ARTICLE 6.4 MECHANISM

A6.4-SB004-AA-A07

Concept note

Development of Article 6.4 mechanism accreditation standards and procedures

Version 01.0

United Nations
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1. Procedural background

1. Paragraph 5(d) of decision 3/CMA.3, adopted by the Conference of the Parties serving as the meeting of the Parties to the Paris Agreement (CMA) at its third session, requested the Supervisory Body of the mechanism established by Article 6, paragraph 4, of the Paris Agreement (Article 6.4 mechanism) to review the accreditation standards and procedures of the clean development mechanism (CDM) with a view to applying them with revisions, as appropriate, for the Article 6.4 mechanism by the end of 2023. The secretariat has prepared the concept note in accordance with the workplan of the Supervisory Body for 2022–2023[1] which indicates the draft and final versions of accreditation standards and procedures to be considered by the Supervisor Body at its fourth and fifth meeting in 2023, respectively.

2. Purpose

2. This concept note is to present a review of the latest version of the CDM accreditation standard (version 07.0) and the CDM accreditation procedure (version 16.0) and to propose possible areas of improvement/revision of these documents with a view to applying them for the accreditation process under the Article 6.4 mechanism.

3. Key issues and proposed solutions

3.1. Overview of the CDM accreditation system

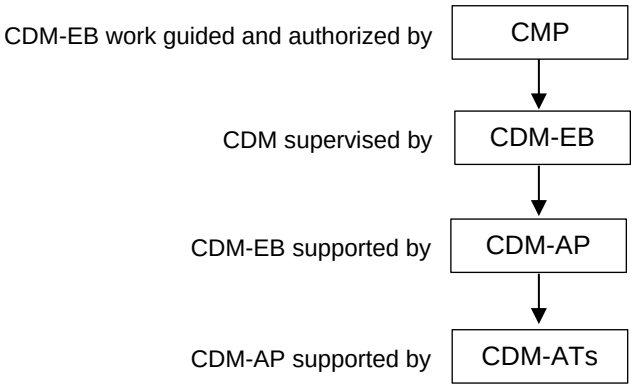
3. The Conference of the Parties serving as the meeting of the Parties to the Kyoto Protocol (CMP) established the basis of the regulatory framework for the accreditation of operational entities under the CDM, as contained in its decisions 3/CMP.1, 4/CMP.1, 5/CMP.1, 6/CMP.1 and 7/CMP.1. Pursuant to the mandate from the CMP, the CDM Executive Board (hereinafter referred to as the Board) has adopted various regulatory documents necessary for the operationalization of the CDM accreditation system, including the “CDM accreditation standard” (hereinafter referred to as the Standard) and the “CDM accreditation procedure” (hereinafter referred to as the Procedure).

4. The CDM accreditation system has a three-layer governance structure: the CMP, the Board and the CDM Accreditation Panel (CDM-AP). The CMP designates operational entities to function as designated operational entities (DOEs) under the CDM and suspends and withdraws their designation, based on a recommendation by the Board. The Board monitors performance of DOEs through various assessments and takes decisions on whether to maintain, suspend or withdraw their accreditation. The CDM-AP serves as the technical panel under the guidance of the Board and considers the results of accreditation assessments of operational entities applying for accreditation (applicant entities or AEs) and DOEs conducted by CDM assessment teams (CDM-ATs). A CDM-AT for each accreditation assessment is composed of experts drawn from a roster of experts maintained by the CDM-AP.[2] The line of responsibility of the CMP, Board, CDM-AP and CDM-ATs is illustrated in figure 1 below.

[1] https://unfccc.int/sites/default/files/resource/a64-sb002-a02.pdf.

[2] There are six AEs under the accreditation process and 27 DOEs accredited as listed in appendix 1.

Figure 1. Line of responsibility of the CMP, CDM-EB, CDM-AP and CDM-ATs



5. The CDM accreditation system includes three categories of documentation: standard, procedure and form.[3] Standards and procedures describe provisions in the CDM accreditation process that must be followed, are recommended or are permitted, indicated through the use of the words "shall", "should" and "may", respectively.[4] Forms provide structure in the way required information is collected at the various stages specified in the Procedure. This concept note covers standards and procedures only (i.e. sub-paragraphs (a) and (b) below). Revision of the other accreditation related documents (i.e. sub-paragraphs (c) – (f)) will proceed once the contents of the accreditation standard and accreditation procedure for the Article 6.4 mechanism are approved by the Supervisory Body. The CDM accreditation documents, illustrated in figure 2, include:

   (a) CDM accreditation standard (version 07.0);[5]

   (b) CDM accreditation procedure (version 16.0);[6]

   (c) Standard for applicability of sectoral scopes (version 01.0);[7]

   (d) Procedure on performance monitoring of DOEs (version 05.0);[8]

   (e) Procedure for selection and performance evaluation of experts on the CDM accreditation roster of experts (version 01.0);[9]

[3] See CDM website: https://cdm.unfccc.int/Reference/index.html

[4] The word "Shall" is used to indicate requirements to be followed; "Should" is used to indicate that among several possibilities, one course of action is recommended as particularly suitable; and "May" is used to indicate what is permitted.

[5] See section 3.2 for more information.

[6] See section 3.3 for more information.

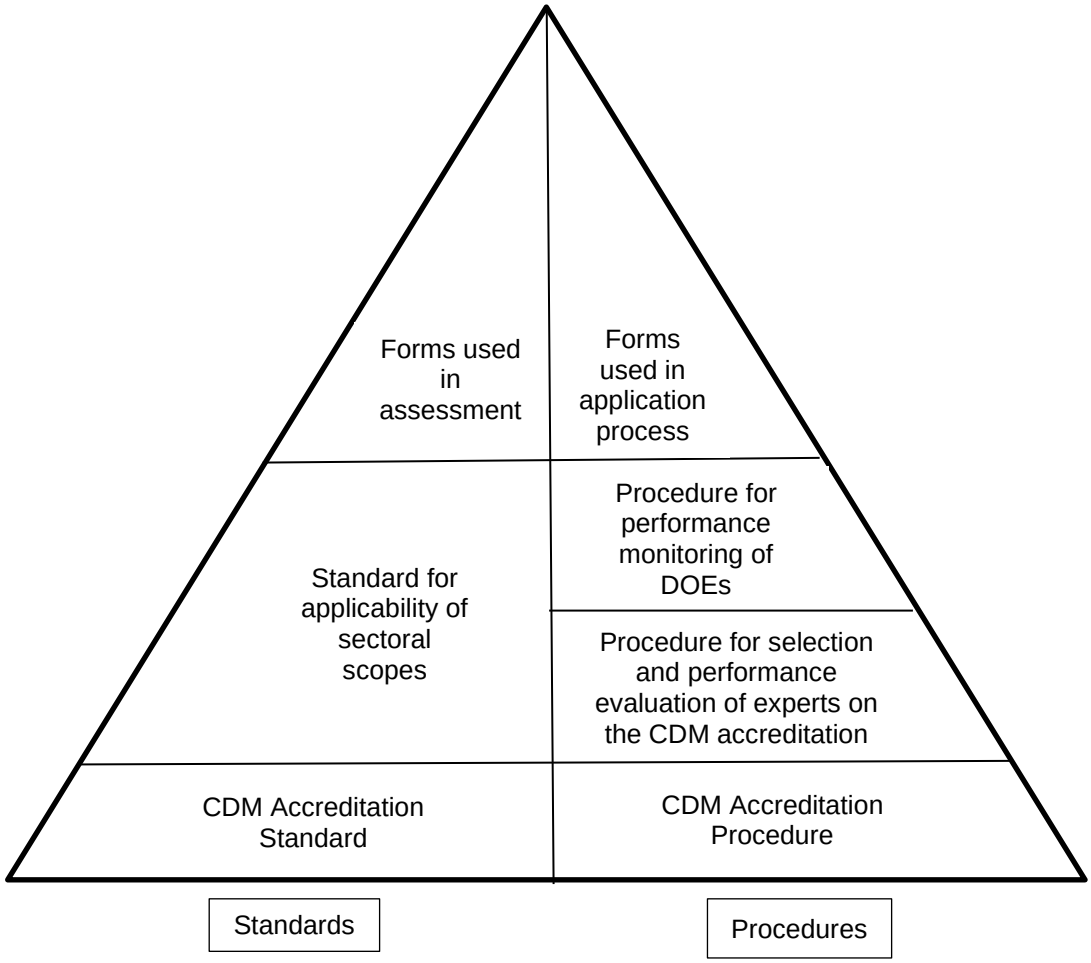
[7] The appendix 2 to the Standard contains a description and explanation of the sectoral scopes and the Standard for applicability of sectoral scopes sets out the rules for determining the relevant sectoral scopes of the applied methodology in which the validating or verifying/certifying DOE shall be accredited.

[8] See section 3.4 for more information.

[9] The procedure describes criteria and processes for managing the accreditation roster of experts (members of which are assigned to CDM-ATs) to ensure transparency and standardization in selection, appointment and performance evaluation of accreditation experts in line with the "Terms of Reference of the CDM roster of experts".

(f) Forms used in the CDM accreditation process.[10]

Figure 2. A pyramidal map of the CDM accreditation related documents



3.2. Outline of the CDM accreditation standard

6. The Standard sets out the requirements for AEs to become accredited and DOEs to remain accredited under the CDM. It covers (a) the general management system, such as legal status, liability and finance, entity management, safeguarding impartiality, human resources and competence, information management, the quality management system and complaint, dispute and appeal handling process, and (b) the validation and verification/certification process, such as establishment, performing and reviewing their

[10] There are 24 forms, specified in appendix 2 to the Procedure, for use at different stages of the CDM accreditation process, such as: application for accreditation and reaccreditation, CDM-AT establishment, initial accreditation assessment, regular on-site surveillance assessment, performance assessment, review of CDM-AP recommendation, complaint against a DOE, review of non-conformity and DOE annual activity reporting.

validation and verification/certification functions in accordance with CMP requirements, the validation and verification standard, and other relevant decisions of the Board.[11]

3.3. Outline of the CDM accreditation procedure

7. The Procedure describes the steps for an AE to become accredited and for a DOE to maintain its accreditation status under the CDM. The CDM-AT follows the accreditation processes specified in the Procedure to assess the DOE's capacity and competence against the Standard. The key procedural steps are assessment application, completeness check, workplan preparation, CDM-AT appointment, conducting assessment, implementing root-cause analysis, correction and corrective actions if any nonconformity is raised, consideration by the CDM-AP and consideration by the Board. The Procedure describes the required steps and their respective timelines for all the assessment types as illustrated in figure 3 and explained below:[12]

    (a) Initial accreditation—conducted to assess an AE's documented system and its competence and operational capacity to perform validation and verification/certification functions, and after an on-site assessment in which the AE has demonstrated compliance with all CDM accreditation requirements, the accreditation shall be granted to the AE for validation and verification/certification functions in the sectoral scope(s) in which the AE has demonstrated its competence;

    (b) Regular on-site surveillance assessment—conducted to assess whether the systems, competence and operational capability of the DOE continue to meet CDM accreditation requirements over the five-year accreditation term;

    (c) Performance assessment—conducted to assess the implementation of the systems of the DOE and its competence in an accredited sectoral scope through an assessment of a specific validation or verification/certification activity over the five-year accreditation term;[13]

    (d) Extension of sectoral scopes assessment—a DOE may apply for accreditation for additional sectoral scopes at any time within its five-year accreditation term and the procedural steps are similar to those required for an initial accreditation assessment except the timeline specified for the steps in the application and assessment stages;

[11] The Standard has undergone many major and minor revisions since its initial adoption on 25 March 2009 based on recommendations of the CDM-AP and/or the secretariat based on experience gained and feedback from CDM-ATs and DOEs. The latest version (version 07.0) was adopted on 1 March 2018.

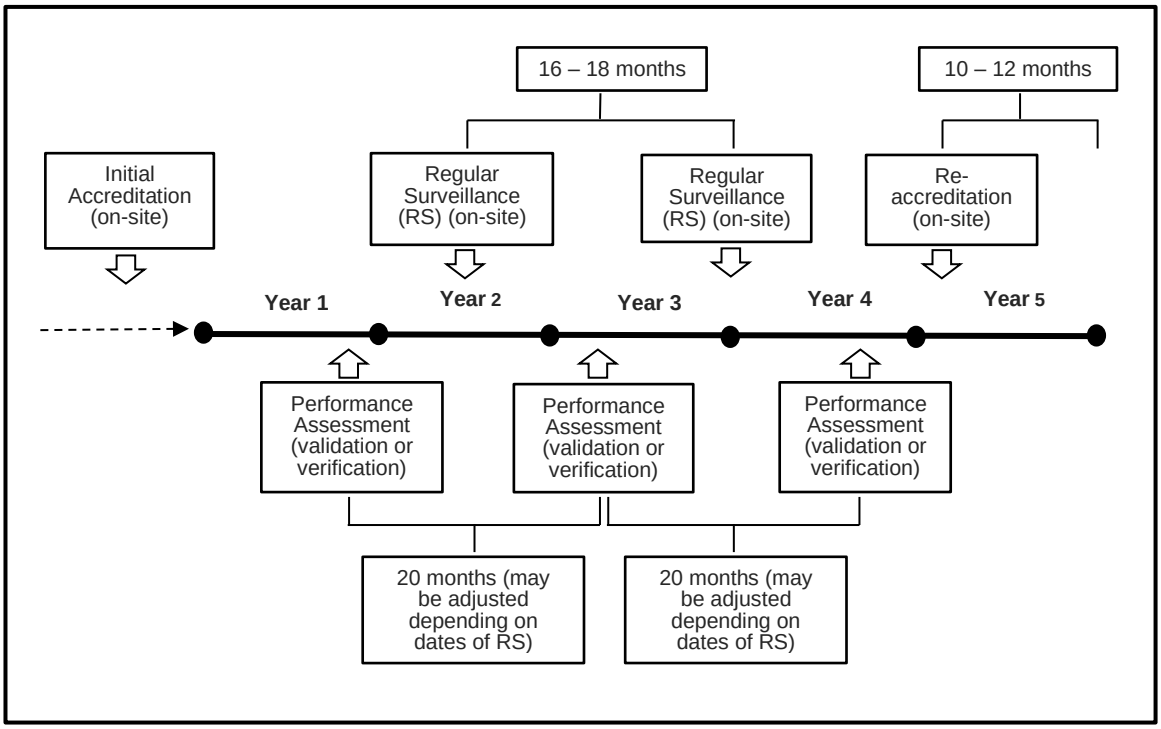
[12] The Procedure has undergone many major and minor revisions since its initial adoption on 8 August 2002 based on recommendations of the CDM-AP and/or the secretariat based on experience gained and feedback from CDM-ATs and DOEs. The latest version (version 16.0) was adopted on 11 March 2022.

[13] The Procedure provides for the launch of five performance assessments during the five-year accreditation term, and for additional assessments depending on the volume of work. The Board at EB 93 considered the CDM market condition and agreed to a minimum of three mandatory performance assessments in the five-year accreditation term. This decision has been reviewed every two years and the latest term of validity runs until 28 May 2024.

(e) Spot-check—the Board may conduct a spot-check of a DOE at any time during its accreditation term. A spot-check may be triggered by the review process conducted by the Board on a request for registration or request for issuance submitted by the DOE, information received from a third party on possible inadequate performance of the DOE in its validation or verification/certification activities, or in response to a recommendation made by the CDM-AP;

(f) Re-accreditation assessment—a DOE that wishes to be reaccredited after expiry of an accreditation term shall apply for re-accreditation and the procedural steps are similar to those required for an initial accreditation assessment except the timelines specified for the steps in the application and assessment stages.

Figure 3. Timeline of CDM accreditation assessments



3.4. Other procedure

8. In addition to the Procedure, the procedure on performance monitoring of designated operational entities (version 05.0) is used to monitor, classify and rate non-compliances identified in requests submitted by DOEs. The objective of the procedure is to:[14]

(a) Set out the process and requirements to monitor the performance of DOEs to ensure that the performance of DOE meets the accreditation requirements;

[14] The types of requests include: requests for registration and issuance for both project activities and programmes of activities (PoAs), requests for renewal of crediting period of project activities, requests for renewal of PoA period, requests for approval of post-registration changes of both project activities and PoAs under the prior-approval track, and notifications of changes to component project activities.

(b) Foster improvement of the performance of DOEs and provide the Board and the CDM-AP with tools for informed decision-making on actions in the accreditation process;

(c) Foster system-side improvements via identification of issues where guidance or requirements lack clarity or are non-existent.

9. Three indicators are used in monitoring of performance of DOEs at various stages:

(a) Indicator I_1:

(i) $I_{1,CC}$ at completeness check;[15]

(ii) $I_{1,IRC}$ at information and reporting check;[16]

(b) Indicator I_2:

(i) $I_{2,REG}$ at request for review for request for registration;[17]

(ii) $I_{2,ISS}$ at request for review for request for issuance;[18]

(c) Indicator I_3: at the stage of clarification and rejection of request for approval of post registration changes.[19]

10. Each year, a monitoring period starts on 1 January and ends on 30 April, followed by a monitoring period that starts on 1 May and ends on 31 August, followed by the final

[15] The indicator $I_{1,CC}$ is to monitor the following types of requests: requests for registration and issuance for both project activities and PoAs, requests for renewal of crediting period of project activities, requests for renewal of PoA period, requests for approval of post registration changes to both project activities and PoAs under the prior-approval track, and notifications of changes to component project activities. It is calculated as the number of requests concluded as incomplete at completeness check divided by the number of requests submitted which have completed the project cycle.

[16] The indicator $I_{1,IRC}$ is to monitor the following types of requests: requests for registration and issuance for both project activities and PoAs, requests for renewal of crediting period of project activities, and requests for renewal of PoA period. It is calculated as the number of requests concluded as incomplete at information and reporting check divided by the number of requests submitted which have completed the project cycle.

[17] The indicator $I_{2,REG}$ is to monitor the following types of requests: requests for registration for both project activities and PoAs, requests for renewal of crediting period of project activities, and requests for renewal of PoA period. It is to calculate the values of risk priority number (RPN) resulted from requests for review raised for requests for registration and the proportion values of the RPN values over the RPN mean values.

[18] The indicator $I_{2,ISS}$ is to monitor the requests for issuance for both project activities and PoAs. It is to calculate the values of RPN resulted from requests for review raised for requests for issuance and the proportion values of the RPN values over the RPN mean values.

[19] The indicator I_3 is to monitor the requests for approval of post registration changes to both project activities and PoAs under the prior-approval track, and notifications of changes to component project activities. It is to calculate the values of RPN resulted from requests for clarification and rejected requests and the proportion values of the RPN values over the RPN mean values.

monitoring period, which starts on 1 September and ends on 31 December. Based on the performance monitoring outcomes, assessed by the secretariat, actions shall be taken by:

(a) DOEs—If a DOE has reached a threshold described in an indicator, the DOE shall undertake a root-cause analysis of deficiencies in its system and implement corrective and/or preventative actions to improve its performance;

(b) Secretariat—The secretariat shall prepare a workplan of regular surveillance assessment or re-accreditation assessment based on the DOE's performance monitoring outcomes;

(c) CDM-AP—Based on a DOE's performance monitoring outcomes, the CDM-AP shall decide on the number of subsequent performance assessments required and the areas to be assessed, during the performance assessment, regular surveillance assessments and re-accreditation assessments and/or make recommendations in accordance with the Procedure. Additionally, the CDM-AP shall initiate a spot-check if the DOE breaches a prescribed limit described as a "red zone" threshold of indicators I_2 and I_3;

(d) Board—The Board shall take note of the performance of DOEs and may identify measures to improve the mechanism's regulatory framework.

3.5. Level of alignment of the CDM accreditation systems with other GHG validation and verification schemes

3.5.1. General

11. This section compares the CDM accreditation system and its Standard and the Procedure with accreditation systems under other greenhouse gases (GHG) validation and verification schemes.

3.5.2. Level of alignment of the CDM accreditation standard (Version 7.0) with ISO 17029

12. The Standard has similar accreditation requirements as those applied by other GHG validation and verification schemes. Most other GHG validation and verification schemes refer to ISO 17029:2019 "Conformity assessment – General principles and requirements for validation and verification bodies", which is applicable to validation and verification bodies in any sector and contains general principles and requirements for competence, consistent operation and impartiality of bodies performing validation and verification as conformity assessment activities (a detailed comparative analysis is contained in appendix 2).[20] The differences include:

(a) ISO 17029:2019 describes the principles of validation and verification and generic requirements for validation and verification bodies. To make the standard operational, a GHG scheme must define the rules and procedures for carrying out validation and verification activities in a specific sector. Whereas, in addition to the Standard, the CDM has established a robust validation and verification/certification regulatory framework, including the "CDM validation and verification standard for

[20] International Accreditation Forum policy document (IAF PL 3:2022) and IAF MLA Status 18/10/2022 indicate the ISO 17029:2019 as a level three standard which is to be applied by validation and verification bodies while conducting the level two validation and verification accreditation activity.

project activities" (VVS-PA), and the "CDM validation and verification standard for programmes of activities" (VVS-PoA);

(b) ISO 17029:2019 requires that validation and verification bodies document a management system covering at least six management areas.[21] Whereas, the Standard has prescriptive minimum requirements for DOEs, which also requires a DOE to establish its own documented procedures, not only for its management systems but for all other requirements;[22]

(c) ISO 17029:2019 describes the principles of the risk-based approach for validation and verification. It clarifies that the principles are not a requirement, but that they should be applied by bodies to guide decisions that sometimes need to be made in unanticipated situations. The Standard includes requirements relating to financial risk and impartiality risk, but does not provide the principles of the risk-based approach for DOEs to take into account the risks associated with performing validation and verification/certification activities;[23]

(d) ISO 17029:2019 requires validation and verification bodies to demonstrate the risks arising from their validation and verification activities and make adequate arrangements to cover liabilities arising from such risks. The Standard has a similar provision, but it focuses on financial risks arising from DOEs' validation and verification/certification functions.

13. In view of the above analysis, the Standard can be considered a prescriptive document, given that the Standard provides not only accreditation requirements for DOEs but also makes reference to the validation and verification/certification requirements specified in the validation and verification standards (VVS-PA and VVS-PoA). However, the provisions below, specified in ISO 17029:2019, are important to be included in the accreditation standard for the Article 6.4 mechanism:

(a) Principles of the risk-based approach to be prescribed;

(b) Coverage of all liabilities resulting from the risks arising from validation and verification/certification activities.

14. In addition, it is proposed to consider the latest feedback provided by the CDM-AP and CDM-ATs on the current version of the Standard (version 07.0) as contained in appendix 3

[21] These six areas are: policies and responsibilities, management review, internal audits, corrective actions, actions to address risks and opportunities, and documented information.

[22] These additional requirements include: entity's management, safeguarding impartiality, human resources and competence, information management, VVC process, quality management system, and complaint, dispute and appeal processes.

[23] The risk-based approach requires that validation and verification bodies take into account the risks associated with providing competent, consistent and impartial validation and verification activities. The risks can include, but are not limited to, those associated with: the objectives of the validation and verification, the compliance of the competence, consistency and real and perceived impartiality requirements, the issues related to legal, regulation and liability, and the level of assurance to be achieved.

and summarized below when adapting the Standard for use in the Article 6.4 mechanism:[24]

(a) Introduce a provision of internal audit planning and scheduling as in ISO 19011 and enhance clarity on independence of an internal auditor;

(b) Enhance clarity on which records are to be kept permanently or disposed of after a required retention period;

(c) Enhance clarity on: (i) the functions that can be outsourced; and (ii) the requirements relating to outsourced entities and external resources;

(d) Consider providing flexibility on provisions of signing of a contract between a DOE and its client taking into account current market practice;

(e) Introduce: (i) a questionnaire approach as a means to collect required feedback for the paragraph 157(d) of the Standard; and (ii) a provision for a DOE to get feedback from its client(s) on the areas of competence of DOE's staff and impartiality and processes followed by a DOE;

(f) Enhance clarity on the type and level of detail of information to be made public by DOEs;

(g) Enhance clarity on how to conduct liability analysis, impartiality analysis, evaluation of adequacy of the competence criteria, and review of effectiveness of the process of safeguarding impartiality;

(h) Introduce a requirement relating to the process for dealing with judicial process.

3.5.3. Level of alignment of the CDM accreditation procedure (Version 16.0) with other GHG Validation and Verification Schemes

15. The Procedure has an accreditation process that is similar to those applied by other GHG validation and verification schemes (a detailed comparative analysis is contained in appendix 4). The differences include:

(a) A review of the accreditation procedures established by other GHG schemes found that the classification of sectoral scopes is varied, as each GHG validation and verification scheme has its own approach to such classification. Under the CDM, an AE may apply for accreditation in one or more sectoral scopes for its validation and verification/certification functions among the 16 sectoral scopes defined in the Standard. As well, the standard for applicability of sectoral scopes (version 01.0) specifies the linkage between each baseline and monitoring methodology and one or more specific sectoral scopes from the 16 sectoral scopes. If under the Article 6.4 mechanism any change is made to the classification of sectoral scopes or any methodologies are consolidated (and new methodologies for removal or mitigation are developed and approved by the Supervisory Body that have not been classified under the current CDM classification of sectoral scopes), the change will be

[24] The timing to revise the Standard in the current CDM practice is based on magnitude and urgency of the inputs received; otherwise, the revisions of the Standard are made once certain amount of inputs are collected. The latest inputs provided by the CDM-ATs and CDM-AP in 2022 which have not yet been incorporated into the latest versions of the Standard are proposed to be included in the standard and procedure for the Article 6.4 mechanism.

reflected in both the accreditation standard and accreditation procedure for the Article 6.4 mechanism;

(b) The frequency of conducting regular surveillance assessment under the CDM is two times within the five-year accreditation term, which is less than the other GHG schemes (annually) analysed here. However, it can be considered that there is not much difference in effect, since the re-accreditation assessment under the CDM has to start at the end of the fourth year within the five-year accreditation term;

(c) A performance assessment of a DOE is conducted after granting accreditation to the DOE to assess implementation of the DOE's systems and its competence in accredited sectoral scopes through assessments of specific validation and verification/certification activities. A validation or verification/certification activity for a performance assessment is selected randomly without prior notification to a DOE, to assess the real performance of the DOE;

(d) The risk assessment principle and the provision of conducting assessments remotely are provided in ISO 17011:2017, which can be applied at the assessment planning stage by accreditation bodies. The Procedure does not include provision for a risk-based approach and has limited flexibility in taking into account risks associated with accreditation assessments (i.e. only for regular surveillance assessment).

16. In view of the analysis above, the Procedure is comprehensive, comparable to the processes applied by other GHG validation and verification schemes, and can be used effectively for the Article 6.4 mechanism. It contains the necessary requirements and sets out the process to accredit AEs and maintain the accreditation of DOEs. However, the provisions below, specified in ISO 17011:2017, are considered important to be included in the accreditation procedure for the Article 6.4 mechanism:

(a) Principles of the risk-based approach when planning assessments; and

(b) Allowing remote assessment for all types of assessment.

17. In addition, it is proposed to consider the latest feedback provided by the CDM-AP and CDM-ATs on the current version of the Procedure (version 16.0) as contained in appendix 3 and summarized below when adapting the Procedure for use in the Article 6.4 mechanism:[25]

(a) Ensure appendix 1 to the Procedure covers all the documents DOEs are required to provide at the application stage for all assessment types;

(b) Include an option to conduct assessments remotely for all assessment types;

(c) Align the requirements of a DOE's central office in the Procedure, Standard and form "Declaration of other offices performing validation and verification/certification functions" (CDM-DOO-FORM);

[25] The timing to revise the Procedure in the current CDM practice is based on magnitude and urgency of the inputs received; otherwise, the revisions of the Procedure are made once certain amount of inputs are collected. The latest inputs provided by the CDM-ATs and CDM-AP in 2022 which have not yet been incorporated into the latest versions of the Procedure are proposed to be included in the accreditation procedure for the Article 6.4 mechanism.

(d) Consider including a provision for raising major and minor non-conformities and observations;

(e) Introduce a provision in the form for on-site assessment report (CDM-OAR-FORM) to verify the corrective actions taken after the previous accreditation assessment;

(f) Consider providing flexibility in the assessment timeline in cases where numerous non-conformities are raised;

(g) Revisit the flow and structure of payments to the CDM-ATs.

18. Further to section 3.4 above, the procedure on performance monitoring of designated operational entities (version 05.0) complements the Procedure, given that based on the performance monitoring outcomes, the CDM-AP can decide on (a) the focused areas to be assessed during forthcoming assessments, (b) increasing or reducing the number of performance assessment, (c) the initiation of a spot-check and/or (d) any appropriate recommendation in accordance with the Procedure.

3.6. Overall assessment of the CDM accreditation system

19. The Board establishes the CDM-AP to support it in the establishment and implementation of the standards and procedures for accreditation of operational entities. The CDM-AP composed of national accreditation body experts and CDM technical experts provides advice and recommendations to the Board on improvement of the accreditation system, and that feedback has been reflected in the Standard and the Procedure through seven and sixteen major revisions, respectively. The provisions in the Standard and the Procedure are detailed and prescriptive in nature and are the result of a learning-by-doing approach. The CDM accreditation system is cost-effective for various types of accreditation assessments and includes clear accreditation requirements to be met by DOEs, as summarized below:

(a) The accreditation term is five years, which includes one initial accreditation assessment, two regular on-site surveillance assessments and a minimum of three performance assessments. A re-accreditation assessment is conducted if a DOE wishes to be reaccredited for the subsequent five-year accreditation term. Thus, the CDM accreditation system functions with relatively few assessments required for granting and maintaining accreditation, which makes the CDM accreditation system cost-effective; [26]

[26] The Procedure has been revised several times to reflect the number of assessments needed and the timing of those assessments during the five-year accreditation term through the decisions listed below:

(a) The Board at its seventy-fourth meeting (EB 74) decided to extend the accreditation term from three years to five years and to adjust the regular on-site surveillance assessment frequency from one regular on-site surveillance assessment (applicable in the three-year term) to two regular on-stie assessments within the new five-year accreditation term (implemented since 2013);

(b) The Procedure provides for the launch of five performance assessments during the five-year accreditation term, and for additional assessments depending on the volume of work. However, the Board at EB 93 considered the CDM market condition and agreed to a minimum of three mandatory performance assessments in the five-year accreditation term, as a cost-saving approach on a temporary basis. This decision has been reviewed every two years since 23 February 2017 (latest term of validity runs until 28 May 2024);

(b) The CDM accreditation system contains provisions that require DOEs to establish their own documented procedures based on prescribed minimum requirements and to apply those minimum requirements in validating/verifying compliance of CDM project activities and programmes of activities as per the "CDM project standard for project activities" (PS-PA), "CDM project standard for programmes of activities" (PS-PoA) and various applicable tools, guidance and methodologies, through validation and verification/certification activities conducted in accordance with the VVS-PA and VVS-PoA. The CDM includes comprehensive regulations applied throughout the CDM project life cycle; therefore, all actors involved are able to know the requirements before they take action at each step. This up-front regulations-setting complements the accreditation process as the requirements for compliance and quality of project activities and PoAs are shifted, up front, to the design and implementation stages of the project cycle, allowing for fewer accreditation assessments.

20. In view of the above, although the Standard and the Procedure include detailed requirements, they cannot prescribe for all unanticipated situations. Therefore, it is important to include a risk-based approach in the accreditation standard and accreditation procedure for the Article 6.4 mechanism. Additionally, this transition is an opportunity for improvement, which to be realized will require consideration of feedback from the CDM-ATs and CDM-AP.

3.7. Proposed solutions

21. The role of DOEs under the Article 6.4 mechanism is considered similar to that under the CDM. Because of this, and based on the analysis above, it can be concluded that few changes to the Standard and the Procedure would be required to adapt them for use in the Article 6.4 mechanism (also offering an opportunity to improve the Standard and the Procedure). To develop an accreditation standard and accreditation procedure for the Article 6.4 mechanism, it is proposed that:

(a) The majority of the requirements from the Standard and the Procedure be transposed to the accreditation standard and the accreditation procedure for the Article 6.4 mechanism; and

(b) Revisions be incorporated as proposed in paragraphs13, 14, 16 and 17 above.

4. Impacts

22. The analysis and proposal above provide information for the Supervisory Body to consider in its review of the accreditation standards and procedures of the CDM and upon which to decide their application, with revisions, as appropriate, for the Article 6.4 mechanism.

(c) The Board at EB 46 decided to replace witnessing activities conducted before granting accreditation for sectoral scopes applied for in the initial accreditation assessment with performance assessments conducted after granting of accreditation (implemented since 2009).

5. Subsequent work and timelines

23. The secretariat will draft an accreditation standard and accreditation procedure for the Article 6.4 mechanism based on guidance from the Supervisory Body and present these drafts to the Supervisory Body at its next meeting for its consideration.

6. Recommendation to the Supervisory Body

24. The secretariat recommends that the Supervisory Body consider the information and proposal presented in section 3.7 above and provide guidance on how to adapt the Standard and Procedure to apply them under the Article 6.4 mechanism.

Appendix 1. Lists of AEs and DOEs

1. Table 1 and table 2 below list the six applicant entities (AEs) and 27 designated operational entities (DOEs), respectively, under the clean development mechanism, including sectoral scopes applied for by the AEs and accredited for in the case of the DOEs, and country location of the entities' central office.

Table 1. List of AEs

Refence No.	Entity	Country	Sectoral scope for validation/verification
E-0072	PONY Testing International Group Co., Ltd. (Pony Test)	China	1-15
E-0073	Limited Liability Company Small Innovative Enterprise "NES Profexpert" (NES)	Russian Federation	1, 3-5, 10, 14
E-0074	Instituto Nacional de Tecnología Industrial (INTI)	Argentina	1-16
E-0075	Beijing Carbon Brilliant Technology Ltd. (CBT)	China	1-3, 14
E-0076	BSI Pacific Limited (BSI PL	Hong Kong, China	1-16
E-0077	Beijing United Intelligence Certification Co., Ltd (UICC)	China	1-9, 12, 13

Table 2. List of DOEs

Refence No.	Entity	Country	Sectoral scope for validation/verification
E-0001	Japan Quality Assurance Organization (JQA)	Japan	1, 3-5, 10, 13, 14
E-0005	TÜV SÜD South Asia Private Limited (TÜV SÜD)	India	1, 3-5, 7, 10, 11, 13-15
E-0006	Deloitte Tohmatsu Sustainability, Co., Ltd. (DTSUS)	Japan	1-3, 5, 10, 12, 13, 15
E-0009	Bureau Veritas India Pvt. Ltd. (BVI)	India	1-5, 7-10, 12-15
E-0020	GHD Limited (GHD)	Canada	1, 4, 5, 8-10, 12, 13
E-0021	AENOR INTERNACIONAL, S.A.U. (AENOR)	Spain	1-15
E-0022	TÜV NORD CERT GmbH (TÜV NORD)	Germany	1-16

Refence No.	Entity	Country	Sectoral scope for validation/verification
E-0024	Colombian Institute for Technical Standards and Certification (ICONTEC)	Colombia	1-3, 7, 13, 14
E-0025	Korean Foundation for Quality (KFQ)	Republic of Korea	1-5, 9, 11, 13, 15
E-0032	LGAI Technological Center, S.A. (LGAI Tech. Center S.A)	Spain	1, 3, 13
E-0034	China Environmental United Certification Center Co., Ltd. (CEC)	China	1-15
E-0037	RINA Services S.p.A. (RINA)	Italy	1-7, 9-11, 13-15
E-0039	Korean Standards Association (KSA)	Republic of Korea	1-5, 9, 10, 13-15
E-0044	China Quality Certification Center (CQC)	China	1-15
E-0046	China Classification Society Certification Company (CCSC)	China	1-10, 13, 14
E-0047	CEPREI certification body (CEPREI)	China	1-5, 8-10, 13, 15
E-0051	KBS Certification Services Pvt. Ltd (KBS)	India	1-5, 7-10, 12-15
E-0052	Carbon Check (India) Private Ltd. (Carbon Check)	India	1, 3-5, 9, 10, 13, 14
E-0054	Re Carbon Gözetim Denetim ve Belgelendirme Limited Sirketi (Re Carbon)	Turkey	1-3, 13, 15
E-0056	Korea Testing & Research Institute (KTR)	Republic of Korea	1, 3-5, 11, 13
E-0061	Shenzhen CTI International Certification Co., Ltd (CTI)	China	1-15
E-0062	EPIC Sustainability Services Pvt. Ltd. (EPIC)	India	1-16
E-0065	China Building Material Test and Certification Group Co. Ltd. (CTC)	China	1-6, 9-11, 13-16
E-0066	Earthood Services Private Limited (Earthood)	India	1, 3-7, 9, 10, 13-15
E-0067	China Certification Center, Inc. (CCCI)	China	1-15
E-0069	4K Earth Science Private Limited (4KES)	India	1-3, 5, 6, 12-15
E-0071	Ampere for Renewable Energy (Ampere)	Jordan	1, 3, 13

Appendix 2. Level of alignment of the CDM accreditation standard (Version 07.0) with ISO 17029:2019

1. The clean development mechanism (CDM) accreditation standard (Version 07.0) (the Standard) sets out the requirements for applicant entities (AEs) to become accredited and designated operational entities (DOEs) and then to remain accredited. The objective of the Standard is to contribute to the accreditation of competent and impartial DOEs. In addition to the Standard, the ISO 17029:2019 "Conformity assessment – General principles and requirements for validation and verification bodies" is referred to by various GHG schemes as a basis for accreditation criteria for validation and verification bodies (VVBs), such as the China National Accreditation Service for Conformity Assessment (CNAS) and India National Accreditation Board for Certification Bodies (NABCB).[1] The European Union Emissions Trading System (EU ETS) verification scheme also provides a comprehensive overview highlighting the relation with ISO 17029.[2] Therefore, the ISO 17029:2019 is selected for the alignment with the Standard as summarized in the table 1 below.

Table 1. Alignment of the CDM accreditation standard (Version 07.0) and ISO 17029:2019

No.	ISO 17029:2019	CDM accreditation standard (Version 07.0) (the Standard)	Level of alignment
1	Section 4 provides principles applied for validation and verification (VV) process and principles for validation and verification bodies (VVBs), such as impartiality, competence, confidentiality, openness, responsibility, responsiveness to complaints, risk-based approach.	Instead of providing principles to be applied by designated operational entities (DOEs), the Standard provides the requirements for DOEs to follow, such as impartiality, competence, confidentiality and complaint, dispute and appeal processes. Additionally, the "CDM validation and verification standard for project activities" (VVS-PA) and the "CDM validation and verification standard for programmes of activities"	The requirements are similar. The Standard does not have a provision relating to the principle of risk-based approach.

[1] Please refer to the documents: CNAS–CV01 Conformity assessment – General Principles and Requirements for Validation and Verification Bodies and CNAS-EV-001:2022 Validation and Verification Bodies Transition Instructions issued by the CNAS; and BCB–165 accreditation criteria for validation and verification bodies issued by the NABCB.

[2] Please refer to the documents: AVR Explanatory Guidance (EGD I), AVR Key Guidance Note No. II.8, and EA document for accreditation of Verification Bodies for the purpose of EU ETS Directive applied for EU ETS.

No.	ISO 17029:2019	CDM accreditation standard (Version 07.0) (the Standard)	Level of alignment
		(VVS-PoA) specify principles of independence, ethical conduct, fair presentation and due professional care.	
2	Section 5.1 legal entity requires a VVB to be a legal entity.	Section 6, legal status and matters requires that a DOE be a legal entity and not have any pending judicial process for malpractice, fraud and/or other activity incompatible with its function as a DOE.	The requirement for a legal entity is similar. The Standard includes a requirement on pending judicial process.
3	Section 5.2 requires that a VVB be responsible and retain authority for its VV statements.	Section 6 requires a DOE to make decisions independently and section 8.2 requires that the DOE's top management have authority and are responsible for final decisions on validation and/or verification/certification (VVC) activities.	The requirements are similar.
4	Section 5.3 provides requirements on impartiality, including to monitor activities and relationships to identify threats and to take actions to respond to any threats identified.	Section 9, safeguarding impartiality, requires that a DOE ensure its integrity and work in a credible, independent, non-discriminatory and transparent manner. Additionally, a DOE shall have documented procedures for safeguarding impartiality via the policy level; at the organization level by having an impartiality committee; and at the operational level by analysing threats and identifying mitigation measures and to review effectiveness of the implementation of the safeguarding impartiality requirements at least once a year.	The requirements are similar. The Standard includes prescriptive requirements which are the basis for DOEs to establish their documented procedures.
5	Section 5.4 requires VVBs to evaluate the risks arising from their VV activities.	Section 7.2 requires DOEs to analyse the nature, scale and impact of all potential financial risks and to have arrangements to cover the identified financial risks.	The requirements are similar. The Standard focuses on financial risks arising from VVC functions; however, the Standard should be revised to cover all types of risk.
6	Section 6 provides requirements on the organization structure and top management and requires having a process for the effective control of VV activities through appropriate level, and competence of personnel and lines of management control.	Section 8 requires DOEs to have a management structure, assigned responsibilities and lines of authority of management and top management levels as well as to establish relevant documented procedures, including on how to operate any operational or supervisory committees involved. Further, Section 10 requires competence for	The requirements are similar. The Standard provides prescriptive requirements on responsibility and authority and requires establishment of documented procedures.

No.	ISO 17029:2019	CDM accreditation standard (Version 07.0) (the Standard)	Level of alignment
		management functions and requires that the management personnel be internal resources.	
7	Section 7.1 requires VVBs to have access to the resources needed for VV activities.	Section 7.1 requires that DOEs demonstrate their financial resources and stability and to regularly monitor their financial stability and resources required for VVC functions.	The requirements are similar. The Standard requires regular monitoring of the resources needed for VVC functions.
8	Section 7.2 provides requirements on competence, impartiality and confidentiality of personnel.	Section 10.1, sufficiency of human resources, Section 9.4, safeguarding impartiality at the operational level, and Section 11.2, confidentiality, provide similar requirements to those in the ISO 17029.	The requirements are similar. The Standard provides prescriptive requirements on competence and requires establishment of documented procedures on these aspects.
9	Section 7.3 requires that a VVB have a process for manging competence of its personnel involved in VV activities via determining competence criteria, identifying training needs, monitoring the performance of personnel and demonstrating documented information.	Sections 10.2 and 10.3 provide requirements on initial competence analysis, competence for VVC teams (i.e. identifying knowledge and skills required for management function, validator, verifier, technical expert, VVC team, VVC team leader and technical review team), demonstration of competence and qualification, monitoring of performance, conducting training and keeping personnel records.	The requirements are similar. The Standard provides prescriptive requirements on competence, knowledge and skills for various roles in VVC activities and continual performance monitoring. The Standard requires establishment of documented procedures on these aspects.
10	Section 7.4 provides a requirement on outsourcing.	Section 10.1.4 provides a requirement on outsourcing.	The requirements are similar.
11	Section 8 requires that a VVB apply a VV programme (i.e. a set of rules and procedures for carrying out VV activities) that are consistent with this standard.	The section 12.3 requires that a DOE establish, document, implement and maintain a procedure for performing its VVC functions in accordance with the VVS-PA, VVS-PoA and other relevant decisions of the Board, such as the “CDM project standard for project activities” (PS-PA), the “CDM project standard for programmes of activities” (PS-PoA) and various applicable tools, guidance and methodologies.	The requirements are similar. The Standard requires establishment of documented procedures for performing VVC activities in accordance with VVS-PA, VVS-PoA, PS-PA, PS-PoA and applicable tools, guidance and methodologies.
12	Sections 9.1 to 9.8 provide requirements on the VV process through the steps of pre-engagement, engagement, planning, execution, review, decision	Section 12 provides requirements on the VVC process through the steps of submitting proposal, conducting contract review, selecting VVC personnel, preparing a plan and defining task allocation, conducting VVC visit to the project activity or PoA, implementing technical a	The requirements are similar, although different terms are used. The Standard requires establishment of documented procedures for performing VVC activities.

No.	ISO 17029:2019	CDM accreditation standard (Version 07.0) (the Standard)	Level of alignment
	and issue of statement and facts discovered after the issue of statement.	review and issuance of final VVC opinions and reports. The VVS-PA and VVS-PoA have requirements on post-registration changes to process any temporary deviations and permanent changes if any change is identified during the implementation and operation period.	Note that VVS-PA and VVS-PoA provide requirements on VVC opinions.
13	Sections 9.9 and 9.10 provide requirements on process of handing appeals and complaints.	Section 14 provides a requirement on the process for handling complaints, disputes and appeals.	The requirements are similar. The Standard requires establishment of documented procedures to handle such a process.
14	Sections 9.11 and 11.6 provide requirement on control of records and documented information.	Section 13.4 provides a requirement on the process for control of documents and control of records, including records pertaining to VVC functions.	The requirements are similar. The Standard requires establishment of documented procedures to control such documents and records.
15	Sections 10.1, 10.2 and 10.4 provide requirements on what information should be made publicly available and provided upon request and how to ensure confidentiality of information.	Sections 9.2, 11.1, 14.1 and 14.3 provide requirements on the information required to be made available in the public domain. Section 14.2 provides a requirement on the information available upon request. Section 11.2 provides a requirement on handling confidentiality of information.	The requirements are similar. The Standard requires establishment of documented procedures to safeguard the confidentiality of information obtained or created during VVC activities.
16	Section 10.3 provides a requirement on the use of a VVB's marks.	The Standard does not have such a provision.	The Standard does not have such a provision, since there is no such mark to be used in the CDM.
17	Sections 11.1 to 11.5 provide requirements on having a management system, organizing management reviews, conducting internal audits, implementing corrective action and actions to address risk and opportunities.	Sections 13.1 to 13.3, 13.5, 13.6 and 13.7 provide requirements on having a quality management system, responsibility of top management, CDM quality manager, internal audits, corrective and preventive actions and management review. It is noted that the purpose of preventive action is to proactively identify potential sources of non-conformities and areas for improvement, which is similar to the provision on actions to address risks and opportunities so as to enhance the effectiveness of VVC activities.	The requirements are similar. The Standard requires establishment of documented procedures on these provisions.

Appendix 3. Feedback provided by CDM-AP and CDM-ATs on the CDM accreditation standard (Version 07.0) and the CDM accreditation procedure (Version 16.0)

1. Feedback provided by the clean development mechanism (CDM) accreditation panel (CDM-AP) and the CDM assessment teams (CDM-ATs) in 2022 on the CDM accreditation standard (version 07.0) (the Standard) and the CDM accreditation procedure (version 16.0) (the Procedure) is summarized in table 1 and table 2 below, respectively.

Table 1. Feedback on the Standard

No.	Feedback
1	It is proposed to include a provision in paragraph 148 of the Standard requiring internal audit planning and scheduling as referred to in ISO 19011.
2	There is a need to revise the Standard to clarify the requirement on which records must be kept permanently and which can be disposed of after a period of time.
3	The Standard may be modified to provide for the availing of services of validators/verifiers from an outsourced agency without assigning any functions as per appendix 1 to the Standard (i.e. do not consider such a situation as a function to be outsourced as specified in the Standard).
4	It is proposed that paragraph 149 of the Standard be revised to enhance clarity on the independence of an internal auditor by stating that the internal auditor shall not audit his/her own work.
5	It is proposed that paragraph 119 of the Standard on signing of a contract between a DOE and its client can be relaxed, with some safeguards, taking into account current market practice.
6	Paragraph 157(d) of the Standard has the provision that a management review should consider feedback from stakeholders. It is proposed that the questionnaire approach could be considered as a means to collect such feedback.
7	It is proposed to introduce a provision in the Standard to collect feedback from clients, especially on the competence of staff, impartiality and processes followed.
8	It is proposed to review what information is required to be posted on the website of DOEs, such as relevant information on personnel's responsibilities, steps involved in handling complaints and disputes, a single statement on impartiality, confidentiality and quality, and relevant accredited information of the DOE.
9	It is proposed to provide provisions on how to conduct liability analysis and impartiality analysis, and on how to use the outcome of those analyses. Additionally, it is proposed to enhance clarity on the provisions in paragraph 49 of the Standard, relating to the effectiveness of the procedure for safeguarding impartiality, and in paragraph 73 of the Standard, relating to the evaluation of the adequacy of the competence criteria.
10	It is proposed that paragraphs 11–13 of the Standard be revised to include a specific requirement that DOEs have a process for dealing with judicial process.

Table 2. Feedback on the Procedure

No.	Feedback
1	It is proposed that appendix 1 of the Procedure be revised to indicate all documents referred to in the self-completeness check form (CDM-SCC-FORM) and to align it with all the documents required in the desk review form (CDM-DRR-FORM) to facilitate the application process by providing a list of all required documentation before starting an assessment.
2	It is proposed that appendix 1 to the Procedure be revised to include a provision that the DOE declares that it has no pending judicial process for malpractice, fraud and/or other activity incompatible with its functions as a DOE under the category of regular surveillance assessment.
3	It is proposed to develop a provision on where remote assessments could be used even in the post COVID-19 pandemic period, based on risk analysis.
4	It is proposed that the provision relating to the central office specified in the Procedure and the declaration of other offices performing validation and verification/certification functions (CDM-DOO-FORM) be aligned and revised to enhance clarity. While aligning the central office provision in the Procedure and form, please ensure the alignment is extended to the Standard.
5	It is proposed to consider whether to include provisions in the Procedure to raise major non-conformity, minor non-conformity and observation.
6	It is proposed that consideration be given to introducing a provision in the on-site assessment report template (CDM-OAR-FORM) to verify any corrective actions taken after the previous accreditation assessment.
7	There is no provision in the Procedure to extend the timeline for the CDM-AT to complete its required actions. Consideration could be given to a revision affording flexibility in the assessment timeline in cases where there is a large number of non-conformities.
8	It is proposed to revisit appendix 9 of the Procedure concerning the flow and structure of the payments to CDM-Ats, to consider having the secretariat pay CDM-ATs whereas DOEs reimburse such payment to the secretariat.

Appendix 4. Level of alignment of the CDM accreditation procedures (version 16.0) with key GHG validation and verification schemes

1. The CDM accreditation procedure (Version 16.0) (the Procedure) contains the series of rules and actions that shall be followed and/or undertaken by applicant entities (AEs) and designated operational entities (DOEs) to obtain or maintain accreditation, as well as by the CDM Executive Board (Board) and its support structure to assess whether AEs/DOEs comply with the CDM accreditation requirements. The Procedure is intended to ensure that accredited entities are competent and impartial. Various greenhouse gas (GHG) schemes have their own procedures to accredit validation and verification bodies (VVBs). The table shows the results of an analysis of the level of alignment of the Procedure with the procedures of three other GHG schemes. The accreditation procedures established by China National Accreditation Service for Conformity Assessment (CNAS), the European Union Emissions Trading System (EU ETS) verification scheme and the India National Accreditation Board for Certification Bodies (NABCB) were selected for the comparison, considering that 25 per cent, 18 per cent and 25 per cent of DOEs are based in China, the European Union and India, respectively.[1]

Table 1. Level of alignment of the CDM accreditation procedure (version 7.0) with other GHG schemes

No.	Procedural activity	CNAS	EU ETS	NABCB	CDM	Level of alignment
1	Accreditation term	5 years	5 years	4 years	5 years	The requirements are similar.
2	Application for accreditation and review of documentation	The documents and forms required for applications are specified for the applicants. Application packages are reviewed to determine whether the accreditation requirements have been met and determine the suitability of the applicant for accreditation.				The requirements are similar.
3	Assessment preparation	The workplan and assessment plan are established. The assessment team members are selected from a pool of				The requirements are similar.

[1] The level of alignment is made based on the Rules for the Accreditation of GHG Validation and Verification Bodies (CNAS-RV02; 2022) issued by CNAS, the EU ETS Regulation on the verification of data and on the accreditation of verifiers ((EU) 2018/2067; 2021) and the Accreditation and Verification Regulation – Explanatory Guidance (EGD 1; 2022) issue by EU ETS, the Accreditation Procedure for Validation and Verification Bodies (BCB 201 (VVB)-Jan 2022; 2022) issued by NACCB and the CDM Accreditation Procedure (Version 16.0). It is to be noted that such procedures selected for alignment have different document structures and sections and terms describing the requirements applied in the respective accreditation processes, the alignment is made based on the sequence of content of activities as per the accreditation process of ISO 17011:2017 instead of section by section specified in the respective procedures.

No.	Procedural activity	CNAS	EU ETS	NABCB	CDM	Level of alignment
	and selection of assessment team	experts and the number of assessment team members is based on the assessment duration specified. Each assessment team member is required to declare having no conflict of interest and abide by confidentiality provisions. The applicant is informed of the composition of the assessment team and may object to the selection of any assessment team member.				
4	Initial accreditation assessment, extension of sector scopes assessment and re-accreditation assessment	Document review, office assessment and witnessing assessment are required. Assessment reports and final assessment report are prepared for the final decision making on granting of accreditation.			Document review and office assessment are required. Assessment reports and final assessment report are prepared for the final decision making on granting of accreditation.	(1) The classification of sectoral scopes applied are different and each scheme has its own classification. a. The NABCB refers to IAF MD14 VVB to classify 16 sectoral scopes for the validation and verification activities in the project level (these 16 sectoral scopes are similar to the 16 sectoral scopes specified in the CDM); b. The CNAS has a two-layer sectoral scope classification system (i.e. higher level and mid level). For the validation and verification activities in the project level, 18 high level sectoral scopes are established; c. The EU ETS has 32 scopes of accreditation within 15 groups of activities; d. The CDM has 16 sectoral scopes. (2) Regular surveillance assessment is less frequent in the CDM (i.e. two regular assessments within five-year accreditation term) as compared to the other three schemes (i.e. annual). However, they can still be considered similar because the reaccreditation assessment in the CDM has to be applied at the end of the fourth year within the five-year accreditation term. (3) Although the purposes of witnessing assessment and performance assessment are the same, to observe the performance and competence of the applicants and to check how the applicants conduct VVC activities, the differences include: a. The CDM accreditation is granted based on a positive desk review and office assessment outcomes;
5	Surveillance assessment	Office assessment and witnessing assessment are required. Surveillance assessments every 12 months. Assessment reports and final assessment report are prepared for the final decision making.			Office assessment is required. Two regular surveillance assessments are required in the five-year accreditation term.	
6	Performance assessment	Referred to as witnessing assessment.			Performance assessment in the CDM and witnessing assessment in the other three schemes are similar. The Procedure requires launch of five performance assessments in the five-year accreditation term, with additional	

No.	Procedural activity	CNAS	EU ETS	NABCB	CDM	Level of alignment
					ones based on the volume of work; however, the CDM Board decided, as a temporary measure valid until 28 May 2024, to have at least three performance assessments in the five-year accreditation term.	whereas, the other three schemes' accreditation is based on a positive desk review, office assessment and witnessing assessment outcomes; b. The CDM performance assessment is conducted after granting of accreditation; whereas in the other three schemes the witnessing assessment is conducted before granting of accreditation. In performance assessments, VVC activities are selected randomly for assessment, to ensure that the actual performance of the DOE is assessed (because the DOE is unable to know which VVC activities will be sampled). (4) Provisions for risk assessment and conducting assessments remotely are included in ISO 17011:2017, which is applied by the three accreditation bodies; however, such provisions are not included in the Procedure.
7	Addressing non-conformities raised	Non-conformities shall be addressed through root-cause analysis and conducting corrections and corrective actions which are to be assessed by assessment teams.				The requirements are similar.
8	Accreditation decision making	The decision on accreditation is taken by persons, a committee or board members, not the assessment teams.				The requirements are similar.
9	Suspension, withdrawing and reducing accreditation sectoral scopes	The criteria of initiating suspension, withdrawing and reducing accreditation sectoral scopes are established. The decision-making processes of such actions are specified.				The requirements are similar.
10	Handling complaints and appeals	The process to receive, evaluate and make decisions is established and the final decision is made by persons, a committee or board members not involved in the activity in question.				The requirements are similar.

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