

COUNTRY COORDINATING MECHANISM (CCM)
Case study documentation
BENIN

**Report prepared for the
Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)
and financed by the French Ministry of Foreign Affairs**

April 2004

This Case Study, financed by the French Ministry of Foreign Affairs on behalf the Global Fund to fight AIDS, Tuberculosis and Malaria, was conducted by Eric GAUVRIT from 23rd of February until 8th of March 2004 in Cotonou.

The consultant wishes to thank all the people he interviewed in Benin for their availability and cooperation, and especially the Beninese Ministry of Public Health, the National AIDS Programme, the United Nations Development Programme, and the Cultural Cooperation Service of the French Embassy, for their support.

*The opinions and interpretations expressed in this report are solely those of the consultant and do not necessarily reflect the views of the Global Fund nor those of the MAE.
The consultant accepts the responsibility for this Benin CCM case study documentation.*

Abbreviations and Acronyms

ABMS	Association Beninoise pour le Marketing Social et la Communication pour la Santé – <i>Beninese association for Social Marketing and Health communication</i>
ACTC	Action Contre la Tuberculose et la Co-infection Tuberculose et VIH/SIDA – <i>action against tuberculosis and TB/HIV co infection</i>
ARV	Anti retroviral
CAME	Centrale d'Achat des Médicaments Essentiels – <i>National Center for Essential Drug Supply</i>
CCM	Country Coordinating Mechanisms
CIPECC	Centre d'Information, de Prise en Charge et de Conseil – <i>information, care and counselling centre</i>
CNC Benin	Comité National de Coordination des Projets financés par le Fonds Mondial au Benin – <i>the National Committee for the Coordination of the projects funded by the Global Fund in Benin</i>
DOT	Directly Observed Treatment
DPP	Direction de la Programmation et de la Prospective – <i>Division of the Ministry of Public Health in charge of coordinating the Ministry's investment projects and programmes</i>
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GIP ESTHER	Ensemble pour une Solidarité Thérapeutique Hospitalière en Réseau – <i>a French "public interest group" that twins hospitals in the developed countries with hospitals in the developing countries to promote direct cooperation and the use of ARVs by PLWHA</i>
HIPCI	Highly Indebted Poor Countries Initiative
IBA-ARV	Initiative Beninoise d'Accès aux Anti-rétroviraux – <i>Beninese initiative for access to antiretroviral drugs</i>
IMCI	Integrated Management of Childhood Illnesses
IST	See STD
ITMN	Insecticide-treated Mosquito Net
ITSF	International Therapeutic Solidarity Fund
LDCs	Least Developed Countries
LFA	Local Fund Agent
MAP	Multi-Country HIV/AIDS Program
MSP	Ministère de la Santé Publique – <i>Ministry of Health (MoH)</i>
ORDH	Organisation de Recherche pour le Développement Humain – <i>NGO whose mission is the fight against diseases of all kinds</i>
PLWHA	People Living With HIV/AIDS
PNLP	National Malaria Programme
PNLS/IST	Programme National de Lutte contre le Sida - <i>National Programme against Aids/Sexually transmitted Diseases</i>
PNT	Programme National de Lutte contre la Tuberculose - <i>National Programme against Tuberculosis</i>
PR	Principal Recipient
PRETRAME	Projet de Prévention de la Transmission du VIH de la Mère à l'Enfant – <i>Project for the Prevention of Mother-to-Child Transmission of HIV</i>

PSI	Population Services International
RBM	"Roll Back Malaria" initiative
REFUS	Réseau des Femmes Unies contre le Sida – <i>association of women against AIDS</i>
ROBS	Réseau des ONG Beninoises en santé – <i>network of Beninese health care NGOs</i>
SNIGS	Système National d'Information et de Gestion Sanitaires – <i>national health information and management system</i>
STD	Sexually transmitted diseases
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNTG	United Nations Theme Group on HIV/AIDS
USAID	United States Development Agency

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1 . Executive Summary

The Benin CCM case study was conducted in the framework of a comparative study undertaken by the Global Fund to evaluate its Country Coordinating Mechanisms (CCM) after its first two years of existence.

Twenty countries across the world were chosen. The French Ministry of Foreign Affairs financed four of these studies – in Benin, Senegal, Cameroon and Vietnam – and put the CREDES in charge of carrying them out.

The Terms of Reference indicate that the two main objectives of the case study are:

- To analyse how the CCM in Benin operates
- To identify the technical needs of the CCM and its members.

This case study is based on an analysis of the available documentation and on interviews with members of the CCM and of organisations that do not belong to the CCM. It was conducted between Monday, 23rd of February and Monday, 8th March 2004.

For Round one in March 2002, Benin submitted a proposal for the Malaria component that was accepted and allocated a funding of US\$2,389,185, and a proposal for the HIV/AIDS and Tuberculosis (TB) components, which had to be reformulated for Round two. The revised proposal for the HIV/AIDS and TB components submitted for the second Round in October 2002 was accepted, and allocated a funding of US \$11,348,000 for AIDS and US \$2,173,404 for TB. The proposal for the Malaria component submitted by Benin for Round three in October 2003 was accepted with a funding request of US \$2,145,812, but the Grant agreement was not yet signed in February 2004.

The CCM in Benin - officially named "Comité National de Coordination des Projets Financés par le Fonds Mondial de Lutte contre la Tuberculose, le Paludisme et le Sida (CNC Benin)" (*the National Committee for the Co-ordination of the projects funded by the Global Fund against AIDS, TB and Malaria in Benin*) – was set up on 8th of March 2002.

In Benin, the CCM is composed of an "enlarged CNC" of 46 members and of a Technical Unit of 9 members. The Principal Recipient (PR) is the United Nations Development Programme (UNDP). The secondary recipients are the National AIDS Programme (PNLS), the National Malaria Programme (PNLP), the National Tuberculosis Programme (PNT) and the international NGO *Africare*. The sub-recipients include NGOs, radio stations, associations – among others, of people affected by a disease – and other organisations. The drug supply organisations are the CAME, the UNICEF, PSI, the private sector, etc. The Local Fund Agent (LFA) is the division of PricewaterhouseCoopers based in Abidjan, Ivory Coast.

The members of the CNC Benin were chosen by co-option on the basis of their previous involvement in the fight against AIDS, tuberculosis and malaria. They fall into three categories:

- Representatives of the Beninese public authorities: 18
- Representatives of the civil society: 14
- Representatives of the institutional partners in development: 14

Although the "enlarged CNC" was initially scheduled to meet once every six months, eight meetings have already been organised since it was set up in March 2002. This dynamism is unfortunately dampened by a lack of efficiency most apparent in the invitations to the members and in the minutes of the meetings. In a more general way, the CNC Benin suffers

from bad communication, which prevents some of its members from taking a truly active part in the Committee's work.

The strengths of the CNC Benin lie in:

- A strong political commitment, particularly from the highest Beninese health authorities, that translated into the extremely rapid legal creation of the Committee and ensures that the CNC receives constant support.
- A strong learning capacity demonstrated by all the CNC members, particularly the Principal Recipient, the Secondary Recipients, the LFA and the Global Fund's Secretariat. The year 2003 was highly constructive in that a consensus was reached on the procedures and management systems of the Committee, on the roles of the Principal and Secondary Recipients, and on the definition of the monitoring and evaluation indicators.
- A long-established and well-trying capacity for technical mobilization, with the help of support bodies such as the United Nations Theme Group on HIV/AIDS (UNTHG) and the Group of Facilitators for the "Roll Back Malaria" (RBM) initiative. This capacity constitutes true added value in terms of expertise and collective mobilization and has helped Benin obtain approval for its proposals at all three Rounds of the Global Fund.
- A long-established partnership between the public and private sectors. Programmes such as the PNLSP and the PNLPP had already implemented active collaboration with members of the civil society before the Global Fund was set up in Benin – the main innovation brought by the CNC Benin was to bring together all the partners emanating from the civil society.
- A forum for exchange and communication that has enabled members of the CNC such as NGOs and associations of PLWHA to voice their needs and make their activities known.

The weaknesses of the CNC Benin lie in:

- The number of members in the Committee. Although this number – 46 – has proven fully adequate for the joint objectives of the Beninese health authorities and the Global Fund, with regard to representativeness and transparency, it has also been the source of constant organisational problems. The current number of members is felt to be an impediment where sending out invitations to meetings and making decisions are concerned - and the problem is made greater by the fact that the CNC lacks the necessary organisation facilities. Furthermore, because the number of members and composition of the Committee have remained the same since March 2002, a growing discrepancy has affected the representativeness of these members, particularly in the fight against AIDS, with the constant arrival of new participants.
- Inadequate organisation facilities and the absence of a permanent secretariat - this is felt to be one of the CNC's main weaknesses. With no specific place to embody its existence, and to concentrate and make the information on the Global Fund in Benin readily accessible, the CNC operates with no or very few track records.
- The absence of formalised procedures for the exchange of information between CNC members. This has given rise to a problem of unequal access to information, with three groups of members emerging: those, particularly privileged in this regard, of the Technical Unit; those who have indirect and informal access to information; and all the others, in particular the representatives of the civil society and the focal points of the ministries, who are often left behind.
- A differential approach to the three components HIV/AIDS, TB, and Malaria. The equal approach required by the Global Fund does not seem to be respected. The priority given to the management of persons suffering from AIDS and the provision of ARV drugs causes a funding imbalance that is reflected both in the agendas of the CNC, where Tuberculosis and Malaria are relegated to second position to the profit of AIDS, and in the national NGOs represented within the CNC, where two NGOs out of

three specialise in the fight against AIDS, while the third NGO deals with all sectors of health.

- A lack of visibility and absence of information about the CNC and the work conducted by the global Fund in Benin, for all those who do not belong to the CCM, including the United Nations Theme Group (UNTG) on HIV/AIDS. The CNC Benin is nearly, if not completely, unknown to all non-members of the CNC. The only activities of the Global Fund in Benin that are acknowledged – or expected – are its efforts to give AIDS sufferers ready access to ARV treatments. The preventive work of the Global Fund and its programmes to fight Malaria and TB remain unknown.

The technical support received by the CNC Benin comes mainly from multilateral organisations and international NGOs.

During this mission, a number of the more closely involved organisations reported the time-consuming aspect of this technical assistance, and expressed slight resentment at the fact that the Global Fund apparently does not officially acknowledge the considerable human and financial resources that they invest into the CNC and the Global Fund to make them operational in Benin.

The needs in technical support voiced by the CNC concern not only the perpetuation of the aid provided by structures such as the United Nations Theme Group on HIV/AIDS and the Group of Facilitators for the "Roll Back Malaria" initiative, but also increased continuing training for its members regarding their roles and the Global Fund.

The representatives of the civil society express the need for continuing organisational and technical support that would enable them to get more involved in the work and decision-making of the CNC.

Although all three National Programmes listed as Secondary Recipients require technical assistance, the one most in need is the National AIDS Programme, which - without the necessary help - could become a bottleneck for the different actions, present and future, conducted against AIDS. Reinforced technical support to the PNLs is vital for the emblematic issue of access to ARV drugs. The objective set by the Global Fund that 2,000 people should be under ARV treatment by the end of 2005 seems far too small considering the expectations and hopes of the 167,000 seropositive persons living in Benin.

The main recommendations to the CNC Benin to strengthen its capabilities are:

- The creation of a permanent secretariat independent from the Principal and Secondary Recipients, where information on the Committee will – contrary to the current situation – be readily accessible.
- The implementation of an information campaign targeted at the general public to make the activities of the Global Fund in Benin more widely known.
- The drawing up of information kits to be distributed to all the members of the CNC.
- The development of management tools to improve the organisation of the CNC.
- The reinforcement of the support given to the civil society members of the CNC, more particularly to the associations of people living with HIV.
- A reorganisation of the composition of the CNC, not only in the number of members but also in their renewal.
- The reinforcement of the management and monitoring/evaluation capabilities of the Secondary Recipients.
- The provision of comprehensive support to the Secondary Recipient PNLs in terms of personnel and continuing education and qualifications, in order to make it the structure of reference with regard to the implementation of the Global Fund's programmes to fight against AIDS.

The recommendations to the Global Fund Secretariat are:

- The simplification of the proposal forms and of their signing procedures.
- The generalisation of the diversification of languages for all Global Fund documents.
- The implementation of shorter supply procedures, the ones currently applied being considered by the members of the Global Fund as an impediment to the activities conducted in Benin.
- The acknowledgment by the Global Fund of the technical support provided to the CNC Benin by the partners in development.
- The systemisation of the collaborative work conducted with the other partners involved in the fight against AIDS, tuberculosis and malaria, to gain synergy and achieve a unified system for the monitoring, evaluation and supply procedures.

2 . Current Epidemiological Situation for HIV/AIDS, Tuberculosis and Malaria in Benin

The following data was provided by the different proposals submitted to the Global Fund by the Republic of Benin in March 2002, October 2002 and October 2003.

According to the 3rd demographic and housing census carried out in February 2002, Benin has an estimated population of 6,752,569 inhabitants with an average annual growth of 3.23%. From the economic point of view, with a GDP of 121,000 CFA francs (US \$175) per capita, it belongs to the least developed countries (LDCs). The Human Development Index ranks Benin 147th out of 162 countries. The country has been granted debt relief under the Highly Indebted Poor Countries Initiative (HIPCI). It suffers an illiteracy rate of 39%, which reaches 80.8% among women.

Benin's Health policy rests upon primary care and on the Bamako initiative. The share of the national budget allocated to Health has increased since 1990, growing from 3.67% to 7% in 2000 and 10.9% in 2001. The Government contributes to the fight against AIDS, Tuberculosis and Malaria by tapping the funds provided by the cancelled debt (HIPC fund). The Government contribution raised from the HIPC fund to the fight against AIDS has gone up from 80 millions CFA francs (US \$114,000) before the year 2001 to 2 billion CFA francs (US\$ 2,857,143) since the year 2001. In 2001, US \$130,000 from the HIPC fund went to the fight against Tuberculosis and US \$2,857,286 to the fight against Malaria.

According to the National Institute of Statistics and Economic Analysis (INSAE-2000) the main socio-health indicators are not satisfactory:

- Life expectancy at birth: 54 years.
- Infant mortality: 94 per thousand
- Infant-juvenile mortality: 167 per thousand
- Maternal mortality: 498 per 100,000 live births.
- Adult Literacy rate in 1995: 32%
- Number of women between 15 and 49 years of age without any education: 70.8%.
- Average number of physicians per inhabitant: 1 per 7,823 (human Development Report, 2001).

The epidemiological situation of the country shows that the first three reasons for hospitalisation in the year 2000, which represent 70% of all hospitalisations are: malaria acute respiratory infections and gastrointestinal ailments.

➤ **Data for HIV/AIDS in Benin**

In 2001 Benin had an HIV prevalence in the general population estimated at 4.1%, against 0.36% in 1990. This average prevalence hides considerable regional variations, with rates ranging from 2.5% in the Atacora Department to 7.9% in the Borgou Department. Among VD patients, the observed seroprevalence (positive serological reaction) reaches 17% in the Mono Department. The rate of infection among vulnerable groups is extremely high and is estimated at 41% among sex workers. In the year 2000, the number of adults and children living with HIV was estimated at 167,000, and at 37,000 for cumulated cases. An average of 45 persons are contaminated daily.

Benin has implemented an Initiative for Access to Antiretroviral Drugs (IBA-ARV) and negotiated reduced rates with the pharmaceutical industry. Before the Global Fund was set up in Benin, 430 patients were under ARV treatment.

➤ **Data for Tuberculosis in Benin**

Tuberculosis, which used to be in regression, is now proving to be a major health problem. Aggravating factors are poverty and HIV/AIDS. From 1990 to 2000, the number of detected cases increased by 62%, while the population of Benin rose only by 27% (Annual report by the National Programme against Tuberculosis [PNT]). In the year 2000, as many as 2,277 cases of pulmonary tuberculosis were detected (positive smear). The incidence of the disease is 40 cases per 100,000 inhabitants but in large conurbations, it can reach 73 cases per 100,000 inhabitants (Cotonou).

The seroprevalence of HIV/AIDS among TB patients increased from 2% in 1990 to 16% in 2000. This HIV/AIDS factor complicates and weakens all efforts against Tuberculosis, and the number of cases is constantly rising (10% each year).

The World Health Organisation estimates that the proportion of detected cases of TB in relation to the existing cases of 35%.

➤ **Data for Malaria in Benin**

Malaria is endemic in Benin, where it has two epidemiological profiles related to ecological and climatic conditions. The dominant species of malaria parasite is the *Plasmodium falciparum*. Malaria is one of the primary causes for visits to health care centres, accounting for 36% of consultations (MSP SNIGS 2000). The endemic nature of the disease in Benin accounts for its impact, with two peaks in the rainy seasons. Malaria is the principal cause for loss of days of good health among individuals, causing absenteeism at work and at school, resulting in diminished individual and national productivity. Annual expenditures allocated to the treatment of malaria account for an estimated 24% of household spending (MSP SNIGS, 2000).

The average incidence of malaria in 2000 was 118 per 1,000 inhabitants. This average increases significantly among children, reaching 459 cases per 1,000 in children under one, and 218 per 1,000 in children between the ages of one and four (Ministry of Health – MSP SNIGS, 2000). What is more, malaria has dramatic consequences among pregnant women, causing abortions, premature births, in-utero deaths, anaemia, low birth weight and maternal mortality.

3 . Study Rationale

As defined in the Terms of Reference of the study, the first purpose of the mission is to conduct a detailed and in-depth analysis of the functioning and composition of the Country Coordinating Mechanisms in four countries (Senegal, Vietnam, Benin, Cameroon), in order to document how the Principles of the Global Fund have been put into practice, whether successfully or not.

This first analysis will help to:

- document what works and what does not in the application of the Fund's principles,
- better understand how CCMs function,
- determine how the guidelines of the Fund can be effectively followed,
- bring into light how to improve the partnership between the private and public sectors and the involvement of the civil society in the CCMs.

More specifically, this study will explore:

- how CCMs are established and how their structures evolve,
- what roles and responsibilities the various CCM stakeholders have,
- what strategy is needed to ensure that the process becomes multi-sectorial,
- how and if CCMs have worked to ensure that all participants, especially non-government ones, are allowed to intervene equally, and what facilitates or impedes their participation,
- to what extent CCMs are able to carry through their missions, not only with regard to drafting proposals, but also to monitoring and evaluating the programmes implemented.

The second purpose of the mission is to use the results of this first analysis in combination with all existing documentation to assess the technical needs of the CCM members. This assessment will differentiate the needs specific to each stage of the process (from the preparation of the proposals to the implementation of the grant-approved programmes) and those necessary to improve management and governance. The results of the survey will be made available to all partners in development in order that they may determine what technical and financial assistance they can provide to strengthen the CCMs.

4 . Study Methodology

A. Documentation review

To prepare this case study, the consultant reviewed the minutes of the two-day briefing organised by the Global Fund Secretariat in Geneva on 16th and 17th of January 2004, the documentation provided by the Secretariat, and the analysis guidelines developed by the person in charge of the mission for the four countries selected for the comparative study.

B. Field mission

The mission took place from 23rd of February until 8th March 2004. It centred on the analysis of the documents provided by the Coordinator of the National Programme against AIDS and head of the CCM Secretariat, the UNDP's support unit to the Global Fund and the LFA. The consultant also conducted a series of interviews with organisations and institutions – some, members of the Benin CCM and others, not – involved in the fight against AIDS, Tuberculosis and Malaria. The CCM held a meeting on 5th of March, during which the consultant presented the results of the mission to the organisation's members.

Obtaining the available information proved quite complicated, not least because of the lack of centralisation of the documents and the overbooked timetables of the national officers. It was impossible therefore to collect all the necessary data - which does not mean that it does not exist, but rather reflects how difficult it was to assemble dispersed information in the limited time granted to the mission.

5. Main Findings of the Benin CCM study

Since its establishment in March 2002, the Benin CCM has obtained approval from the Global Fund for four proposals, described hereafter:

➤ **Malaria component – Round 1: Support to accelerate the fight against Malaria within the context of the 'Roll Back Malaria programme' initiative in Benin**

Project submitted in: March 2002

Grant agreement signed in: March 2003

Programme launched in: October 2003

Secondary Recipient: the National Programme against Malaria (PNLP)

Two-year approved funding: US \$2,389,185

The beneficiaries of this project are pregnant women, children under five and persons suffering from Malaria, especially the poor and the indigent.

The project's goal is to reduce malaria-related morbidity and mortality by 30% by 2005 by contributing to the fight against poverty in the light of the Millennium Development Goals (MDG).

The specific goals set for this component, to be attained by 2005, are:

- to contribute to the improvement of the case management of at least 60% of all children under five (against 18% in 2001), by using the appropriate treatment in health units and at home within 24 hours of the onset of the fever
- to help improve preventive measures against malaria, e.g. by providing insecticide-treated mosquito nets (ITMNs) to at least 60% of all pregnant women and children under five (against less than 5% in 2001)
- to make the access to preventive antimalarial treatment easier for pregnant women, and especially for those bearing a baby for the first time (goal: 80% by the end of 2005, against 43% in 2001)
- to help improve the epidemiological surveillance of Malaria and ensure that 100% of all sentinel sites are operational

On 19th February 2004, the project had achieved the following results:

In the field of training:

- 38 PNLN employees trained in management
- 97 health officers trained in Malaria case management
- 293 teachers sensitised to Malaria
- 1,402 community intermediaries - distribution of mosquito nets and chloroquine
- NGOs – sensitisation to Malaria and community-based distribution of products
- 326 traditional practitioners trained in Malaria case management
- 82 health officers trained in the Integrated Management of Childhood Illnesses (IMCI)

Other achievements:

- supply of products: procurement of drugs, mosquito net treatment products (in progress), and mosquito nets (effective on 5th of March 2004)
- Supervision of health officers and community centres
- Personnel: one manager recruited for the PNLN
- Sensitisation: information campaign on 24 community radio stations

Sums disbursed up to 19th of February 2004

- Total funds disbursed: US \$276,368 out of US \$1,238,496
- Disbursement ratio: 80% for all activities, 77 % for supplies (including commitments), commitments made - \$ US 663, 545.

► HIV/AIDS component – Round 2: Strategy to slow down the spread of HIV/AIDS

Project submitted in: October 2002

Grant agreement signed in: July 2003

Programme launched in: October 2003

Secondary Recipient: the National Programme against AIDS (PNLS)

Two-year approved funding: US \$11,348,000

The objectives set for this component are as follows:

- to facilitate access to counselling and voluntary screening for the general population
- to intensify preventive action against HIV transmission among the population, especially among the more vulnerable groups: pregnant women, adolescents and young adults aged between 10 and 24, patients needing blood transfusion, women in the sex industry and the mobile population.
- to improve comprehensive care for persons living with HIV/AIDS (PLWHA), in particular with regard to the prevention and treatment of opportunistic infections, and to ensure that 2,000 PLWHA have access to anti-retroviral drugs by 2005.
- to ensure psycho-social support for PLWHA and their families, to ensure that 10,000 AIDS orphans are provided with care and assistance by 2005, and to develop community care for persons infected or affected by HIV/AIDS.

The project's target groups are adolescents and young adults (aged 10 to 24), sex workers, migrants, drivers of HGVs/long-distance hauliers, blood transfusion recipients, the general population, pregnant women, newly born babies, persons who are HIV positive and those with AIDS, and AIDS orphans.

On 19th of February 2004, the project, launched in October 2003 and underway since January 2004, had achieved the following results:

In the field of training:

- Management training for the personnel of the National Programme against AIDS (PNLS)
- health officers trained for counselling and voluntary screening
- training planned for health officers on the management of Sexually Transmitted Diseases
- assessment of the educational needs of AIDS orphans

Other achievements:

- supply in ARV drugs ensured for six months, from October 2003 until March 2004 (612 PLWHA under ARV treatment)
- implementation of the ARV drugs management system (management control committee, protocol revision, assessment of needs for nine months).

Other activities currently underway:

- campaign to encourage blood donor loyalty
- planning for the supply of reagents, devices and equipment.
- PLNS reinforcement plan
- recruitment of managers and technical personnel
- putting into service of the PLNS laboratory .

Sums disbursed up to 19th of February 2004

- Total funds disbursed: US \$713,902 out of US \$1,050,605
- Implementation rate: 45%
- Disbursement ratio: 25% for all activities, 114% for supplies

➤ **Tuberculosis component – Round 2: Programme to improve the screening and management of TB case**

Project submitted in: September 2002

Grant agreement signed in: July 2003

Programme launched in: October 2003

Secondary Recipient: the National Programme against Tuberculosis (PNT)

Two-year approved funding: US \$2.173.404 US\$.

Five objectives – to be attained by the year 2005 – were set for this component:

- to improve the recovery rate of smear-positive pulmonary tuberculosis (TB+) patients from 65% to 80%
- to increase the case detection rate from 35% to 50%
- to reduce the rate of TB+ patients lost to follow-up from 14% to 10%
- to broaden the HIV sero-surveillance of TB+ patients to the entire country
- to ensure the case management of at least 50% of all HIV-infected TB+ patients with the help of the PNLS/IST

The beneficiaries of this project are the general population as a whole, but especially TB patients of all ages and both sexes, including those who are HIV positive.

On 19th February 2004, the following results had been obtained:

In the field of training:

- Management training for 40 persons from the NGOs and the PNT
- TB awareness training in 2 NGOs and 20 community centres

Other achievements:

- pre-evaluation study by the PNT
- development of a supply plan approved by the GF
- orders for reagents, devices and equipment
- Supervision of TB screening and care centres

Sums disbursed up to 19th of February 2004

- Total funds disbursed: US \$41,899 out of US \$223,792
- Disbursement ratio: 20% for all activities, 80% for supplies (including commitments), commitments made (US \$343,980)

➤ **Malaria component – Round 3: Project to Support the Fight against Malaria in the Mono and Couffo Departments**

Project submitted in: October 2003

Grant agreement signed in: -- / the proposal has been approved by the Global Fund but the agreement has not yet been signed.

Secondary Recipient: the National Programme against Malaria (PNLP)

Requested funding for two years: US \$2,145,812

The project's goal is to support the efforts made on a national level to reduce malaria-related morbidity and mortality among pregnant women and children under five in the departments of Mono and Couffo.

The objectives set for this component, to be achieved by December 2007, are to ensure that:

- 80% of children under five and pregnant women living in the target areas sleep under insecticide-treated mosquito nets (ITMNs).
- 80% of children under five with a fever are given an antimalarial drug at home within 24 hours of onset.
- 90% of pregnant women receive preventive antimalarial treatment

The project's target groups are pregnant women and children under five in three health zones (HZ) in the departments of Mono and Couffo

➤ **HIV/AIDS, Tuberculosis and Malaria components – Round 4**

The component was in preparation when the Global Fund mission took place. The deadline for application was 5th of April 2004.

The CNC's Technical Unit had nevertheless already set the priorities for the PLNS at its meeting on 16th of December. The main objective is to intensify the activities currently underway, with particular focus on the provision of medical care to persons living with HIV/AIDS and assistance to AIDS orphans.

The priority for the PNT will be to reinforce the involvement of the communities and the NGOs in the fight against Tuberculosis.

A. Establishment of the CNC Benin – a brief history

The CNC Benin was set up on 8th March 2002 under order no.1488/MSP/MFE/D/SGM/DC/SA for the establishment, organization and operation of the National Committee for the Co-ordination of the projects funded by the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. It was created so that Benin could meet the requirements of the GFATM which specified that all countries wishing to submit their application for the first Round had to establish a CCM.

The Beninese Ministry of Public Health, as depository of the information provided by the Global Fund, along with the main partners in development for health, disseminated this information to the three national programmes concerned. On the invitation and with the support of the United Nations Theme Group (UNTG) on HIV/AIDS in Benin, the Ministry of Public Health initiated a workshop – held on 13th February 2002 to work in concert with the bilateral and multilateral national partners on the first proposal for the Global Fund and on the interministerial Order (ministry in charge of health and ministry in charge of finance) establishing the CCN.

B. Composition of the CNC Benin

When the CNC was created, the Ministry of Public Health, its Chair, opted for exhaustive representativeness to ensure, first, that all those concerned by the fight against AIDS, TB and Malaria would be involved, thus guaranteeing the full transparency of all the Global Fund's choices and actions in Benin, and second, that the CNC would meet the aims set by the GF, i.e. to encourage the private and public sectors to work actively together towards a common goal.

To obtain maximum representativeness, an "enlarged" National Coordination Committee of 46 members was created. The composition of the Committee is detailed in article 3 of Order no. 1488 establishing the CNC (cf. annex 5).

During the preliminary meeting organised by the Ministry of Health on 15th February 2002 to set up the Country Coordinating Mechanism, it was decided that the CCM would include all the organisations and institutions already involved in the fight against AIDS, TB and Malaria in Benin who had also contributed to drafting the proposal that would be submitted to the Global Fund in March 2002.

The members of the CNC Benin were chosen by co-optation by the Ministry of Health, the only criteria for selection being a previous and effective collaboration with one of the three national programmes to fight against AIDS, TB or Malaria, and the interest shown in the creation of the Committee.

The CNC is chaired by the Minister of Health or her representative. She is assisted by two Vice-chairpersons, the General Director for Programming and Planning and the General Director for the Budget, and by one Secretary, the International Organisations Director.

The CNC Benin comprises:

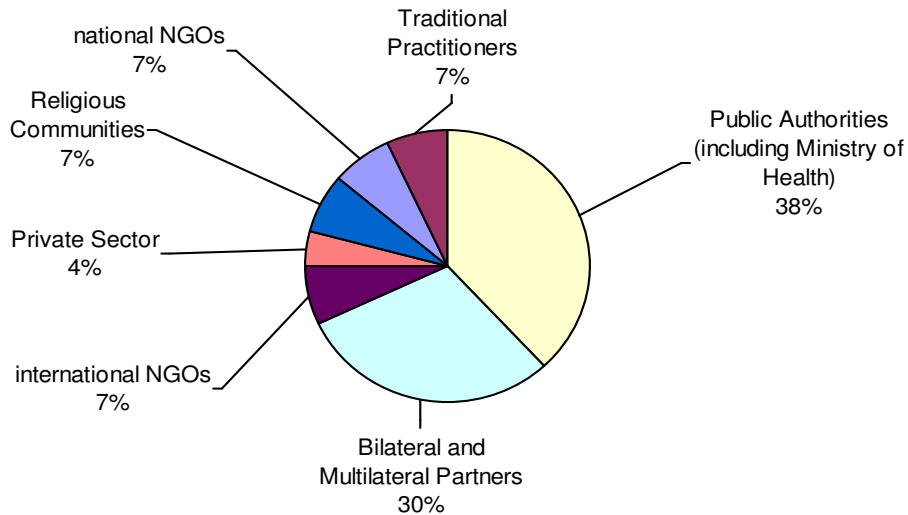
- eight ministry representatives,
- two National Assembly representatives,
- two representatives from the private sector,
- three national NGOs representatives,
- three international NGOs representatives,
- three persons representing traditional practitioners,
- three persons representing the religious communities,
- six United Nations organisations representatives,
- eight persons representing bilateral or multilateral partners,
- the three national coordinators for the fight against AIDS, TB and Malaria, and the national coordinator for traditional medicine.

The composition of the CNC has not changed since the creation of the Committee, except for the inclusion as de facto member of the National Committee against AIDS, which initially was a CNC support body.

The different members of the CNC who were interviewed by the consultant believe that 46 is an adequate number of members for a CCM, as it guarantees that all those involved in the fight against AIDS, TB and Malaria are effectively represented, with:

- 18 representatives for the Beninese public authorities
- 14 representatives for the civil society
- 14 representatives for the institutional partners in development

Composition of the CNC Bénin



In October 2003, 12 members out of 46 were woman, i.e. the ration was of one woman to four men.

The civil society within the CCM:

When the CNC Benin was established, the three national associations that were members of the Committee (the foundation *Benin SIDA*, the association of PLWHA *Action Espoir et Vie* (AEV) and the Network of NGOs against AIDS) focused mainly on the fight against AIDS. With the nomination of Mr. Hospice Seclonde – President of the ORDH-Network of NGOs against AIDS – to the position of permanent Secretary of the National Committee against AIDS, the Network of Beninese health care NGOs (ROBS) entered the CNC. The President of the the ROBS is also the Executive Director of the NGO *Vie Nouvelle*, which is involved in the Global Fund's activities against Malaria.

In February 2004, two national NGOs – ROBS and AEV – and one international NGO – PSI Benin – were members of the CNC Technical Unit.

The foundation *Benin SIDA* belongs not only to the CNC, but also to the United Nations Theme Group (INTG) on HIV/AIDS and to the National Committee against AIDS.

The CNC member association of persons living with HIV/AIDS (PLWHA) is the oldest existing one, i.e. *Action, Espoir et Vie* (AEV). When the CNC was established in March 2002, AEV was the only PLWHA's association in Benin. That, however, was no longer the case in February 2004, when the Beninese public authorities officially recognised seven associations of PLWHA: AEV (based in Cotonou), *Cercle de Vie* (Cotonou), *le Réseau des Femmes Unies contre le Sida* (REFUS) (Cotonou), *Gbenonkpo Sénigla* (Abomey), *Gousounon-Sirarou* (based in Parakou), *Sohnami* (Boco) and UEV (Porto-Novo). Nevertheless, AEV remains the only association of PLWHA within the CNC.

C. Organisation of the CNC Benin

According to article 4 of the Order no.1488, the National Committee for the Co-ordination of the projects funded by the Global Fund is in charge of:

- establishing and maintaining contact with the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria,
- organising the communication between the different partners involved in the fight against HIV/AIDS, TB and Malaria,
- ensuring the monitoring of the projects financed by the Fund,
- transmitting quarterly progress reports to the Fund on the actions implemented in the framework of the fight against HIV/AIDS, TB and Malaria,
- organising an independent evaluation of the projects,
- drafting new proposals to submit to the Global Fund.

According to article 6 of the Order no.1488, the CNC comprises a Technical Unit and Support bodies.

The **Technical Unit** is composed of (article 7):

- The coordinators of the fight against AIDS, TB and Malaria
- One UNAIDS representative
- One WHO representative

The Technical Unit is in charge of (article 8):

- ensuring that the partners in development and the other CNC member organisations remain in permanent contact with the Focal points of the ministries,
- conducting all the follow-up work on behalf of the National Committee for Co-ordination,
- assisting the Committee Secretary in drawing up the minutes of the meetings and notifying CNC members of coming meetings,
- ensuring that all the monthly, quarterly and yearly data concerning the effective implementation of the programmes and projects financed by the GFATM is collected from the organisations in charge of implementation and processed correctly.
- drawing up quarterly and annual status reports and regular progress reports on the programmes and projects underway,
- developing databases of CNC correspondence,
- contributing to the organisation of independent midway and final evaluations of the programmes and projects.

The **support bodies** of the CNC are (article 9):

- the National Committee against AIDS,
- the National Programme against Tuberculosis Coordination team
- the National Programme against Malaria
- the United Nations Theme Group on HIV/AIDS
- the Group of Facilitators for the "Roll Back Malaria" initiative

The main responsibilities (article 10) of the support bodies are to:

- to push the relevant organisations to speed up the preparation and implementation of projects,
- to facilitate contact between all the organisations involved and make the collection of information easier,
- to facilitate the work of the technical support unit.

D. Functioning and Governance of the CNC Benin

The CCM is chaired by the Minister of Public Health. In her absence, the CNC meetings are chaired by her Principal Private Secretary.

Two years after its establishment, the CNC Benin still has no constitution and no rules of procedures. The decision-making process is neither defined nor formalised. In the third quarter of 2003, the Principal Recipient submitted to the CCM a draft of new Terms of Reference (ToR) for the CNC Benin.

The main amendments presented in these ToR relate to the creation of a "CNC Executive Board" invested with the right to make decisions. This Board remains quite similar in composition to the current Technical Unit, comprising the chairperson of the CNC, a vice-chairperson appointed by the CNC, the coordinators of the AIDS, TB and Malaria programmes, three members from the international organisations and financial backers (UNAIDS, WHO, one bilateral partner), one PLWHA association representative, the Principal Recipient, two NGOs representatives (ROBS and PSI) and one representative from the private sector.

The draft ToR also proposes the creation of a CNC Secretariat in charge of assisting the CNC and its Board in the administration and logistics of the Committee.

The role of the support bodies remains unchanged.

These draft ToR, amended at the Technical Unit meeting held on 11th of September 2003 and submitted to the CNC on 19th of February 2004, have still not been adopted to this date.

1. The role of the CNC's Technical Unit

A Technical Unit was added to the so-called "enlarged" CNC from the very beginning. Initially composed of five members (the National Programmes against AIDS, TB and Malaria, and the UNAIDS and WHO representatives in Benin), the Unit was later expanded to nine members, with the entrance of the UNDP as Principal Recipient, of a PLWHA association (*Action Espoir et Vie* - AEV), of an international NGO (PSI) and of a national NGO (ROBS).

The selection criteria for the members of the Technical Unit are not known - the AEV representative only found out about his nomination at the meeting of the "enlarged" CNC on 19th of February 2004.

The Technical Unit is regarded by the "enlarged" CNC members as the true decision-making entity, especially at the preparation stage of the proposals for the Global Fund. Indeed, it is the Technical Unit that discusses major issues, makes decisions, considers the proposals and calls the CNC meetings.

Nevertheless, according to the Global Fund directives, the "enlarged" CNC alone is empowered to make decisions and sign the proposals for the Global Fund – and that, in the opinion of the members of the Technical Unit, renders the decision-making process more cumbersome.

2. Organisation of the CNC meetings

Article 4 of the Order no. 1488 stipulates that the CNC shall meet in ordinary session once every six months and in extraordinary session every time it is deemed necessary. The CNC meetings are called by the Chairperson.

According to the session recording secretary, the Coordinator of the National Programme against AIDS (PLNS), there have been eight CNC meetings since 15th of February 2002.

From what was gathered by the consultant, there are minutes only of the first four meetings of the "enlarged" CNC. Although the Technical Unit is scheduled to meet every couple of months, minutes could be obtained for only one session, the one held on 16th of December 2003.

It was possible to obtain copies of notifications for the meetings of the "enlarged" CNC but not for those of the Technical Unit.

CNC Benin meeting date	agenda	minutes
February 15 th , 2002	Drafting of Benin's proposal to the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM)	YES
March 8 th , 2002	Meeting to adopt Benin's proposal to the GFATM	YES
July 5 th , 2002	Announcement of the GFTAM's decision concerning the proposal submitted by Benin	YES
September 19 th , 2002	Adoption of the proposal revised by the CNC	YES
March 2003	Signing of the Grant agreement for the Malaria component (Round 1)	NO
July 2003	Signing of the Grant agreement for the HIV/AIDS component (Round 2) and the Tuberculosis component (Round 2)	NO
February 19 th , 2004	Presentation of the situation of the CNC Benin by the Principal Recipient	NO
February 27 th , 2004	Presentation of the Global Fund mission by the consultant in charge	NO

The CNC meeting held on 19th of February 2004 was organised around the presentation by the Principal Recipient of the up-to-date situation of the different Global Fund components in Benin.

This concise presentation, which focused on the technical and financial progress of the Global Fund components, was based in part on the progress report detailing the activities conducted by the National Programme against Malaria (PNLP) and the National Programme against Tuberculosis (PNT) under the supervision of the coordinator of the UNDP Support Unit to the Global Fund between 22nd of December 2003 and 10th of January 2004.

Copies of the documents handed out during the meeting are provided in the presentation of the Global Fund components in Benin (cf. section 5 – main findings of the Benin CCM study).

The subject of the CNC meeting held on 27th of February 2004 was the Global Fund mission described in this case study documentation.

The lack of administrative track records for the CNC Benin translates – much too often according to some members - into meetings that have no pre-defined agenda, that suffer from important delays and where no minutes of previous meetings are available. It also leads to decisions not being acted upon. The issues addressed in one meeting – e.g. the problem of the Secretariat examined on 19th February 2004 – are again dealt with at the following meeting, and the members present at the first feel that their time is being wasted, while those present only at the second discover that the issue has already been addressed and discussed, and sometimes even that a decision has been made. As a consequence, certain members start feeling quite discouraged.

A number of CNC members felt that the CNC Benin suffered a progressive loss of momentum in 2003, which made it difficult to organise a meeting at the end of the year to recapitulate the activities of the Committee, although a meeting was necessary considering that the Malaria, AIDS and TB components would effectively get underway in October 2003. The meeting finally took place quite late, on 19th February 2004, one week before the arrival of the Global Fund Secretariat mission.

The majority of the CNC members interviewed underlined that the invitations to meetings are sent out in insufficient numbers and too late (24 to 48 hours before the meeting). This lateness is incurred in part by the much too overbooked timetable of the PLNS Coordination team, which acts as secretariat and session recording secretary for the CNC.

CNC members are notified of coming meetings by post or phone.

The list of participants is available for none of the "enlarged" CNC meetings, which makes it difficult to determine the rate of attendance. According to the persons interviewed, the number of participants is decreasing, and now includes no more than half the total number of CNC members.

This gives rise to two problems:

- Some meetings have had to be cancelled because the necessary quorum was not reached.
- The important turn-over among representatives of the various CNC Benin member organisations makes it difficult to establish any continuity in the work of the Committee, especially in the absence of minutes of the meetings both of the "enlarged" CNC and the Technical Unit.

All these factors combined have resulted in the rate of attendance to CNC meetings constantly diminishing since the grant agreements were signed with the Global Fund in March and July 2003. At the meeting held on 27th of February 2004 on the occasion of the Global Fund Secretariat mission and chaired by the Principal Private Secretary of the Minister of Health, 22 CNC members were present.

During this mission, no financial support for the organisation of the CNC Benin meetings came to light. This state of affairs is unanimously regretted, especially in view of the importance of the missions the CNC is mandated for.

E. Participation of the CNC members in the activities of the Global Fund

1. The choice of a Principal Recipient (PR)

In the absence of minutes of the CNC and Technical Unit meetings, the consultant was unable to determine the effective role of these bodies in the choice of a PR.

The interviews conducted during the mission revealed that the initial candidates were a national organisation and a multilateral partner. The first option, advocated by the Global Fund, was not chosen. The Beninese authorities, in agreement with the National Programmes and the partners in development members of the Technical Unit, were in favour of the multilateral partner.

Their choice was supported by a number of strong arguments:

- Experience and guaranteed transparency in management
- Necessary technical capacity to meet the requirements of the Global Fund
- No paralysing rivalry between the ministries in charge of public health, of finance, and of economic restructuring and employment, as would have occurred if a national organisation had been chosen.

The United Nations Development Programme (UNDP) was chosen on the criteria listed in the proposals submitted to the Global Fund in 2002-2003:

- Particularly competitive fees for the management of external funds
- Quick disbursement procedures that ensure a high rate of use of the funds
- Guaranteed transparency in management
- Strong experience of the UNDP in this type of management agreement, with a system of management suited to the funding of a multitude of activities presented as projects
- Effective management of the funds provided by the Global Program on AIDS (GPA) in Benin.

One last argument in favour of the UNDP was that the organisation was not directly involved in the implementation of action plans against either one of the three Global Fund components, and would thus be unbiased in its future involvement.

However, the PR was chosen at a time when the roles and prerogatives of the Principal Recipient and Secondary Recipients had not yet been precisely fixed, during the progressive implementation of the Global Fund in Benin in 2003. The initial confusion regarding the role of each partner gave rise to contradictory expectations and uncertainties, and resulted in an absence of consensus about the remuneration that the UNPD, as PR, should receive (5% of the total amount granted to the country). Consequently, Secondary Recipients presented their candidature for the position of PR. In order to avoid that the actions underway should come to a stop, the Beninese health authorities were then compelled to take on the role of arbitrator during a UNDP training session in September 2003 dedicated to explaining precisely the respective tasks of the PR and the Secondary Beneficiaries.

2. Involvement in the drafting of the proposals

Because the time-limit for the first Round in March 2002 was extremely short (approx. one month between the CNC's first meeting and the submission of the proposal in Geneva), the task of drafting the proposal was given to a limited group of experts, who received the assistance of the following workgroups:

- **The HIV/AIDS workgroup**, composed of the National Programme against AIDS coordination team, the Ministry in charge of primary and secondary education, the ministry in charge of technical and vocational training, national NGOs and the network of PLWHA. Technical support was provide by UNAIDS (National Programme Advisor and Head Office team), the UNFPA (President of the UNAIDS Theme Group), the French Cooperation, USAID, the World Bank, the UNICEF, the WHO, and the UNDP.
- **The Tuberculosis workgroup**, composed of the National Programme against Tuberculosis coordination team. Technical support was provided by the WHO, UNAIDS, and the UNFPA.
- **The Malaria workgroup**, composed of the National Programme against Malaria coordination team. Technical support was provide by the WHO, UNAIDS, and the UNFPA.

These experts and workgroups came together to form the initial CNC which met on 8th of March 2003 to adopt Benin's proposal to the Global Fund to fight AIDS, TB and Malaria.

The work of the CNC in preparation for the re-submission of the AIDS and TB proposals for the second Round of the GFATM in October 2002 was conducted in a much lesser state of urgency. A workshop attended by all the members of the CNC was held in Akassato (suburb of Cotonou) from 25th until 31st of July 2002 to reappraise the AIDS and TB proposal submitted for the first Round. The amendments and suggestions made by the CNC were ratified at the meeting held on 19th of September 2002.

The Akassato workshop was divided into four workgroups:

- Group 1 Tuberculosis – National Programme against Tuberculosis coordination team and of UNAIDS.
- Group 2: Provision of medical care to persons living with HIV and Prevention of Mother-to-Child Transmission of HIV – PNLS/IST, French Cooperation, WHO, UNICEF.
- Group 3: Psychosocial assistance including screening / counselling, care at home, provision of care to AIDS orphans, and prevention among vulnerable groups such as prostitutes – PNLS/IST, UNAIDS, Caritas Internationalis Task Force on AIDS, PSI/ABMS, Medecins Sans Frontière, Africare, Projet SIDA 3 (Canadian Cooperation), NGO ROBS.
- Group 4: Financial management methodology – Ministry of Public Health, the Ministry of Finance, UNPD, World Bank, UNAIDS, UNFPA.

For the finalisation of this joint proposal, Benin also received technical assistance from the UNAIDS Secretariat in Geneva.

Because the Ministry of Health wished to submit proposals to the Global Fund with all three National Programmes as Secondary Recipients, the proposals for the first and second Round were developed in the framework of more general proposals including the three diseases.

The substantial input of the NGO *Africare* in the drafting of the proposal for the third Round gave the CNC an opportunity to acknowledge the important role of the NGOs, when the CNC Chair accepted that proposals from the NGOs be selected and submitted. The NGOs were able to put their suggestions forward because the government organisations had initiated no general projects. It is in this context that the NGO *Africare* submitted a joint proposal with the National Programme against Malaria. This proposal was accepted at the third Round, but the Grant agreement was not yet signed in February 2004. It is in continuity with *Africare's* work against Malaria in Benin over the past seven years, with programmes such as *Survie de*

l'Enfant (literally, "for the survival of children") in the region of Ouémé and the project against Malaria in Ouémé/Plateau. Both these projects had helped to create and strengthen synergy between the Roll Back Malaria (RBM) initiative and the Integrated Management of Childhood Illnesses (IMCI) strategy.

However, when the Beninese association ROBS tried to put forward a proposal for the AIDS component without the National Programme against AIDS (PNLS), the CNC Technical Unit refused, on the basis that it was preferable for the NGOs and National Programmes to work together to better prepare the fourth Round scheduled for April 2004. To this purpose, at its meeting on 16th of December 2003, the CNC Technical Unit put ROBS in charge of conducting the work on the proposal from the civil society, the NGOs and the associations, including those of PLWHA, in preparation for the CNC's fourth request to the Global Fund.

Thus, under the impulse of the ROBS, the NGOs met a number of times to draft their own proposal, and had met the CNC Technical Unit three times by 23rd of February 2004 to work on a concerted proposal. The content of the proposal should enable those acting on the community level to ensure the supervision of all the technical medical interventions carried out in people's homes by the National Programmes.

In the framework of the request for the fourth Round, the associations of PLWHA have expressed the desire to make proposals that imply a greater involvement of PLWHA in the activities conducted by the Global Fund, in particular with regard to the mediators working for the network of information, care and counselling centres (CIPECC). The associations of PLWHA would like, first, to be involved in the training of these mediators – a task that has up to now been left entirely in the hands of non-specialised health NGOs – and second, that seropositive mediators be recruited not only from the association AEV, as is currently the case, but also from all the other associations of PLWHA created over the past two years.

A joint proposal from the international NGO PSI-Benin and the PNLP is also planned for the fourth Round in April 2004. A number of teams from the different services of the National Programmes are drawing up the requests. The centralisation and finalisation of the papers for the first draft of the proposal is ensured by the CNC Technical Unit with the assistance of the United Nations Theme Group.

It must underlined that the national and international NGOs members of the CNC Benin voiced a certain incomprehension during this mission at having been asked to contribute to the drafting of the proposals – on very specific matters such as the sex industry – but not to participate in the implementation of the projects, as they believe should have been the case "automatically". This raises the question of which selection criteria were used to choose the organisations in charge of implementing the projects, in particular the ones targeted at sex workers.

3. Involvement in the monitoring and evaluation of implemented programmes

An important fact to keep in mind is that the programmes carried out in Benin with the funds provided by the Global Fund have only been underway for a short while – progressive implementation for the HIV/AIDS, Tuberculosis and Malaria components started in October 2003.

The follow-up is ensured mainly by the Chair of the CNC via the letters and reports it receives from the UNDP (the PR) or the Local Fund Agent (LFA) [two visits for the report on progress up to 19th of February].

The Technical Unit of the CNC also deals with the monitoring of the programmes, as shown by the minutes of the meeting held in December 2003. However, considering the lack of communication within the CNC, it seems quite unlikely that the other members of the "enlarged" CNC may have had access to any information concerning the activities underway between the third-to-last meeting in July 2003 and the second-to-last in February 2004, during which the UNDP made an up-to-date report on the financial and technical progress of the GFATM-financed programmes for the three components. The problem in this case stems from the absence of a formalised and operational procedure for the dissemination of the information, which would enable all CNC members to follow the progress of the activities underway on a regular basis. It seems in consequence that the transmission of the financial and progress reports is limited to the Principal Recipient, the Secondary Recipients, the Local Fund Agent and the Chair of the CNC.

The other members of the CNC are only involved in the monitoring of the implementation of a project when they themselves take an active part in this implementation. And when such is the case, the biggest problem they are faced with, according to the unanimous opinion of the civil society and the Secondary Recipients, is the cumbersomeness of the Global Fund disbursement procedure. This is particularly true where the supply procedures are concerned, and can result in the scheduled actions being delayed.

For the Malaria component project accepted at the first Round in March 2002 for example, the grant agreement was signed in March 2003, the funds arrived in April, and the supply procedure was evaluated in May-June. The first disbursements, which should have taken place in July 2003, occurred only in October. The result was that the prevention and sensitisation actions, conducted by CNC member associations such as *Vie Nouvelle* among others, wavered for a while because of problems with supplies: the expected medicines arrived late, as did the Insecticide-treated Mosquito Nets (ITMNs), which were delivered only at the beginning of March 2004. This time-lapse of six months necessary for the supplies to arrive is considered much too long and an obstacle to the smooth running of operations.

These delays are even more strongly resented by the associations involved in the activities of the GFATM because of the payment procedure chosen by the Global Fund, i.e. a quarterly disbursement after progress planning and report by the NGOs. This procedure was applied by the National Programme against Tuberculosis to both the NGOs put to contribution during the last quarter of 2003 (ACTC, which belongs to the CNC member ROBS, and *Jeunesse Initiative*). The fact that the associations have to implement the projects before receiving any money has led to incomprehension and has made it difficult to convince them to take part in the actions planned for the following quarter.

The expertise of the CNC in terms of monitoring and evaluation is currently being strengthened. Following the assessment of the monitoring and evaluation procedure by the LFA for the Global Fund in Benin, it was suggested that the Global Fund provide technical assistance in the shape of an expert, integrated into the UNDP Support Unit to the Global Fund after recruitment, to assist the CNC and the three Secondary Recipients with the monitoring and evaluation of the fund-approved programmes.

An expert was recruited in December 2003 with the help of the WHO, UNAIDS and the three National Programmes. Workshops were organised for each National Programme in January and February 2004 to define the indicators, formalise communication procedures, and equip the ad hoc services in each Programme. The workshops took place on 13th and 14th of January for the PNT, between 22nd and 24th of January for the PLNS, and on 23rd and 24th of February for the PNL. The main goal is to progressively set up an independent monitoring and evaluation unit for the different services of each National Programme, and to establish a "corporate culture", based on quality and quantity monitoring and evaluation indicators, in the services where it does not already exist.

F. Harmonisation and coordination with existing programmes

The activities of the Global Fund in Benin fit into the overall health plan described by the Ministry of Public Health in its document on the national policies and strategies for the development of the health sector (2002-2006) [*Politiques et Stratégies Nationales de Développement du Secteur Santé*] and, more particularly, into the framework of the Beninese programmes against AIDS, Tuberculosis and Malaria.

Thus, the HIV/AIDS component (Round 2) is based upon the national action plan for the fight against HIV/AIDS/STD (2001-2005) [*Cadre Stratégique National de lutte contre le VIH/SIDA/IST*], the Malaria component, on the five-year plan to roll back Malaria in Benin (2001-2005) [*Plan Stratégique quinquennal pour Faire Reculer le Paludisme au Benin*], and the Tuberculosis component, on the national action plan [*Plan Stratégique*] for 2002-2006.

The implementation mechanism for all three components is the same as the one used by the national committee for the implementation and evaluation of projects and programmes (CNEEP) in the health sector, chaired by the Ministry of Public Health. The CNEEP meets twice a year, approves the action plans for the different health programmes and projects, assesses the results achieved, and makes recommendations.

Where Malaria is concerned for example, Benin received funds from the WHO in 1997 in the framework of a plan to accelerate the fight against the disease (LAPA). The 2000-2001 period was characterised by the introduction of the "Roll Back Malaria" (RBM) initiative to which Benin adhered at the Abuja summit in April 2000. The RBM database is operational since May 2003. The quality control of the data collected for the Malaria component (Rounds 1 and 3) will therefore be conducted both on the local and national levels on the basis of the procedures established by the national health information and management system (SNIGS) for national data. As stipulated in the official document published in June 2001 on the collection of basic data on malaria-related morbidity and mortality in the framework of the monitoring and evaluation of the RBM initiative [*Collecte des données de base sur la morbidité et la mortalité dues au paludisme dans le cadre du suivi/évaluation FRP/RBM au Benin*], the quality control will be ensured by the persons in charge of the statistics services.

The fact that the Global Fund's programmes against AIDS, Tuberculosis and Malaria in Benin are integrated into the existing national programmes does not however dissipate the one great fault that characterises the Beninese health sector, including the CNC, i.e. the vast multiplicity of coordination bodies, and of partners who would like to be coordination bodies. This results in opacity, overlapping scopes of activities, overbooked time-tables and the need for the persons in charge to become ubiquitous, because although the organisations in question have neither the same roles nor the same prerogatives, they are nevertheless composed of more or less the same national and international bodies active in the Beninese health sector.

Thus, although Benin was described by a great many of the persons interviewed during this mission as a "country of consensus", it also stands out as a country of meetings and coordination bodies. And this characteristic, according to representatives of the health authorities, incurs a problem of over-coordination which results in an overlapping of activities, as the Principal Private Secretary of the Minister of Health explained at the meeting with the mission on 5th of March 2004.

The fight against AIDS in Benin provides a good example of this much too vast multiplicity – it is a field of action in which co-exist a number of coordination bodies such as the National Committee for the Coordination of the Projects Financed by the GFATM (CNC), the national committee against AIDS (CNLS), and the United Nations Theme Group (UNTG) on HIV/AIDS supervised by UNAIDS. In this regard, the CNC does not distinguish itself as a

particularly innovative coordination body. It was established following a very traditional outline: registration of a financial backer for a specific field of intervention, creation of an ad hoc coordination body, support to a national organisation, and ministerial backing. The Global Fund set up the CNC, supports the PNLN and works under the aegis of the Ministry of Health. In a similar way, the World Bank set up the Multi-country HIV/AIDS Programme (MAP), supports the CNLS and works under the aegis of the ministry for Programming and Planning (*Ministère du Plan*). The CNC Benin therefore appears to be simply another coordination body among the multitude already involved in the fight against AIDS in Benin.

This is all the more problematic in that:

- Many of the persons interviewed have the feeling that the fight against AIDS in Benin is starting to take on a dual if not competitive dimension generated by the Global Fund and the World Bank, the two major financial backers for that component in Benin.
- All the actions conducted in the framework of the fight against AIDS reflect extreme and permanent fragmentation, as described in the evaluation report of the institutional and organisational capacities of the PNLN drawn up by the UNDP Support Unit to the Global Fund (August-October 2003). This report underlines that despite the existence of a vast coordination system, information does not circulate very well between the different field partners and actions are not well coordinated. Each group carries out its activities in its own area of intervention, and the results, methods and strategies are seldom shared. In other terms, the funding of all these actions does not meet the criteria and needs identified in the Benin 2000-2005 national plan framework [*Cadre Stratégique Nationale*].

Some progress has nevertheless been made in matters of coordination, and the CNC was instrumental in achieving it. Following the report to the Beninese Ministry of Health on the results of the workshop on the monitoring and evaluation of national programmes against AIDS, which was held in Dakar, Senegal, from 6th to 8th of October 2003, a monitoring and evaluation committee was created in Benin under the presidency of the CNLS. This technical unit comprises all the persons in charge of monitoring and evaluating the programmes and projects against AIDS, i.e., among others: the Global Fund, the PNLN, the WHO, UNAIDS, the MAP (World Bank), the Canadian Cooperaton (Projet SIDA 3), the French Cooperation, the NGO ROBS and the DPP division of the Ministry of Health. The goal set for this committee for 2004 is to harmonise the monitoring and evaluation indicators. An expert will be joining the group to this purpose in March 2004.

6 . The Assets of the CNC Benin

➤ ***A strong political commitment***

The strong impetus given by the Ministry of Public Health proved determining in the capacity of Benin to meet the legal and technical requirements of the Global Fund for the first Round. Despite the fact that the first meeting organised to draft Benin's request was held on 13th of February 2002, the deadlines set at 8th of March for the legal creation of the CNC and 10th of March for the submission of the proposal to the GFATM were respected – a speediness that, according to the various person interviewed, is not characteristic of the Beninese administration.

The strong involvement shown here by the Ministry of Public Health stems from the common goals pursued by the Ministry and the Global Fund in Benin. The thematic priorities of the Ministry, as described by the Minister during the mission, are AIDS, Tuberculosis and Human resources – by adapting these priorities to those of the GFATM, the Ministry of Health was able to react rapidly when needed and has provided continuing support to the Global Fund since February 2002.

The commitment to the programmes against the three GF components of the Beninese authorities as a whole has also translated into financial backing, as described previously with money raised from the HIPC fund, but also through the exemption of import duties and taxes on mosquito nets and insecticides

The Beninese authorities as a whole have shown their commitment to the various programmes undertaken, for example by tapping the HIPC fund to provide financial backing, as described previously, or by exempting certain products from import duties and taxes, as was done by the Ministry of Finance in 2002 on mosquito nets and insecticides, to help the "Roll Back Malaria" initiative.

➤ ***A strong learning capacity of all the members of the CNC***

Faced with the absence of pre-defined rules and procedures, the guidelines for CCMs having been established by the Global Fund only on 4th of June 2003, the Principal Recipient, Secondary Recipients, Local Fund Agent and Global Fund Secretariat of the CNC Benin developed strong learning capabilities throughout 2003. As the PNLG coordinator explains, *"When the Global Fund was set up, no one could tell us what had to be done. The experts that had been sent to us weren't very helpful. It was a learning process for everyone."*

The year 2003 was therefore necessary to Benin to establish the procedures and management system of the Committee, to define the roles of the Principal and Secondary Recipients, and to determine the monitoring and evaluation indicators. In this regard, the Malaria proposal (Grant agreement signed in March 2003) served to test the procedures for the AIDS and TB proposals for which the Grant agreements were signed in July 2003.

➤ ***A long-established and well-trying capacity for technical mobilization with the support bodies***

When the Global Fund was set up in Benin, the country benefited from the existence of an appropriate network of already operational support bodies, which could provide the necessary technical expertise and collective mobilisation necessary for the drafting of the proposals for the GFATM, among other things. Two organisations were particularly helpful and efficient: the United Nations Theme Group on HIV/AIDS (UNTG) coordinated by

UNAIDS, and the Group of Facilitators for the "Roll Back Malaria" (RBM) initiative. Thus, the first CNC meeting held on 13th of February 2002 was called by the UNFPA-Benin representative, President of the UNTG.

The UNTG has been in existence since 1997 and meets once a month. Supported by UNAIDS, it serves as an informal setting for proposals and information on AIDS and can be considered as the key decision-maker regarding the fight against AIDS in Benin. The influence of the Theme Group is all the more powerful that, from March 2003 until March 2004, it was chaired by the UNDP Resident Representative, who is also the Resident Coordinator of the United Nations System and the Chief manager of the CNC funds, the UNDP being the Principal Recipient.

The support bodies' strong capacity for technical mobilisation has enabled Benin to respect the deadlines for the first Round and to have its proposals accepted at the first, second and third Rounds.

➤ ***A long-established partnership between the public and private sectors.***

Programmes such as the PNLs and the PNLp had already implemented active collaboration with members of the civil society before the Global Fund was set up in Benin – the National Programme against Malaria (PNLP), for example, was used to working with the NGOs, particularly for the distribution of chloroquine, in the framework of the activities supported by the WHO. The main innovation brought by the CNC Benin was to bring together all the partners emanating from the civil society and to formalise the partnerships between the National Programmes and the NGOs.

Continuing with the example of the PLNP, the NGO selection process started in 2001. The NGOs were selected according to a pre-established list of criteria, such as their interest in the health sector, their experience in the fight against Malaria, and their capacity of action on the community level. A first list of 12 NGOs was drawn up. The PNLp used this list to select the NGOs that would be involved in the activities financed by the Global Fund (first Round proposal).

Six NGOs – CAPID, *Agape*, *Bon Samaritain*, IPA Afrique, *Bien être et Développement*, and *Vie Nouvelle* – were thus chosen for the pilot phase which got underway in 2003. Four of these NGOs are based in the south of Benin, one in the north, and one in the centre. The PNLp will undertake a second selection of NGOs involved in the fight against Malaria in 2004 after the pilot project has been evaluated.

➤ ***A forum for exchange and communication where associations can share their experience***

The NGOs, associations of PLWHA and focal points of the ministries all consider that their involvement in the projects of the Global Fund is extremely positive because the CNC provides "*a forum where everyone can voice their opinion. Before the Committee was established, it was difficult to find a place where everyone could express themselves. In the CNC, we're allowed to speak, to defend our positions*".

For representatives of non-governmental organisations involved in the activities of the GFATM and members of the Beninese network of health NGOs ROBS which sits on the CNC, the Global Fund has been very helpful to NGOs in that it has enabled them to demonstrate their capacity for action. It has also helped to evaluate and make known the best practices that exist in the associative world, and has contributed to developing an "association culture" based on the achievement of results, by establishing a quarterly planning of activities and a compulsory progress report prior to disbursement for the activities of the following quarter.

7 . The Weaknesses of the CNC Benin

➤ *An important number of members*

Although the number of 46 members has proven fully adequate for the joint objectives of the Beninese health authorities and the Global Fund, it has also given rise to many problems.

According to the interviews conducted, a CCM of 46 members is the source of constant organisational challenges that the CNC is currently unable to solve – the fact that there are so many members poses problem for the sending out of invitations to meetings, the holding of meetings, and the drawing up of minutes for example.

The current number of members is also felt to be an impediment to the decision-making process, particularly by the coordinators of the three National Programmes against AIDS, Tuberculosis and Malaria – they would like the number of members to be brought down so that the procedure for the signing of Benin's proposals by all those on the Committee may stop being the time and energy consuming quest it currently is.

The composition of the CNC Benin is another problem in itself. The list of members was set when the CCM was established in March 2002 and has not been officially modified since, despite the fact that a considerable number of new participants, from international organisations or the civil society, join the fight against AIDS, TB and Malaria continuously.

Thus, organisations such as the African Bank for Development (BAD), that wishes to take part in the fight against AIDS in Benin from 2004 onwards, the World Bank, which has initiated projects such as the Multi-country HIV/AIDS Programme (MAP) implemented in June 2002 and the Abidjan-Lagos Corridor Project officially inaugurated in December 2003, and the GIP ESTHER, which started its hospital twinning-programme in Benin in February 2003, cannot attend the CNC meetings. The national committee against AIDS (CNLS), created on 18th of June 2002, although it is not a CNC member, attends the Committee's meetings.

The representativeness of the CNC with regard to the civil society is also beginning to show some discrepancies. Seropositive women only started joining forces effectively within an organised and independent network in December 2003, when the association REFUS was created, and are therefore not represented within the CNC Benin, despite the fact that they are the main target of the Global Fund programmes against AIDS. The same goes for all the associations of PLWHA that have appeared over the past few months and should be represented within the CMM exactly in the same way as their older counterpart *Action, Espoir et Vie* (AEV), but are not.

➤ *Inadequate organisation facilities and the absence of a permanent secretariat*

The absence of a permanent Secretariat was a recurring theme in all the interviews conducted during this mission and was even one of the items on the agenda of the "enlarged" CNC meeting held on 19th February 2004. The PNLs currently acts as de facto CNC Secretariat, but has to ensure all the related administrative work without any assistance and at a difficult time when its own tasks are multiplying, along with the number of players entering the AIDS battlefield.

This malfunction in the organisation of the CNC incurs a lack of identifying premises where information and track records on the Global Fund in Benin could be concentrated and made readily accessible. The data and documentation is usually entrusted to the UNDP Support

Unit to the GFATM, with the result that the CNC Benin is losing its identity to the benefit of the Principal Recipient - a phenomenon that is all the more amplified by the fact that the PR is not a national organisation, and that the UNDP Support Unit to the Global Fund is the only UNDP division to greet persons seeking information on the GFATM by phone with the words "Global Fund, hello" is.

Nevertheless, despite the recurring discussions about all the organisational difficulties caused by the absence of a Secretariat, and despite the consensus on the need to do something about it, no decision has yet been made by the CCM to solve the problem – which means that the track records of the CNC Benin will continue to suffer severe "memory losses".

➤ ***The absence of formalised procedures for the exchange of information between CNC members.***

The difficulties encountered by members of the CNC-Benin in accessing information is one of the main organisational problems of the CCM – the lack of communication is in fact described by the persons interviewed as the major problem of the CNC up to this day. This lack of information concerns the principles and missions of the Global Fund itself as well as the roles of the different members of the CNC-Benin and the actions undertaken by the Committee.

Global Fund framework documents such as the "Guidelines on the Purpose, Structure and Composition of Country Coordinating Mechanisms" (June 4th, 2003), either are not known, or are known because they were found on the Internet or in the files completed by the UNAIDS office in Benin. These informal information channels have given rise to a problem of unequal access to information. The CNC members from the civil society and the focal points of the ministries are the first to suffer from this lack of communication. The CNC therefore functions as a "two-tier" system, with the inherent frustration that implies, especially for the CNC members who do not belong to the Technical Unit. As for the associations who are in the Technical Unit, such as ROBS or AEV, they do not always have the means to share the information and documents with the other associations, especially with those outside Cotonou.

➤ ***A differential approach to the three components HIV/AIDS, TB, and Malaria.***

The members of the CNC feel that the Global Fund's three-part programme "AIDS - TB - Malaria" does not live up to its name in Benin, because it proves, in practice, completely imbalanced. The idea that "the only thing ever talked about at the CNC is AIDS" came up in a number of interviews. This imbalance is reflected in funding disparities between the three components, which stem from the choice that Benin made, with its very first proposal, to commit itself to improving the provision of care to AIDS sufferers, including by facilitating access to expensive-to-obtain ARV drugs. Benin opted for this solution with the aim to increase the number of patients under ARV treatment (430 persons were put under treatment in September 2002 with the financial backing of the ITSF and the French Cooperation) and to guarantee that the fight against AIDS could continue along the same lines after July 2003, when a new money lender – the Global Fund in this instance – would take over the financial role of the two previous ones.

The subject of AIDS is nevertheless felt to be much too omnipresent, including during the CNC meetings for which "it is difficult to set an agenda that will interest everybody, especially those who work mainly against Malaria and Tuberculosis".

This feeling is enhanced not only by the major part played by the United Nations Theme Group on HIV/AIDS within the CNC, but also by the field of expertise of the specialists

dispatched to the CNC by the Global Fund, who apparently are very familiar with the principles of the fight against AIDS or Malaria, but much less so with those of the fight against Tuberculosis, which, as underlined by the persons in charge of the programme against TB, are highly specific.

The predominance of the AIDS theme is also underlined by the type of national non-governmental organisations represented within the CNC, with two NGOs out of three specialising in the fight against AIDS (the association of PLWHA *Action, Espoir et Vie*, and the foundation *Benin SIDA*), while the third, ROBS, is an umbrella organisation for NGOs dealing in all sectors of health.

➤ ***A lack of visibility and absence of information about the CNC and the work conducted by the Global Fund in Benin.***

The CNC suffers from bad visibility in Benin. Most of the persons interviewed who do not belong to the CNC did not know that it existed or, at the very best, had a vague idea about it when they did know. Paradoxically, some of the institutional players in the fight against AIDS in Benin (bilateral cooperation or international NGO), active members of the UN theme Group, only "discovered the existence of the CNC" during this mission. A majority of interviewees even declared that they did not know who the CNC were or what they did, and that the CNC was never mentioned at the UNTG. This of course raises the question of the coherence and coordination of actions within UN organisations themselves.

The CNC may be near to completely unknown to all non-members, but the Global Fund, on the other hand, is well known, if in a very incomplete way. When the doctors of the Porto-Novo hospital centre, for example, need information about the GF in Benin, they contact the National Programme against AIDS, because they do not know that the CNC exists, and because the Global Fund, in their mind, is linked first and foremost to access to ARV drugs.

The fact that the Global Fund is known in Benin only as a provider of ARV treatments accentuates the gap between what the Beninese people expect from the Fund, and its actual aims, which are to establish partnerships in the fight against AIDS, Tuberculosis and Malaria. Furthermore, the actions of the Global Fund focus as much on prevention as they do on the management of the three diseases.

And yet, a majority of people in Benin believe that the actions of the Global Fund are limited to the fight against AIDS, and more specifically to the provision of ARV drugs. This belief is reinforced by the very rare media events organised to present the Global Fund. The most important one, which took place in October 2003 in the presence of various ministers, including the Minister of Health, of the CNC members and of PLWHA, centred on an official ceremony organised around the public handing over of ARV drugs financed by the Global Fund.

The resulting situation is that the CNC Benin remains completely unknown to the Beninese people, while the establishment of the Global Fund in the country generates high hopes in line with the important funds expected – as reflected in the rumour that often echoes around the country, "Benin has received huge amounts of money". As a consequence of this lack of visibility, the non-members of the CNC are increasingly questioning the true destination of the funds provided and the actual effectiveness of the programmes implemented by the Global Fund in Benin. These doubts are made all the more stronger by the fact that the Fund, in the first stages of implementation, seems to be concentrating all its efforts in the southern part of the country. And this is true where the provision of ARV drugs is concerned, the four distribution areas being indeed located between Cotonou and Porto-Novo until the programme is extended to the northern part of the country.

8 . Technical Needs Assessment of the CNC Benin

A. Technical support provided to the CNC Benin

Since its creation in March 2002, the Beninese CCM has received support mainly from the following organisations:

UNAIDS Geneva and UNAIDS inter-country programme for Benin and Togo	<ul style="list-style-type: none"> ▪ Assistance in the emergency creation of the CNC Benin. ▪ Assistance in the drawing up of Benin's first request to the Global Fund in March 2002, provided by experts from UNAIDS (Country Programme Advisor and team from the Head Office). ▪ Organisation of the workshop for the re-appraisal of the first-Round proposal for the HIV/AIDS and TB components in Akassato (suburb of Cotonou) from 25th until 31st of July 2003. ▪ Assistance, as kingpin of the UNTG through the support it provides to the Group for its functioning, in the drafting of the different proposals submitted by Benin to the GF.
French Cooperation	<ul style="list-style-type: none"> ▪ Assistance in the drawing up of the first proposals
International Therapeutic Solidarity Fund (ITSF)	<ul style="list-style-type: none"> ▪ Assistance in the drawing up the first proposals
UNDP – Principal Recipient	<ul style="list-style-type: none"> ▪ Creation in June 2003 of a Support Unit to the Global Fund (with a budget of US \$50,000 in 2003, of US \$150,000 in 2004, and a team of five people) to coordinate the assistance to the three national programmes selected as Secondary Recipients and strengthen their capacities. ▪ Technical support to the CNC in terms of management, supplies, and monitoring and evaluation. ▪ Recruitment by the Global Fund of a technical assistant for the monitoring and evaluation processes - this person is integrated into the UNDP Support Unit. ▪ Translation into French of the Grant agreements between the Global Fund and the Beninese authorities, and of the management procedures.
USAID Benin	<ul style="list-style-type: none"> ▪ Translation into English of the proposals submitted to the Global Fund ▪ Role of the USAID in Benin: epidemiological surveillance and HIV/AIDS prevention, prevention of Malaria
WHO Benin	<ul style="list-style-type: none"> ▪ Assistance in the drafting of the proposals of the CNC Benin ▪ Organisational support to the Group of Facilitators for the Roll Back Malaria initiative in Benin. ▪ Dispatching to the CNC of a WHO expert to ensure the harmonisation of the protocols for the ARV treatments ▪ Role of the WHO in Benin: HIV/AIDS – provision of medical and psychosocial care, epidemiological surveillance, prevention), TB (DOT, social mobilization), Malaria (RBM, IMCI)
UNICEF Benin	<ul style="list-style-type: none"> ▪ Support to the CNC during the ARV supply crisis in September-October 2003 ▪ Active participation in the prevention of Malaria and Mother-to-Child Transmission of HIV
AFRICARE Benin	<ul style="list-style-type: none"> ▪ Secondary Recipient of the Malaria proposal (Round 3) ▪ Active participation in the fight against HIV/AIDS (prevention, institutional support to the PNLs) and Malaria (IMCI, RBM)
PSI/ABMS	<ul style="list-style-type: none"> ▪ Active participation in the fight against HIV/AIDS and Malaria (prevention, distribution of condoms, insecticide-treated mosquito nets and re-treatment kits).

The partners in development to the GFATM who have provided assistance and support to the CNC Benin made the following comments during this mission:

- The requirements and constant changes in the guidelines and procedures of the Global Fund render all the work involved in assisting the CNC extremely time-consuming. This is problematic considering that the CNC/Global Fund is not the only organisation that needs support from these partners, whose scope of action, additionally, is not limited to AIDS, TB and Malaria.
- The help provided by the partners in development to the CNC for its running goes completely unnoticed. The multilateral backers therefore raise the issue of the absence of acknowledgment by the Global Fund of the considerable human and financial resources that the support bodies invest into the CNC to make it operational in Benin.

B. Identification of the Technical needs of the CNC members

The three National Programmes listed as Secondary Recipients would like CNC support bodies such as the UNAIDS Theme group and the Group of Facilitators to continue providing their technical assistance, especially for the drawing up of the proposals to the Global Fund.

The CNC members, and more specifically the members from the civil society and the focal points of the ministries, have voiced the need for continuing training and/or workshops to clarify their roles and prerogatives as well as the functioning and guidelines of the Global Fund. As they do not for the moment have a clear understanding of their missions and responsibilities, the CNC members find it difficult to communicate information on the Global Fund or the CCM to their parent organisations or to their non-CNC counterparts. They therefore have the feeling that their role is limited - and much too much so - to the tacit approval of the decisions made by the Technical Unit, or to the signing of the CNC's proposals.

As far as the UNDP Support Unit to the Global Fund knows, the CNC has provided no training on the functioning and organisation of the GFATM.

The association of PLWHA *Action, Espoir et Vie*, an extremely active national NGO, was trained on the Global Fund neither by the Fund itself nor by the international organisations present in Benin, but by RAP+, the African Network of PLWHA whom it belongs to.

The national NGOs and the other members from the civil society need organisational and technical support, not only to help them continue to play an active part in the CNC Benin, but also to enable them to act as "umbrella organisations" for their counterparts. ROBS and AEV already serve this purpose, but they need to be joined in this role by others to ensure a stronger and longer-lasting system.

The aim is to give them the technical capacity to disseminate information on the Global Fund and the activities of the CNC Benin to the whole of the Beninese population.

Among the Secondary Recipients, the PNLIS is identified as the one having the greatest needs in technical support. As an extremely complex programme in terms of activities, and national and international partners, it runs the risk in the long run of becoming a bottleneck for the different actions conducted against AIDS in Benin. This was clearly brought to light by the ARV supply crisis that occurred during the second semester of 2003. That year, the ITSF and the Beninese authorities started an initiative for easy access to antiretroviral drugs (IBA-ARV), with an agreement to back the programme until June 2003 and the arrival of the Global Fund. Unfortunately, the transition from the old partner to the new one was chaotic, and the supply of ARV drugs threatened to run out completely in August and September 2003. The Principal Recipient was impelled to make a request for an emergency disbursement and to advance the money to put in an order with the UNICEF in order to avoid running out of stock.

This crisis originated in a bad estimation by the PNLs of the needed supplies in ARV drugs, particularly for some specific molecules, and in a lack of harmonisation of the treatment protocols. As a result, a meeting was organised between the Beninese authorities and the partners in development in December 2003, during which it was decided that a WHO expert would be asked to come and work with the National AIDS programme in March 2004, to help establish standard protocols for ARV treatments and better procedures for the estimation ARV needs. The meeting also led to the establishment in February 2004 of an ARV management committee invested with the responsibility of finalising the nine-month supply plan for the Global Fund.

This technical support to guarantee that Benin is adequately supplied with ARV drugs is all the more crucial that, to the eyes of a majority of people in the country, the mission of the Global Fund is more or less limited exclusively to the provision of ARV treatment to AIDS sufferers. Taking this into consideration, it seems absolutely essential that the CNC increase its objectives concerning the number of patients which should eventually be under ARV treatment, and that the Global Fund, to this purpose, reinforces the necessary national capacities.

In June 2003, before the Global Fund was set up in Benin, 400 people were under ARV Treatment. In February 2004, there were 620. The numbers aimed at are 1,000 patients under ARV by the end of 2004, and between 1,500 and 2,000 by the end of 2005. Are these goals in proportion to the financial commitment of the Global Fund and to the hopes and expectations awoken in the principal beneficiaries, the persons living with HIV/AIDS, who are estimated at 167,000? And looking far beyond the initial difficulties which arose in September and October 2003, shouldn't the influence and power of the Global Fund in the battle against AIDS be established to a much higher degree?

9 . Conclusions and recommendations

A. Recommendations to strengthen the CNC Benin

1 – Create a permanent CNC Secretariat, independent from the Principal and Secondary Recipients.

This Secretariat would answer the need to have an identifying place where all the information on the CNC could be centralised and made readily accessible. Although there is definitely a consensus on the need of a Secretariat to put an end to the organisational problems of the CNC, there are also very diverging opinions on the actual location of this Secretariat: should it be integrated into one of the National Programmes listed as Secondary Recipients, as suggested by the PNLs, itself a candidate? Or should it be independent from these three programmes?

If the second option were chosen, there would be a number of possible locations for the CNC Secretariat:

- The Division of the Ministry of Public Health in charge of coordinating the Ministry's investment projects and programmes (DPP) – this would facilitate the emergence of a synergy between the Ministry of Health and the ministry in charge of economic restructuring (*Ministère du Plan*), and enable the CNC to benefit from the DPP's expertise in monitoring and evaluation.
- The national health protection division (DNPS - *Direction Nationale de la Protection Sanitaire*) which deals with all the health projects and programmes.
- An "umbrella" NGO such as ROBS – this would underline the involvement of the community in the implementation of the Global Fund projects and programmes in Benin.
- The Office of the Health Minister's departmental staff - this would express an acknowledgment of the Ministry's involvement in the activities of the CNC Benin.
-

The first option – the premises of the PNLs – would have the advantage of establishing the Secretariat within a structure familiar with the way a national coordination committee works, rather than submerging it in vast organisations such as the DPP or the DNPS.

The second option would save the coordination teams of the national programmes from being even more overworked than they already are, and would help to avoid accentuating the imbalance between the three programmes. Establishing the Secretariat within the Health Minister's staff Office would provide the CNC with the institutional visibility it currently lacks.

Finally, the partners in development should be encouraged to support this permanent CNC Secretariat and make it operational.

2 – Implement an information campaign targeted at the general public, to make the activities of the Global Fund in Benin more widely known and to underline the existence of three different components (AIDS but also Tuberculosis and Malaria). Information channels:

- a quarterly bulletin reporting the activities of the GFATM in Benin
- the press conferences of the Ministry of Public Health (October 2003, March 2004).

3 – Draw up information kits for the members of the CNC to clarify the role of the Global Fund and its guidelines as well as the functioning and objectives of a CCM.

4 – Develop management tools, such as Terms of Reference detailing the roles of the CNC, the Principal Recipient, the Secondary Recipients, the Sub-recipients, and so on, Rules of procedures, formalised information channels, clear and definite procedures,

specifications on the quorum necessary to make decisions, and rules for the access of NGOs to resources.

5 – Reinforce the support to the civil society members of the CNC, more particularly to the umbrella associations, in order to give them greater importance in the CNC and the Technical Unit, and to strengthen their position as information relay.

6 – Increase the support to the CNC member associations of PLWHA, to help seropositive persons and AIDS sufferers fight against the discrimination they still have to endure, and take a more active part in the actions implemented in the framework of the Global Fund programmes (mediation in the ARV distribution centres, participation in the treatment observance groups, assistance in announcing seropositivity, psychological and social support, etc.).

7 – Reappraise the number of CNC members. Two possibilities are suggested:

- the number of "enlarged" CNC members remains unchanged, or is undetermined, as is the case for the UNAIDS Theme Group. In this case, the "enlarged" CNC will act as a forum of information on the Global Fund and its activities in Benin, and as a general information channel on the calls for proposals and on the possibilities of participation in the programmes financed by the GFATM. The Technical Unit, which will include a greater number of members from the civil society and of focal points from the ministries, will be given greater responsibility with regard to the monitoring and evaluation of the CNC activities and the finalisation of the proposals (signatures).
- The number of CNC members is reduced through the strengthening of the role of the umbrella organisations (number of representatives for the focal points of the ministries reduced from eight to two, identical number of representatives for the bilateral and multilateral organisations, the national and international NGOs, the private sector, the traditional practitioners), with a rotation every two years of the representatives of the umbrella organisations for each identified sector.

8 – Improve the representativeness of CNC members by a renewal of these members. This would enable the CNC to take into account the applications for membership of the organisations which were not included or did not exist in February 2002. Considering the rapid changes and constant arrival of new players on the TB, Malaria, and, especially, AIDS battlefields, the CNC would then be more representative of the players truly active in the fight against the three diseases.

9 – reinforce the management and monitoring/evaluation capabilities of the Secondary Recipients, in continuity with the activities implemented up to this date, in order to make it possible to transfer the tasks and responsibilities of the Principal Recipient to the national organisations.

10 – Intensify the support to the National Programme against AIDS in terms of personnel and continuing education and qualifications, in order to make it the structure of reference with regard to technical support and to the implementation of the Global Fund's programmes to fight AIDS. This support should help to avoid bottlenecks from developing in the battle against AIDS, and contribute to a number of activities widening from a local level to the national level.

B. Recommendations to the Global Fund Secretariat in Geneva

1 – Simplify the proposal form and of the proposal signing procedure for the requests submitted to the Global Fund.

2 – Diversify the languages for all Global Fund tools, particularly for framework documents intended for civil society CCM members explaining the guidelines, principles and mechanisms of the GFATM, the Grant agreements, the management procedures, the monitoring and evaluation strategies, etc.

3 – Shorten the supply procedures to avoid the paradoxical situation where principles and procedures are respected at all costs to the detriment of effective actions.

4 – Acknowledge the importance of the technical and institutional support provided by the partners in development to the CNC Benin in particular and the CCMs in general.

5 – Increase support and synergy to achieve a unified system for the monitoring and evaluation strategies and the supply procedures and management, for all the partners involved in the fight against AIDS, Tuberculosis and Malaria, particularly with regard to more important funds such as those provided by the World Bank or the HIPCI fund.

10 . List of Annexes

Annexe 1 : ToR for the CCM Case Studies

Annexe 2 : List of documents reviewed

Annexe 3 : Field Mission schedule

Annexe 4 : List of persons interviewed

Annexe 5 : Composition of the CNC Benin

Annex 1 – ToR Documentation of Country Coordinating Mechanism and needs assessment in selected countries

(08.12.03)

1. Background and rationale

The Global Fund recognizes that only through a country-driven, coordinated and multi-sector approach involving all relevant partners will additional resources have a significant impact on the reduction of infections, illness and death from the three diseases. Thus, a variety of actors, each with unique skills, background and experience, must be involved in the development of proposal, including decisions on the allocation and utilization of Global Fund grants. To achieve this, the Global Fund requires grant proposals to be coordinated among a broad range of stakeholders through a Country Coordinating Mechanism (CCM), and that the CCM will monitor the implementation of approved proposals, provide supplementary resources as appropriate in support of implementation, and provide oversight of programmatic and financial reports submitted by Principal Recipients (PRs) of GF grants.

During the last twelve months, several informal reviews and analyses have been conducted to provide information on the composition and functioning of CCMs and to the extent they have fulfilled Global Fund principles on public-private partnership. These reviews suggest that the Fund has catalyzed new energy in support of an enhanced role for country-level partnerships in coordinating national-level planning and implementation for joint efforts.

Findings of these reviews and discussions during regional meetings with CCM members and the Fund Portfolio Managers, revealed that CCMs are working well in some countries, while in others they are experiencing some problems in terms of composition and inclusiveness. Major issues were those related to the level of participation of the civil society, including people living with the diseases. The CCM's mandate and responsibilities with regard to implementation, monitoring and evaluation are still not fully understood at country level. Recommendations made towards strengthening of CCMs included support to strengthen technical capacity and to provide opportunities to share lessons learned so far.

2. Purpose

The purpose of this assignment is twofold. Firstly, to conduct in-depth assessments of the composition and functioning of selected CCMs with the objective of documenting the lessons learned in what has worked and not worked in operationalising the Principles of the Global Fund. This documentation of the composition and functioning of selected CCMs will contribute to:

- a better understanding of how specific CCMs function,
- identify ways how the principles and guidelines of the Fund can be made real,
- document strategies that work,
- and highlight areas for improvement to reach the goal of a public-private partnership fully engaged in the planning and implementation of Global Fund grants.

The lessons learned and experiences will be shared among members of CCMs in other countries, especially those which are in the process of establishing themselves.

This study will explore the process of the establishment and evolution of CCM structure, roles and responsibilities of stakeholders, the challenges of broad multi-sectoral ownership, and how CCMs have worked to ensure equal participation particularly of non-government actors. In addition, the study will analyse the facilitating factors as well as the impediments to this equal participation. The extent to which current CCMs are able to fulfill all required responsibilities, not only in proposal development but equally in implementation oversight, monitoring and evaluation will be reviewed. Recommendations will be made to strengthen the capacity of CCMs to fulfill their mandates.

The second purpose is to facilitate an in-depth technical needs assessment of the CCM members and their constituents. This in-depth needs assessment will build on the Technical Review Panel (TRP) comments on proposals submitted and a Secretariat analysis of CCMs that submitted proposals in all rounds; existing work plans and M&E plans included in grant agreements, and the LFA assessments of the Principal Recipients. It will also take into account and build on all other assessments already conducted. The needs assessment will also differentiate between critical needs for proposal development, for grant approved programme implementation and monitoring as well as for governance, management and other operational issues. The results of the needs assessment will be made available to GF partners with the capacity to provide technical and financial assistance to strengthen CCM processes at the country level.

3. Partners

This study has been developed in consultation with a number of partners such as the International HIV/AIDS Alliance, UNAIDS, WHO, and GTZ. UNAIDS has committed to provide in-country support through the UNAIDS Country Coordinators in the countries and to work closely with the Global Fund Secretariat in the preparatory and in the follow-up processes. The study will be funded by bilateral partners: GTZ has committed funds to support the study in ten countries, the Government of France will support the study in six countries in Africa and the Italian Bilateral Cooperation will undertake the study in four to six countries. Mobilisation of funds is on-going to enable more countries to be included in the study.

4. Scope of work

The specific tasks of the assignment will comprise of:

4.1 **In-country preparatory process**, in close collaboration with UNAIDS and WHO, of collation/compilation of all existing background information, studies completed at country level and information on-going studies.

Desk study of:

- The Global Fund Framework documents and guidelines,
- Analysis/surveys of CCMs conducted by the HIV/AIDS Alliance, ICASO, Faith-Based Organizations, ILO, UNAIDS as well as reports of regional meetings and other relevant documents;
- On-going surveys/studies being conducted by bilateral partners and others;
- TRP comments on proposals, review of approved proposals;
- All available needs assessment, situation analysis conducted by partners/programmes.

4.3 **Discussion** with Fund Portfolio Managers, Directors and key staff in other units in the Secretariat

4.4 **Country field visits to be organised with support from partners:** It is proposed that the country visits in each country will be carried out through a team comprising of an international consultant together with a local consultant. During the country visits the team will conduct an in-depth assessment and document, through review of relevant documents, individualised interviews, focus group discussions with relevant stakeholders and members of CCMs, the following:

4. 4.1 Lessons learned, experiences made with reference to process of **establishment and composition of CCM as a public-private partnership:**

- The process of CCM establishment and criteria for selection of CCM members from the various sectors including process for selection within the sectors:
 - Government: Health and sectors other than Health such as Education, Labour, Social Welfare etc
 - NGOs/Community-Based Organisations,
- People Living with HIV/AIDS, TB or Malaria

- Private sector: Business Coalitions, Unions, Chambers of Commerce, corporate sector, media
- Religious/Faith Based Organisations
- Academic/Educational Sectors
- Multilateral and Bilateral Development Partners

4. 4.2 Lessons learned, experiences by **CCMs in governance**:

- Process of selection/election of Chairs and Vice Chairs
- The process of development of TORs for CCMs and the use/effectiveness of these TORs
- Development of other tools for example Bylaws; signing of formal agreements
- Secretariat/administrative arrangements to support governance of CCMs: process of its establishment, members and selection of members of this 'unit'; modus operandi of secretariat/administrative unit;
 - Modus Operandi of CCMs including communication modalities:
 - codifying operational rules;
 - pattern and rules of decision-making, transparency of decisions taken;
 - frequency of meetings, minutes of meetings, documentation of decisions, next steps, agenda setting by whom and how;
 - Process and criteria for selection of PRs and sub-PRs
 - Relations ships: CCM-PR-sub-PRs
 - Process for minimizing conflict of interest when PR and CCM Chair are the same
 - Effectiveness/frequency of flow of information from Global Fund Secretariat to CCMs (and the reverse)
 - Process of information sharing among CCM members and with their constituents to ensure transparency and accountability
 - Information sharing by CCM to other players beyond CCMs such as bilaterals

4.4.3 Assess and document the actual **level and scope of participation in all processes by all CCM members**:

- The perception of CCM ownership by all the CCM members . Do all the members - government, non-government, bilaterals, private sector, affected communities - feel that they are equal participants in both decision-making and as beneficiaries with clearly defined roles and responsibilities for the different partners?
- The perception and feedback of membership and functioning of CCMs from those outside the CCM process
- The factors and mechanisms that facilitate meaningful and effective participation of non-governmental participants;
- The barriers, both societal and policy to the effective and meaningful participation of non-governmental participants and how they can be overcome;
- The level of understanding of principles of participation and the rationale for participation of civil society; identify, describe experiences of other effective partnerships and the political, legal and regulatory context in which they operate;
- The special features/pre-existing factors in the country which facilitate the CCM to function as a public-private coalition
 - Identify the technical needs of CCM members for full participation in decision making and oversight

4.4.4 What has worked and has not worked in respect of **country partnership-led formulation and implementation processes**: the role, extent of participation and level of decision making power of each of the CCM members – both civil society and government - at different stages of the process:

- Process of call for proposals, proposal development and submission to GFATM;
- Selection and criteria for selection of PRs
- Grant signing;
- The relationship with LFAs
- Oversight role in implementation, especially in monitoring and evaluation and for procurement of commodities;
- Do guidelines, procedures, mechanisms exist for the CCM to undertake these roles - that of proposal development and of oversight role in monitoring and evaluation?
- Is there sufficient technical expertise within CCMs for these roles – how have technical shortfalls been overcome and if not what technical support is necessary?

4.4.5 Experiences and lessons learnt by the CCM in harmonisation, coordination with national existing fora, policies and programmes (Ref. to attached '*Principles on harmonization*':

- In relationship and coordination with national mechanisms/partnership fora such as National AIDS Council. The UN Theme Group, other partnership forums or equivalents
 - are relationships clearly defined in terms of flow of information, reporting, management, participation;
 - is the CCM duplicating existing mechanisms/undermining other health programmes
 - how the CCM contributes to integrating with pre-existing national policies and planning processes
- In the harmonisation and integration with the related line ministry programmes (Roll Back Malaria, STOP TB) other donor supported programmes
- Are proposals submitted by CCMs in keeping with national policies and plans including Poverty Reduction Strategies, and Sector Wide Approaches.?

4.4.6 Facilitate, with support from local consultant/member of CCM, focus group discussions and/or a 1/2 day workshop with CCM members and other relevant stakeholders to:

- present/verify findings of discussions/interviews;
- facilitate, using a rapid participatory approach, a technical and complementary needs assessment of CCM members.

5. Write up the case studies and a report of the technical needs assessment

6 Output: **A report in 2 parts which should include an executive summary, list of contents; abbreviations used**

6.1 Part 1:

- **Introduction:**
 - study background with objectives
 - study design and methodology
- **The case study documentation of each of the CCMs analysed, which should include:**
 - A description of the CCM: composition and governance processes

- An analysis of the extent of understanding of the CCM members of the Global Fund procedures and guidelines
- Analysis of strengths and weaknesses of the composition and level of participation of the members of the CCM
- Lessons learned and experiences, including an analysis of the facilitating factors to ensure that the CCM is inclusive and representative of all sectors in particular of the civil society including representatives of people living with the diseases ;
- An analysis of the barriers to inclusive participation of members of the civil society and a broader multisectoral participation and how these can be overcome;
- What has worked and has not worked in respect of country partnership-led formulation and implementation processes: the role, extent of decision making power of each of the CCM members - civil society and government – in proposal development, oversight in implementation, monitoring and evaluation;
- Recommendations: Processes/approaches to promote more inclusive composition and effective governance and functioning of the CCM

In addition to the above, the report must include in the annex:

- a list of people met
- a complete list of CCM members with their roles and contact details
- a list of documents consulted
- other related documents such as bylaws, CCM TORs etc

6.2 Part 2: Report of the technical needs with the following:

- Introduction: methodology and design of needs assessment
- A summary of the technical needs assessment
- Analysis of technical support provided till date
- **Recommendations for**
 - Approaches for strengthening the multi-sectoral ownership of CCMs and the equal participation of all members of the CCM;
 - Approaches to strengthening management capacity and improved governance for proposal development, implementation, monitoring and evaluation;
 - Technical support plan for sharing with technical partners

In addition to above, the report should have in the annex the agenda of the workshop and a complete list of participants

7. Geographical scope

It is planned to document CCMs and conduct needs assessment in fifteen to twenty countries, ie about three from each of the regions, and one regional CCM.(see attached proposed list and criteria for selection).

8. Timeline:

October 2003 to January 2004

Annex 2 : List of Documents reviewed

- The Global Fund to Fight AIDS, Tuberculosis and Malaria. Guidelines on the Purpose, Structure and Composition of Country Coordinating Mechanisms, June 4, 2003, 4p.
- Arrêté n°1488/MSP/MFE/SGM/DC/SA Portant Création, Organisation et Fonctionnement du Comité National de Coordination des Projets financés par le Fonds Mondial de Lutte contre le VIH/SIDA, la Tuberculose et le Paludisme, Ministère de la Santé Publique / Ministère des Finances et de l'Economie, 8 mars 2002, 5p.
- République du Bénin, Comité National de Coordination des Projets financés par le Fonds Mondial, Requête de la République du Bénin au Fonds Mondial, proposition « Appui à l'accélération de la lutte contre le paludisme dans le cadre de l'initiative « Faire Reculer le Paludisme » au Bénin, mars 2002.
- Courrier du Fonds Mondial d'acceptation de la proposition « Appui à l'accélération de la lutte contre le paludisme dans le cadre de l'initiative Faire Reculer le Paludisme au Bénin », 22 mai 2002.
- République du Bénin, Comité National de Coordination pour le suivi des programmes appuyés par le Fonds Mondial de Lutte contre VIH/SIDA, la Tuberculose et le Paludisme au Bénin, Informations complémentaires pour la proposition intitulée « Appui à l'accélération de la lutte contre le paludisme dans le cadre de l'initiative « Faire Reculer le Paludisme » au Bénin, juillet 2002, 21p.
- République du Bénin, Comité National de Coordination des Projets financés par le Fonds Mondial, Requête de la République du Bénin au Fonds Mondial, Composantes VIH/SIDA et Tuberculose, Re-soumission, septembre 2002, 88p.
- Fonds Mondial de Lutte contre le sida, la tuberculose et la paludisme, « TRP reporting form, Intensification de la lutte contre le VIH/SIDA et la Tuberculose, Component : Tuberculosis », re-application, 9 November 2002.
- Fonds Mondial de Lutte contre le sida, la tuberculose et la paludisme, « TRP reporting form, Intensification de la lutte contre le VIH/SIDA et la Tuberculose, Component : HIV/AIDS », re-application, 9 November 2002.
- République du Bénin, Comité National de Coordination des Projets financés par le Fonds Mondial, Requête de la République du Bénin au Fonds Mondial, proposition « Projet d'appui à la lutte contre le paludisme dans les départements du Mono et du Couffo », 68p., octobre 2003.
- Présidence de la République du Bénin, Décret du 18 juin 2002, décret n°2002-273 portant création, composition, attributions, organisation et fonctionnement du Comité National de Lutte contre le VIH/SIDA/IST. 11p.
- Ministère Chargé de la Coordination de l'Action gouvernementale, de la Prospective et du Développement, Ministère de la Santé Publique, Ministère des Finances et de l'Economie, Arrêté interministériel, année 2003 n°11 Portant attributions, organisation et fonctionnement du Secrétariat Permanent National du Comité National de Lutte contre le VIH/SIDA/IST. 2 avril 2003, 6p.
- Compte-rendu de réunion du Comité National de Coordination des projets financés par le Fonds Mondial, CNC-Bénin, réunion du 15 février 2002
- Compte-rendu de réunion du Comité National de Coordination des projets financés par le Fonds Mondial, CNC-Bénin, réunion du 8 mars 2002
- Compte-rendu de réunion du Comité National de Coordination des projets financés par le Fonds Mondial, CNC-Bénin, réunion du 5 juillet 2002
- Compte-rendu de réunion du Comité National de Coordination des projets financés par le Fonds Mondial, CNC-Bénin, réunion du 19 septembre 2002
- Compte-rendu de la réunion de la Cellule Technique du CNC, 16 décembre 2003.
- Unité d'appui au Fonds Mondial au Bénin, PNUD : Présentation de l'état d'avancement des activités des différentes composantes, réunion du CNC élargi le 19 février 2004.

- Proposition des Termes de Référence du Comité National de Coordination des Projets financés par le Fonds Mondial de Lutte contre le VIH/SIDA, la Tuberculose et le Paludisme, 2003, 3p.
- Programme des Nations-Unies pour le Développement (PNUD), Unité d'Appui du Fonds Mondial, Rapport d'évaluation sur la capacité institutionnelle et organisationnelle du PNLS/IST (Bénéficiaire Secondaire du Fonds Mondial), août-octobre 2003, 46p.
- Programme des Nations-Unies pour le Développement (PNUD), Unité d'Appui du Fonds Mondial, Rapport d'évaluation du PNLP Bénin, Système d'Information et de Gestion, mars 2003.
- Programme des Nations-Unies pour le Développement (PNUD), Unité d'Appui du Fonds Mondial, Rapport d'évaluation du PNT Bénin, Système d'Information et de Gestion, non daté.
- Ministère de la Santé Publique, Compte rendu de la restitution des résultats de l'atelier sur le suivi-évaluation des programmes nationaux de lutte contre le sida tenu à Dakar du 6 au 8 octobre 2003. 2p.

Annex 3 : Trip Mission Schedule

Monday 23	Tuesday 24	Wednesday 25	Thursday 26	Friday 27	Saturday 28
	<p>8 :00 SCAC, French Embassy</p> <p>9 :00 UNPD GF Support Unit</p> <p>9 :30 UNDP Representative</p> <p>10 :30 MoH</p> <p>11h30 Coordinator PNLs NTCP, NMCP</p>	<p>8 :30 AIDS Programme</p> <p>11 :00 Tuberculosis Programme</p> <p>13 :00 Director of the CAME</p>	<p>8 :00 UNPD GF Support Unit</p> <p>Documentation Review</p> <p>10 :15 SCAC French Embassy</p> <p>Documentation Review</p> <p>11 :00 CMS Army Hospital Camp Guezo</p>	<p>9 :00 UNDP</p> <p>UN Theme Group Meeting</p> <p>10 : 30 UNDP AIDS Programme Manager</p> <p>13 :00 M&E Officer, Support Unit UNDP</p>	<p>10 :30 UNICEF Representative</p> <p>12 :00 Documentation Review</p>
<p>14 :30 Departure</p> <p>20 :15 : Arrival Cotonou</p>	<p>14h00 UNAIDS Representative</p> <p>15 :30 UNPD GF Support Unit</p> <p>18 :00 PNLS</p> <p>Documentation Review</p>	<p>14 :00 Malaria Programme</p> <p>15 :30 Association Vie Nouvelle</p> <p>20 :00 Minister of health</p>	<p>15 :00 GIP ESTHER</p> <p>17 :30 Co-Representative UNDP</p> <p>18 :30 UNPD GF Support Unit</p> <p>Documentation Review</p>	<p>16 :00 Meeting “enlarged CNC” “</p> <p>18 :30 UNPD GF Support Unit</p> <p>Documentation Review</p>	<p>14 :00 to 20 :00 Preparation of the presentation of mission main findings</p> <p>Documentation Review</p>

Monday 1^{er}	Tuesday 2	Wednesday 3	Thursday 4	Friday 5
9 :30 Associations PLWHA (Espoir et Vie, REFUS, Cercle de Vie)	8:30 SCAC, French Embassy 10 :30 : National Secretary CNLS	8 :00 Preparation presentation	9 :00 WHO Representative 10 :30 ACDI (Aids project 3)	8:30 SCAC, French Embassy 10 :00 Meeting with the CCM, presentation of the main findings
14 :00 religious communities 16 :00 Health NGO 18 :30 MAP	13 :30 PSI Representative 16 :00 MSF Representative 17 :30 Focal Point CNC- Benin, LFA	14 :00 Corridor project 17 :30 : Africare Representative	14 : 00 Focal Point CNC- Benin, LFA 17 : Focal point AIDS, Ministry of Youth 19 :00 Co-Representative UNDP	14 :00 SCAC, French Embassy Documentation Review 23 :45 Departure

Annex 4 : List of People met

- Yvette-Céline SEIGNON KANDISSOUNON, Minister of Health, Chair of the National Coordination Committee, Benin
- Moussa YAROU, Principal Private Secretary, MoH.

National Program against AIDS (PNLS) :

- Alphonse GBAGUIDI, Coordinator of the National Program against AIDS (PNLS)
- Silvère GBAGUIDI, PRETRAME Unit (Project for the Prevention of Mother-to-Child Transmission of HIV)
- Mouniratou MAMASANNI, NGO Unit, PNLS.
- Edgard LAFIA, PNLS laboratory
- Séraphine AKOVI, Information and Counselling Centre, PNLS.
- Valentine MEDEGAM-KIKI, deputy coordinator, Epidemiological Surveillance Unit.
- Docteur Mathurin LOUGBEGNON, PLWHA and Orphans Unit.
- Docteur Isidore ADEYANJU, PRETRAME Unit (Project for the Prevention of Mother-to-Child Transmission of HIV).

National Tuberculosis Control Programme :

- Martin GNINAFON, Coordinator of the National Tuberculosis Control Program (PNLT)
- Monsieur Kossi Pascal MENSAH, Focal Point at the National Coordination Committee.

National Malaria Control Programme

- Dorothée GAZARD KINDE, Coordinator of the National Malaria Control Program (PNLP)
- M. Boniface DENAKPO, NGOs and Radios Unit, PNLP.
- Dr. Mariam OKE, Focal Point at the National Coordination Committee, Monitoring/Evaluation and Epidemiological Surveillance Unit.

Principal Recipient (UNDP) :

- Moustapha SOUMARE, Resident Coordinator United Nations System, UNDP Resident Representative, Chair of the UN Theme Group on HIV/AIDS, Senior officer CNC Funds Management.
- Mikiko SASAKI, Deputy Resident Representative, UNDP.
- Andrea Martina STUDER, HIV/AIDS Program Officer.
- Alain AKPADJI, Coordinator, Support Unit to the Global Fund.
- Docteur Aphonse GUEDEME, Monitoring/Evaluation Unit, Support Unit to the Global Fund.

Local Fund Agent : Agence Price WaterHouse Coopers :

- Marie-Laure KONATE, Audit Manager, Focal Point of the National Coordination Committee Benin.

UN Agencies :

- Yamina CHAKKAR, Adviser to the Inter-Country Program for Benin Togo, UNAIDS. Facilitator / Adviser of the National Coordination Committee.
- Lazare LOCO, Resident Representative, World Health Organization - Benin.
- Dina MARKITAN GBENOU, World Health Organization – Benin.
- Docteur Edouard COMLANVI, World Health Organization – Benin.
- Philippe DUAMELLE, Resident Representative UNICEF.

Partners in development :

- René BOISSENIN, Cooperation and Cultural Action Advisor, French Embassy.
- Victor TIOLLIER, Health Advisor, Cooperation and Cultural Action Service, French Embassy.
- Jean TESTA, Technical Assistant, Ministry of Health (MoH), French Cooperation.
- Michel ALARY, Director, AIDS 3 West Africa Project to Combat AIDS and STIs, Canadian International Development Agency (CIDA).
- Marguerite NDOUR, National Coordinator, AIDS 3 West Africa Project to Combat AIDS and STIs, Canadian International Development Agency (CIDA).

Focal Point at the National Coordination Committee :

- Jean SEHONOU, Camp Guézo Medico-Social Centre, Ministry of State for National Defence.
- Florent M. CAPO-CHICHI, Secretary General, Ministry of Youth, Sports and Leisure.
- Bertin KOUDOUFIO, Focal Point of the Ministry of Youth, Sports and Leisure.
- Monsieur Ribert SOTOMEY, AIDS Focal Point Chief, Ministry of Youth, Sports and Leisure.

Civil society, religious sector :

- Lori M. DU TRIEUILLE, Assistant Regional Director, Francophone Africa, AFRICARE.
- John JUSTINO, Resident Representative, Population Services International (PSI), Programme de marketing social au Bénin.
- Christophe DUPONT, Médecins Sans Frontières (MSF).
- Théophile HOUNHOUEDO, Executive Director, Vie Nouvelle NGO, President ROBS.
- Denis DE OLIVEIRA, Focal Point at the National Coordination Committee of the PLWHA, President of the Hope and Life Association (AEV). President RNP+.
- Esteban HOUSSOU, Hope and Life Association (AEV).
- Jeannette BOSSOU, Association of Women against AIDS (REFUS).
- Edwige AMOUSSOUGA, Association of Women against AIDS (REFUS).
- Rock HOUNGBO, Cercle de Vie Association.
- Emile NOUMAHOUKOU, Cercle de Vie Association.
- Lambert HOUSSOU, Cercle de Vie Association.
- Mathias DOSSOU, Cercle de Vie Association.
- Firmin BOKO, Hope and Life Association (AEV).
- Marius ACOTCHOU, Hope and Life Association (AEV).
- Monsieur Ligali ISSIAKA, imam of the Central Mosque Ibadu Jahi at Cadjehoun, Cotonou.

Non CCM members

- Pascal HESSOU, Director, National Center for Essential Drug Supply (CAME).
- Justin KOFFI, Executive Secretary, Joint Regional HIV/AIDS Project in the Abidjan - Lagos Transport Corridor, World Bank.

- Léopoldine DE SOUZA PADONOU, Deputy Executive Secretary, Joint Regional HIV/AIDS Project in the Abidjan - Lagos Transport Corridor, World Bank.
- Olivier Bienvenu CAPO-CHICHI, National Coordinator, Multi-Country HIV/AIDS Program (MAP) (Projet Plurisectoriel de Lutte contre le VIH/SIDA – PPLS), World Bank.
- Evelyne AKINCHO, AIDS Advisor, Monitoring/Evaluation Unit Chief, Multi-Country HIV/AIDS Program (MAP) (Projet Plurisectoriel de Lutte contre le VIH/SIDA – PPLS), World Bank.
- Stéphan OGOU, Focal Point of the GIP ESTHER-Benin, President Action Plus NGO.

Annex 5 : Composition of the CNC Benin

(art 3 Decree n°1488, 8th of march 2002)

Chair of the CNC : Minister of Public Health

First Vice-Chair : Directorate General for Programming and Planning (MCCAG/PD)

Second Vice-Chair : Directorate General for Budget (DGB).

Secretary of the CNC : International Organisations Directorate (MAEIA)

Members :

Ministry of State for National Defence Representative,

Ministry for Agriculture, Livestock and Fisheries Representative,

Ministry for the Environment, Habitat and Urbanism Representative,

Ministry for Primary and Secondary Education Representative,

Ministry for Technical Education and Professional Training Representative,

Ministry of the Family, Social Protection and Solidarity Representative,

Ministry for Communication and the Promotion of New Technologies Representative,

Ministry of Youth, Sports and Leisure Representative,

Two National Assembly Representatives,

Two Representatives from the private sector,

Three National NGOs Representatives,

Three Traditional Practitioners Representatives,

Three International NGOs Representatives,

Three Religious / Faith-based groups Representatives,

UNDP Resident Representative,

World Bank Resident Representative,

UNICEF Representative,

UNFPA Representative,

WHO Representative,

UNAIDS Adviser to the Inter-Country Programme for Benin and Togo,

EU Representative,

USAID Representative,

French Cooperation Representative,

German Cooperation Representative,

Swiss Cooperation Representative,

Belgian Cooperation Representative,

Canadian Cooperation Representative,

DANIDA Representative,
Coordinator of the National Programme to Fight AIDS,
Coordinator of the National Programme to Fight Tuberculosis,
Coordinator of the National Programme to Fight Malaria,
National Coordinator for Traditional Medicine.