



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

NOV 08 2019

ADMINISTRATIVE ORDER

No. 2019- 0051

SUBJECT: Reconstitution of the Philippine Country Coordinating Mechanism (PCCM) 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 (GFATM), was established in January 2002, with a Secretariat Staff in Geneva, Switzerland, to help the countries including the Philippines in halting the spread of HIV/AIDS, Tuberculosis and Malaria (ATM), by dramatically increasing their funding assistance, and by directing the funds to areas of greatest need. It operates as a partnership between governments, civil society, private sector, and affected communities/key affected population.

The 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 abovementioned diseases. Hence, it requires its partner countries to establish a Country Coordinating Mechanism (CCM) as prerequisite to obtaining funding to implement programs and projects in order to fight the three diseases.

The GFATM supports projects to stop HIV/AIDS, Tuberculosis and Malaria which are aligned with the country's national strategic plans. It also builds on what the country's health agenda aspires for.

- (1) Better health outcomes with no major disparity among population groups;
- (2) financial risk protection for all especially the poor, marginalized and vulnerable; and
- (3) a responsive health system which makes Filipinos feel respected, valued and empowered.

The Philippine Country Coordinating Mechanism (PCCM) was reconstituted by virtue of Administrative Order No. 2009-0024 dated 02 December 2009. It was initially organized as part of the National Infectious Disease Advisory Council (NIDAC) through the issuance of Administrative Order 83-A series 2002. The PCCM is mandated to coordinate and oversee the implementation of grant activities under the Global Fund to Fight AIDS, TB and Malaria (GFATM).

The Philippine Country Coordinating Mechanism (PCCM) is a body composed of not more than twenty-four (24) members from Government, Non-government Organizations/Civil Society

Organizations, Faith-based Organizations, Academe, Persons Living with the Disease, and Development Partners.

The PCCM ensures that proposals to the GFATM are developed through and with emphasis on centrality of partnerships among all relevant sectors of society. It is responsible in nominating one or more organizations to serve as principal recipients (PRs) or the organizations that shall receive the grants, which shall be used to implement the activities in the proposal.

However, with the new set of PCCM Members and as a result of the Eligibility Performance Assessment (EPA) on PCCM operations, it is deemed appropriate to enhance/update A.O. No 2009-0024 to ensure alignment with the health goals and directions.

II. OBJECTIVES

This Order aims to define the organization, roles and responsibilities, functions of the PCCM structures, governance and operation of the PCCM.

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. DEFINITION OF TERMS

1. **KAPC – Key Affected Population Committee**
This is a committee formed within PCCM, tasked to lead and ensure full and meaningful engagement of TB, HIV AIDS and Malaria Key Affected Population (KAP) in all areas of Global Fund project implementation.
2. **LFA – Local Fund Agent**
It is a private body selected by the GFATM-Geneva which operates in the country in its behalf. It conducts periodic evaluation of the financial status and administrative capacity and performance of the Principal Recipients and Sub recipients.
3. **PRs – Principal Recipients**
This refers to a legal entity, either government or non-government organizations, receiving grants directly from GFATM-Geneva, and responsible for the implementation of the GFATM projects on HIV/AIDS, TB and Malaria, in close coordination with the Department of Health. They are also an oversight of Sub-recipients, and communications/coordination with the Local Fund Agent, Fund Portfolio Manager and the PCCM on grant progress.
4. **SRs – Sub Recipients**
This refers to any entities, either government, non-government organizations or civil society organizations, receiving GFATM grants through a Principal Recipient for the implementation of project activities.

5. **SDAH – Sector Development Approach for Health**

A management approach for health sector reform implementation. The intention is to ensure that all health sector funding supports a common health sector policy and expenditure program, thereby reducing fragmentation of efforts and optimize the impact of available support to the sector. SDAH was officially institutionalized on November 15, 2007 through the passage of AO 2007-0038.

6. **TOR – Terms of Reference**

The TOR describes the purpose and structure of a project, committee, meeting, negotiation, or any similar collection of people who have agreed to work together to accomplish a shared goal.

V. GENERAL GUIDELINES

1. The PCCM shall promote strategic partnership in the development and implementation of GFATM-supported projects on HIV/AIDS, TB and Malaria.
2. The PCCM shall ensure alignment with and harmonization of all GFATM grants with the national strategic plans of the 3 diseases, thrusts and directions of the health sector, Philippine Development Plan and the National Objectives for Health.
3. The PCCM shall create an Executive Committee that shall guide and oversee PCCM activities and operations and shall be responsible for coordinating and supporting the different committees to routine or urgent communications.
4. All members of the PCCM shall be treated as equal partners with full rights to participate in the decision-making process in line with their areas of expertise. Each constituency shall bring a unique and important perspective, thus increasing the probability of achieving measurable impact against the diseases.
5. In order to ensure equal rights, voting is reserved to one per organization/group.
6. Members shall regularly update their constituents about PCCM and shall ensure to communicate back to the PCCM their related concerns.
7. The PCCM shall ensure 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 and decisions and information on approved proposals are disseminated to all interested parties.
8. The PCCM shall promote the sustainability of program outcomes supported by the Global Fund beyond its funding period by ensuring principles of country ownership and multi-stakeholder partnership from proposal development to grant implementation.
9. The PCCM shall determine the details of its functions, organizational structure, election procedures, frequency of meetings, etc.

VI. SPECIFIC GUIDELINES

A. Composition of the PCCM FOR CY 2018 – 2020

The PCCM shall be composed of not more than twenty-four (24) permanent and rotating members, from different government/non-government agencies, private



sectors, civil society, faith-based organizations, academe and development partners. The PCCM shall establish standing committees/structure and Secretariat as shown in Annex A to accomplish its mandate, purpose and responsibilities.

It shall have a Chairperson and a Co-Chairperson determined by and duly elected among the members of the PCCM in accordance with the election procedures. The PCCM members shall serve for a term of three (3) years, which can be renewed for a second term for a maximum total of six (6) years, subject to a limitation of two (2) consecutive terms.

1. Permanent Members

Permanent Members shall be composed of organizations/agencies that are pre-determined upon the establishment of the PCCM. These organizations/agencies shall remain as members unless they become disqualified or removed based on instances provided for in the PCCM Governance Manual. The Permanent Members shall be as follows:

- a. Department of Health (DOH) - Chairperson
- b. World Health Organization (WHO) - Co-Chairperson
- c. National Economic Development Authority (NEDA)
- d. UN Theme Group (represented by UNAIDS)
- e. Person Living with the Disease - **HIV/AIDS** (represented by Positive Action Foundation of the Philippines, Inc)
- f. Person Living with the Disease - **TB** (represented by Samahang Lusog Baga)
- g. Person Living with the Disease - **Malaria** (represented by Samahang Mulbog Timog (SAMONAKA))

2. Rotating Members

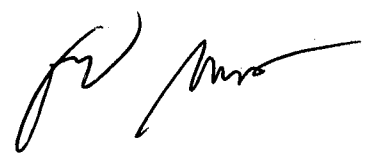
Rotating Members are composed of organizations/agencies that are selected in accordance with the PCCM selection process. These member organizations/agencies shall have a term of three (3) years unless they become disqualified or removed based on one or more instances provided for in the PCCM Governance Manual. The Rotating Members shall be as follows:

Other Government Agencies:

- a. Commission on Human Rights (CHR)
- b. Department of Finance (DOF)
- c. Department of Foreign Affairs (DFA)
- d. Philippine Drug Enforcement Agency (PDEA)
- e. Philippine Information Agency (PIA)

Private Sector/NGOs/Faith-based Organization

- a. Building Resources Across Communities International (BRAC)
- b. Camillian Fathers, Inc. (CFI)



- c. East West Seed Foundation (EWSF)
- d. Philippine Cross Roads (PCR)
- e. Y-Peer Pilipinas

Academe

- a. Association of Philippine Medical Colleges (APMC)

Development Partners

- a. United States Agency for International Development (USAID)
- b. European Union (EU)

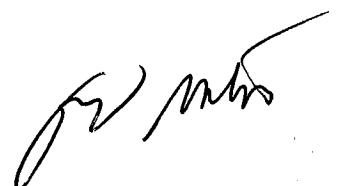
B. Selection of Members:

Permanent and rotating members shall be selected through a transparent election process:

1. PCCM 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 organization.
2. A screening committee of the PCCM specifically for selection of members shall consider the applicant's track record/qualifications based on specific criteria for CCM memberships. The applicant's qualifications shall be presented to the PCCM body in the subsequent CCM Regular Meeting.

As part of the screening process, the nominees shall be required to submit organization profile with additional documentation. This documentation includes but not limited to the following:

- a. Interest and willingness to serve in the PCCM through a letter of confirmation after being provided with the guidelines on the operations of CCM;
 - b. Track record of involvement in public health activities particularly in at least one (1) of the three (3) diseases.
3. The PCCM shall then call for a sectoral election wherein sectors shall vote for the qualified nominees. This shall be conducted through the PCCM election committee headed by the PCCM Chair or designate.
 4. The election result shall be presented to the PCCM for endorsement/confirmation. The PCCM Members shall select an individual to represent them in the PCCM Meeting and an alternate in the absence of the representative.
 5. An Orientation Process for all new members shall be undertaken after the election.
 6. Membership is for a term of three (3) years, without prejudice to re-election, subject to a limitation of two (2) consecutive terms.



7. Any constituent member of the CCM can be dropped if its representative/alternate fails to attend 50% of PCCM Meetings in a year or incurs three (3) consecutive absences, unless for valid reasons.

C. Functions of the PCCM

Based on the Global Fund guidelines and requirements for CCM eligibility, the five functions of PCCM are:

- 1. Coordination of development and submission of national requests for funding.** Mobilize and engage through transparent and documented process a broad range of stakeholders, including PCCM members and non-members in the solicitation and review of activities to be included in the application. This shall include:
 - a. Conduct of Country Dialogue Process;
 - b. Documentation of KAPs engagement, including most-at-risk populations in the development of funding requests;
 - c. Harmonization and alignment of funding request with the national strategic plans; and
 - d. Preparation of funding application.
- 2. Nomination of Principal Recipients (PRs).** PCCM shall nominate one or more PRs at the time of submission of its funding request through a transparent and documented process, and based on clearly defined and objective criteria. It shall also document the process of managing potential conflict of interest (COI) that may affect the PR nomination process.
- 3. Oversight over PRs and grant implementation.** PCCM shall oversee the performance of PRs and grant implementation through a systematic and strategic oversight process guided by the PCCM Policy on Oversight. It shall undertake the following:
 - a. Follow and submit an oversight plan for all financing approved by the Global Fund. The oversight plan includes specific activities, individual and/or constituency responsibilities, timeline and oversight budget as part of the PCCM budget;
 - b. Establish a permanent oversight body with adequate set of skills and expertise to ensure periodic oversight;
 - c. Seek feedback from non-members of the PCCM and from people living with and/or affected by the diseases.
- 4. Reprogramming of Grants and ensuring Linkages with other Health Programs.** PCCM shall critically assess any opportunities for program refinements, adjustments or any need to undertake a material reprogramming in discrete or limited programmatic areas. Reprogramming of grants may be needed as the implementation adapts to the evolving situation in country or alignment with other

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health programs, thus triggering an ad-hoc comprehensive review of all existing conditions.

In particular, PCCM shall coordinate and collaborate with non-GFATM projects and partners namely:

- a. Participate in the Partnership Forum to ensure linkages and conference between GFATM assistance and other development partners' assistance in support of national policies. Partnership Forum shall be conducted regularly to inform all sectors and civil society on the progress of GFATM Implementation and to encourage potential partners to become CCM members, TWGs or implementers.
- b. Participate in the Health Partners' Meeting convened by the DOH.
- c. Coordinate with other national offices, 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.

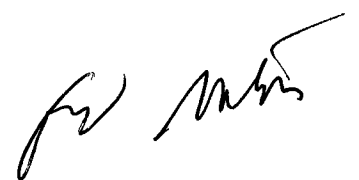
5. **Communication and Information Dissemination.** PCCM shall develop a communication strategy and plan (Annex 2, PCCM Communication Plan, Format and Secretariat Communication Schedule) to ensure that proper and relevant information is sent to Global Fund, PCCM members and other stakeholders within the country. It shall provide the following information to the public, PCCM members and other relevant stakeholders:

- a. Identity of PCCM and its members, and means whereby they can be contacted;
- b. PCCM Governance Manual;
- c. PCCM oversight actions and decisions; and
- d. Grant implementation status to ensure transparency. PCCM shall establish an administrative Secretariat to support and coordinate PCCM operations, maintain communication processes, and support the decision-making and other functions of the Oversight Committee.
- e. A written policy and procedures shall guide the mitigation and management of COI within the PCCM.

D. PCCM Meetings and Decision-Making Process

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

1. The PCCM shall hold at least four (4) quarterly meetings per year that will be held every 2nd Wednesday of the 1st month of each quarter, or as oftener as necessary, as decided by the Chairperson/Alternate.
2. PCCM Meetings should be as informative as possible to allow for the informed participation of all members of the PCCM in decision making. The agenda of each of the meetings shall depend on the due GFATM Reports and PCCM matters/issues raised for discussion.

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3. Special PCCM Meetings shall be called by the PCCM Chair/Alternate if there are critical issues/decisions that need to be deliberated on, and of which cannot wait for the next PCCM 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 PCCM Meetings. The act of a majority of Members present at a meeting at which a quorum is present shall be the act of the PCCM. If no quorum is reached, the meeting shall still be held provided that no PCCM decisions/approvals shall be made.
5. The PCCM, through the secretariat, shall 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 PCCM member, if selected as Principal Recipients to one or more of the grants, shall be excluded in the decision-making process of the grant/s being managed by that member. Likewise, PCCM members who are also Sub-Recipients or implementers of sub-components of the Grants shall also be excluded if the sub-component shall require PCCM decision/s.

E. Structures/Committees for the Operations of the PCCM in the Philippines

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

1. PCCM Executive Committee

The PCCM Executive Committee shall be composed of seven (7) PCCM members (Chair, Co-Chair, Chairs and Co-Chairs of PCOC and KAPC), and Executive Secretary of the PCCM Secretariat as ex-officio member. All decisions taken by Executive Committee must be reported to PCCM en banc at the next possible meeting and ratified to become a policy, rule or action. They shall have the following functions:

- a. Address any emergent issues requiring decision in between two quarterly PCCM regular meetings subject to subsequent PCCM (en banc) endorsement.
- b. Attend to urgent matters/concerns, where calling for a PCCM meeting is not warranted or feasible. Make necessary decisions in between the scheduled meetings of the PCCM, subject to PCCM en banc ratification.
- c. Resolve any issue that hinders the functioning of the PCCM Secretariat.

2. PCCM Oversight Committee (PCOC)

The Oversight Committee shall serve as the support structure of the PCCM in providing effective oversight of Global Fund grants in the Philippines. It is composed of permanent members (DOH, NEDA, WHO, UNAIDS, HIV, TB and Malaria KAP Representatives, Camillian Fathers, Inc.) and two (2) rotating non-CCM members with



expertise on financial management and Procurement and Supply Management. The Members of the PCOC shall elect among themselves the Chair and Co-Chair.

The PCOC shall meet quarterly or four (4) regular meetings in a year, and may call for special meetings when necessary. PCOC Meetings shall be conducted before the PCCM regular quarterly meetings and shall report to the PCCM en banc.

The following shall be the PCOC functions:

- a. Lead in the funding request development/proposal development
- b. Engage in Grant Making Process and Negotiation
- c. Oversee the implementation of the grant
- d. Endorse grant closure

3. Key Affected Populations Committee (KAPC)

The KAPC shall be composed of eight (8) members from the NGOs, faith-based groups, private sector (Y-Peer, BRAC, CFI, PCR, EWSF), and the three representatives from the KAPs (SLB, PAFPI and SAMONAKA). The KAPC shall elect among themselves the Chair and Co-Chair.

The following shall be the KAPC functions:

- a. Assist the PCOC in the funding request development, grant making process and negotiations.
- b. Participate in the grant implementation
- c. Ensure meaningful engagement of Key Affected Population

4. Technical Working Groups (TWG)

The PCCM shall use the existing TWGs of the National Programs for three diseases. The PCCM/representative and the Secretariat shall be invited during the TWG meeting if the need arises. A secretariat under the Disease Prevention and Control Bureau (DPCB) of the Department of Health (DOH) shall provide the minutes of the TWG meetings if the progress updates and other related concerns of the GF grants shall be included in the Agenda. The DPCB shall provide a copy of the Department Personnel Order relative to the creation of the TWGs to the PCCM Secretariat.

The overall aim of the National TWG is to provide technical support to key project implementers and partners on TB, Malaria and HIV and AIDS and to monitor performance with respect to the three diseases against the goals, objectives and targets outlined in the National Strategic Plan. The National Program TWGs shall have the following specific functions to:



- a. Provide strategic and technical support to guide implementation of the National Strategic Plan (NSP); Guide National Disease Program and partners and build consensus on all strategic and technical guidance on the management of disease;
- b. Streamline efforts of different program units and partners toward the elaboration of policies, technical guidelines, operational documents and tools;
- c. Facilitate joint planning and create operational synergies between National Program and partners;
- d. Coordinate initiatives to improve coverage, efficiency and quality of implementation including the public, private and unregulated sectors; and,
- e. Address crosscutting issues for improvement of Health Systems Strengthening respective of each disease program.

5. The PCCM Secretariat

The PCCM Secretariat shall be headed by the Director of the Bureau of International Health Cooperation as Executive Secretary. He/she shall be supported by three (3) augmentation staff (Technical Coordination, Oversight Staff and Administrative and Finance Staff), to be funded by the Global Fund.

The PCCM Secretariat shall perform the following:

- a. Manage meetings and communication protocols
- b. Provide support to PCCM Committees/Structures
- c. Facilitate grant oversight including monitoring and field activities
- d. Coordination work on proposal development and submission of proposals to GF
- e. Liaison work with the TWGs
- f. Perform day-to-day operations of the PCCM

F. Funding Support for the Operations of the PCCM

The PCCM activities shall be funded by the Global Fund with counterparts from the Department of Health (DOH) through the Bureau of International Health Cooperation (BIHC) and other partners. Applicable government taxes for all its activities shall likewise be shouldered by DOH-BIHC, with the following focus of support:

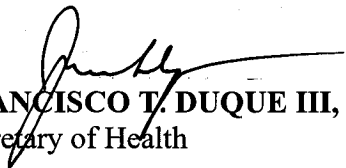
1. Regular and Special Meetings
2. Maintenance of the Secretariat Office and operations including designation of full time PCCM Secretariat Staff (for at least 3 staff)
3. Conduct Annual Partnership Forum
4. PCCM Monitoring, Evaluation and Supervision Activities
5. PCCM Strengthening activities
6. Call for proposals, proposal development, proposal consultation and proposal finalization
7. PCCM elections, PCCM review of functions and PCCM recruitment
8. Support to Technical working Group activities
9. KAP and PCCM Standing Committees activities
10. Country Dialogues

VII. REPEALING CLAUSE

This Order supersedes A.O. No. 2009-0024. A.O. 83-A s. 2002 and provisions of all other issuances which are contrary to or inconsistent with this Order are likewise deemed repealed or revoked.

VIII. EFFECTIVITY CLAUSE

This Order shall take effect immediately upon approval.


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