a maximum of eight (8) CCM members with varying expertise particularly on program, finance management and governance as decided upon by the CCM. The Local Fund Agent, PRs, Technical Working Group and the CCM Secretariat may be invited on an adhoc-basis as a resource person/s. This committee reports directly to the CCM. Specifically, its functions are:

##### 1. On Proposal Development:

- a) Ensure that the selected PR/s meets GFATM criteria;
- b) Ensure a transparent and open selection process (e.g., public call for interest)
- c) Review CCM processes in proposal development and make recommendations to strengthen this activity

##### 2. On Grant Negotiations

- a) Ensure that grant negotiation is on track based on agreed timelines
- b) Identify sources of technical support if needed
- c) Monitor any changes that are being made to the proposal

3. On Grant Implementation-Ensure that GFATM funds are used solely for the purposes described in the funding request and in accordance with the approved budget.

##### 4. On Grant Closure

- a) Endorse the Close-Out Plan and Close-Out Budget, including the PR's plan for distribution or disposal of program assets in coordination with the TWGs
- b) Submit a Request for Continuity of Services where people are receiving life-saving treatment and where alternative sources of funding have not been identified to continue patients on treatment in coordination with the TWGs

5. Draft "Conflict of Interest Plan" and "Oversight Plan" for CCM approval, as required by the GFATM

6. Ensure proper documentation and broad dissemination of the following key documents:

- CCM selection process and criteria (for sectoral representation, process and criteria to be defined by respective sector)
- Proposal development process
- PR selection process and criteria

**E.2. The CCM Technical Working Groups (TWGs)** - The CCM shall have TWGs for each of the three diseases. The three TWGs may also include non-CCM members who may have the expertise required. Membership and changes in membership requires the approval of the CCM and the national program. A secretariat under the National Center for Disease Prevention and Control (NCDPC-DOH) will be assigned in each of the TWGs. Chairmanship of the TWGs shall be the NCDPC Director or designated National Program Manager.

Overall, the TWGs shall be responsible for routine monitoring and supervision .The following shall be the specific functions :

**1.On Proposal Development**

- a)Ensure an inclusive and transparent process in proposal development
- b)Provide technical inputs in the development of the grant proposal, specifically in setting priorities/goals linked to the to national strategic plans of each of the three diseases as well as the country's programme needs and context
- c)Review and endorse grant proposal to the CCM
- d)Ensure completeness of requirements prior to submission of grant proposal to the GFATM

**2.On Grant Negotiations** -Provide additional information and revise grant proposal, as needed, based on the comments of the GFATM

**3.On Grant Implementation**

- a)Track progress in grant implementation vis-à-vis approved workplan, including the conduct of monitoring visits
- b)Identify bottlenecks and other implementation problems, and develop a clear plan with the PR in addressing these problems.
- c)Review and endorse disbursement requests, quarterly reports, annual budgets and work plans, monitoring and evaluation plans
- d)Endorse to the CCM recommendations of PR on major changes to the Scope and/or Scale of Performance Frameworks in signed Grant Agreements, as necessary
- e)Work closely with the PR to identify technical assistance needs and facilitate/broker the provision of technical assistance to PR/s and SR/s as needed to address program challenges.

**4.On Grant Closure**

- a)Review and endorse to the CCM the PR's Close-Out Plan and Close-Out Budget, including plans for the distribution or disposal of program assets

The following shall be the composition of the TWGs:

**TWG for Tuberculosis GFATM Grants**

Chairperson: DOH-NCDPC-Infectious Disease Office

Member -representatives from the following:

National TB Reference Laboratory

DOH Center for Health Development (CHD)

Local Government Unit (LGU)

WHO

International development partners (2)

NGO/Faith Based Organizations and other civil society groups

Business Sector and Corporate foundations and Public-Private coalitions

Academic Institutions/ Research Organizations/Professional societies

## **TWG for HIV/AIDS GFATM Grants**

Chairperson – DOH-NCDPC

Member-representatives from the following

- DOH- National Epidemiology Center
- DOH-CHD
- Research Institute for Tropical Medicine
- Philippine National Aids Council Secretariat
- LGU
- WHO
- International development partners (2)
- NGO/Faith Based Organizations and other civil society groups
- Business Sector and Corporate foundations and Public-Private coalitions
- Academic Institutions/ Research Organizations/Professional societies

## **TWG for Malaria GFATM Grants**

Chairperson: DOH-NCDPC- IDO

Member-representatives from the following:

- DOH-NEC
- RITM
- DOH-CHD
- LGU
- WHO
- International health partner (2)
- NGO/Faith Based Organizations and other civil society groups
- Business Sector and Corporate foundations and Public-Private coalitions
- Academic Institutions/Research Organizations/Professional societies

**E.3 The CCM Secretariat-** The CCM shall be assisted by a Secretariat from the DOH Bureau of International Health Cooperation (BIHC) headed by the Director as Executive Secretary. He/she shall be supported by a team consisting of regular and/or contractual personnel including staff to be assigned by the CCM Co-chair

The CCM Secretariat shall provide the overall administrative/ secretariat support to the CCM including the mobilization of funds for CCM operations. In particular, it shall perform the following:

1. Prepare a CCM annual workplan, reflecting key activities and responsibility points and monitor its implementation
- 2.Ensure / facilitate the efficient conduct of CCM / committee meetings and related activities including preparation of draft agenda, issuance of Notices of Meetings , proper documentation thereof and provision of administrative/ logistical support
- 3.Disseminate GFATM guidelines and other documents, call for proposals, draft proposals and other relevant documents as approved by the CCM
- 4.Submit CCM -approved reports to the GFATM and be responsible for any follow through activities
- 5..Facilitate the proper functioning of the Working Groups and existing ad hoc committees
- 6.Ensure timely coordination and efficient communication including feedback/ reporting in appropriate fora between/ among CCM Chair, Co Chair, CCM members, PRs/SRs and the GFATM and other partners, as necessary.
- 7.Maintain systems for record-keeping/ expenditure tracking and website updating
8. Mobilize funds for CCM operations, including development of proposal to the GFATM to support CCM strengthening
- 9.Perform other functions as determined by the CCM Chair and Co-Chair.

#### **E.4. Adhoc Committee/s**

These committees are organized as deemed necessary by the CCM as part of the overall oversight function and the strengthening of its role based on its mandate. Committees will require approval of the CCM body with its membership, functions, responsibilities and timeframe to be clearly stated in its terms of reference. Adhoc Committees can be organized in support of CCM elections, membership screening, proposals review, strengthening of CCM processes and others.

#### **F. Funding Support for the Operations of the CCM in the Philippines:**

Funding of CCM Functions shall be borne by the DOH and other Partners. A proposal for CCM support to the Global Fund will be pursued with the following focus of funding support:

1. Regular and Special CCM Meetings
2. Maintenance of the Secretariat office and operations including the designation of full time CCM Secretariat Staff (at least 2)
3. Conduct of Annual Partnership forum
4. CCM Monitoring, Evaluation and Supervision activities
5. CCM Strengthening activities (International and local)
6. Call for proposals, proposal development, proposal consultation and proposal finalization
7. CCM Elections, CCM review of functions and CCM recruitment
8. Support to Technical Working group activities
9. Others as deemed relevant by the CCM

#### **V. REPEALING CLAUSE**

All other previous related issuances found inconsistent with this issuance shall be repealed.

#### **VI. EFFECTIVITY**

This order shall take effect immediately.

  
**FRANCISCO T. DUQUE III, MD, MSc.**  
**Secretary of Health**