

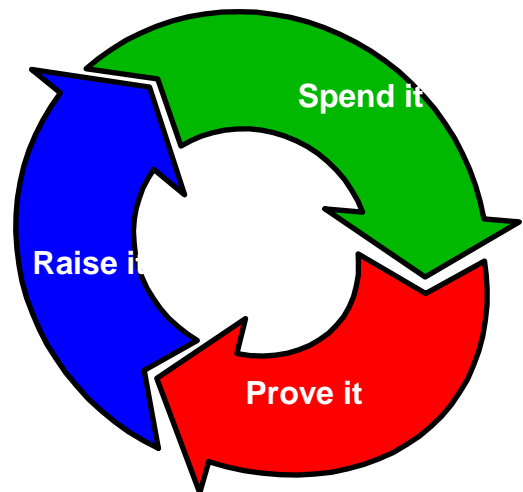
CCM Constituency Mobilization

Global Fund in Bangladesh

May 2016

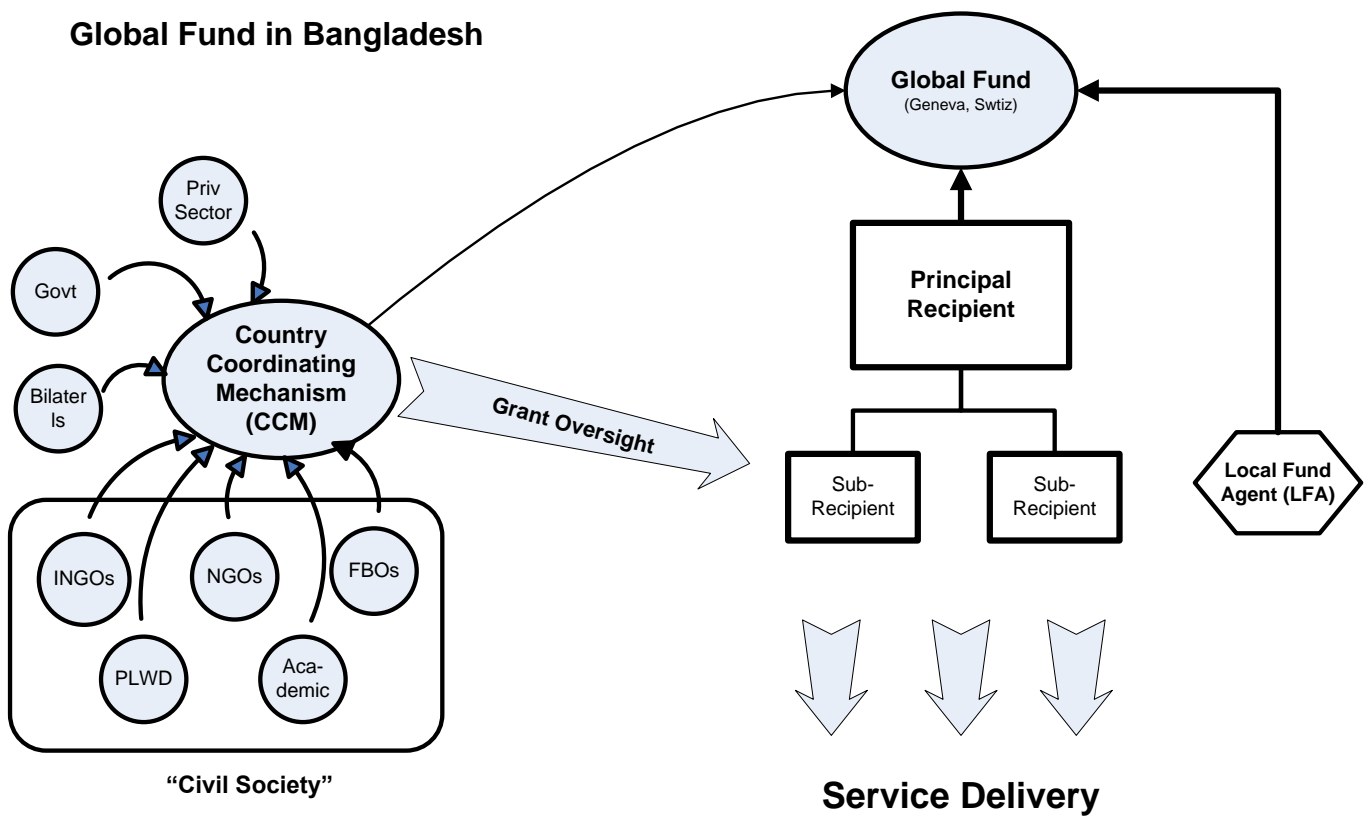
1. What is the Global Fund?

- An innovative **financing institution** that provides major funding to national disease programs for HIV and AIDS, tuberculosis and malaria.
- Created in 2002 as a **partnership** between government, private sector, NGOs and international agencies. Funds pledged to date: US **\$30.4 billion**; grants in **151 countries**
- Main **principles**:
 - Operate as a **financial instrument**, not an implementing entity
 - Support programs that evolve from **national plans and priorities** → country led
 - Operate in a **balanced manner** in terms of country needs
 - different regions, diseases and interventions
 - prevention & treatment
 - Evaluate proposals through **independent review processes**
 - Operate with transparency and accountability
 - Focused on partnerships – government and non-governmental contribution to programs
- Relies on a **Performance-based Funding Model**
 - **RAISE IT**:the CCM coordinates the development of proposals through a transparent process involving all key stakeholders
 - **SPEND IT**:the Principal Recipient (PR) and Sub-Recipient(s) (SR) implement the program according to the proposal. CCM oversees grant implementation
 - **PROVE IT**:reporting to the Global Fund; performance against targets determines next tranche of funding; no performance, no reports = no money.



2. How does the Global Fund work?

- Multi-stakeholder **CCM submits proposals** to the Global Fund
- Global Fund **reviews and accepts proposals** through an independent review process
- CCM selects **organization partners** for grant implementation (Principal Recipients)
- CCM **oversees** grant implementation process
- Local Fund Agent (LFA) **audits implementation process** and **verifies information** sent to the Global Fund



3. What are the Bangladesh Global Fund grants?

Disease	Implementing Organizations	Total Amount Approved (US\$)	Grant Term	Key Objectives/Achievements	Latest GF Rating
HIV-AIDS	NASP	0.68 m	Dec 2015- Nov 2017	<ul style="list-style-type: none"> STD Program (NASP) which is the national nodal and central coordination body on HIV&AIDS of the Government of Bangladesh will be responsible for implementation of national HIVMIS, conducting the end-line survey, performing monitoring visits to HIV programs including globalfunded interventions, conducting higher level advocacy to create an enabling environment andcapacity building of the implementers. 	
HIV-AIDS	ICDDR, B	5.8 m	Dec 2015- Nov 2017	<ul style="list-style-type: none"> icddr,bwill be responsible for operating HIV intervention services for MSM and hijra. The preventionservices cover interventions including condom and lubricant distribution, Syndromic management ofSTI, HTC service, local level advocacy, needle syringe exchange program and oral substitution therapy for PWID. 	A1
HIV-AIDS	Save the Children	7.8 m	Dec 2015- Nov 2017	<ul style="list-style-type: none"> Save the Childrenis responsible for implementation of HIVprevention services for FSW and PWID, complementary support to the Health, Population andNutrition Sector Development Program (HPNSDP) supported Care Support Treatment Centre(CSTC) program for PLHIV, life skills education in formal and non- formal school settings. 	A1
TB	Nat'l TB Program	25.4 m	July 2015- Dec 2017	<ul style="list-style-type: none"> Number of all TB patients (includes new smear positive, new smear negative, extra pulmonary and relapse)(excludingretreatment) registered and reported to the national health authority Number of new smear-negative and Extra pulmonary TB cases reported to the national authority Number of new smear-positive cases reported to the national authority (disaggregated by gender) Number and percentage of laboratories performing regular external quality assurance for smear microscopy. Number and percentage of new smear-positive TB patients successfully treated (cured plus completed treatment)among the new smear positive TB patients registered. 	A2
TB	BRAC	41.6 m	July 2015- Dec 2017	= Same as above =	A1
Malaria	BRAC	9.6 m	July 2015- Dec 2017	<ul style="list-style-type: none"> Total number of fever cases examined by microscopy and RDT (in the 3 highest Malaria transmission districts) (BRAC & NMCP) Number of clinical malaria cases with positive diagnosis examined by RDTs and/or Microscopy (BRAC & NMCP): Total number of fever cases examined by microscopy and RDT (in the other 10 high Malaria transmission districts) Number of Pv cases receiving CQ-PQ according to national guidelines. (BRAC & NMCP). Number of Pf cases receiving ACT according to national guidelines. Number of people received malaria treatment through community service providers (in the 3 highest Malaria 	A2

Disease	Implementing Organizations	Total Amount Approved (US\$)	Grant Term	Key Objectives/Achievements	Latest GF Rating
				transmission districts) (BRAC). <ul style="list-style-type: none"> Number of people received malaria treatment through community service providers (in the other 10 high Malaria transmission districts) (BRAC) Number of LLINs procured and supplied to NGO partners. 	
Malaria	Nat'l Malaria Program	15.4 m	July 2015- Dec 2017	= Same as above =	

(Source: Global Fund website May 2016)

- ➔ Global Fund grant amounts are **substantial**
- ➔ **End dates are fast approaching** – there is a key role for the CCM to play in obtaining more Global Fund money for Bangladesh
- ➔ **Important achievements** in the fight against the 3 diseases in Bangladesh

4. What is the Country Coordinating Mechanism (CCM) ?

- ➔ **The CCM** is a country-level multi-stakeholder partnership composed of all key stakeholders in the country's response to HIV and AIDS, TB and malaria
- ➔ The CCM **develops and submits proposals** to the Global Fund based on country needs and priorities
- ➔ After grant approval, the **CCM oversees the progress during implementation**. Grant oversight is key to ensuring that bottlenecks are identified and solutions proposed and implemented in a timely manner. Effective grant oversight is essential in the Performance Based Funding model of the Global Fund.
- ➔ The CCM includes **representatives from both the public and private sectors**, including governments, multilateral or bilateral agencies, non-governmental organizations, academic institutions, private businesses and people living with the diseases.

5. Who makes up the CCM?

Constituency	Seats	Method of appointment	Types of Organizations
Government	14	Selection by government	From MoH&FW and other ministries
Development partners	4	Selection by partners	Bilateral partners (e.g., USAID, CIDA) and multilateral partners (e.g., UNAIDS, UNICEF, WHO)
NGO	4	Election by constituency	Health NGOs registered with Bangladesh NGO Bureau
FBO	1	Election by constituency	Organizations representing the larger or minority religious communities
Academic	2	Election by constituency	Academic and research, with expertise in health and three GF diseases

Constituency	Seats	Method of appointment	Types of Organizations
People living with or affected by disease	3	Election by constituency or selection by CCM	1 seat for person living with HIV; 1 seat for person affected by TB and 1 seat for person affected by malaria
Key affected populations	3	Election by constituency	Specific population groups affected by diseases (e.g., transgender, injecting drug users, refugees and migrants)
Private sector	2	Election by constituency	Business associations or companies with commitment to fighting diseases
TOTAL	33		

6. Why is the CCM important?

- To **allocate funding** that the Global Fund will earmark for Bangladesh
- To ensure that the **Implementing Partners are accountable** to targeted populations
- To identify any **barriers to effective and efficient grant implementation** and to propose solutions
- To create **synergies with other disease responses** in Bangladesh
- To **represent and update relevant constituencies** on Global Fund issues

7. What is the membership renewal process?

- Representatives from the **government** and **development partners** constituencies are selected (nominated) by their constituencies, based on a documented and transparent process.
- Representatives from all other constituencies (**NGO/CBO; INGO; people living with or affected by disease; and private sector**) are to be elected by their constituencies, based on a documented and transparent process.
- All selected/elected members will be **formally approved** as members of the Bangladesh National CCM (BCCM).
- **New member induction** will occur as soon as the BCCM is reconstituted.
- **DEADLINE** for submission to BCCM of the results of the selection/election process:
31 August 2016

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