

Ministry of Health & Family Welfare
India Country Coordination Mechanism (CCM) for
The Global Fund to fight against AIDS, Tuberculosis and Malaria

Minutes of the 58th Meeting of the India Country Coordination Mechanism (CCM) held on 19th March, 2014

58th meeting of India CCM was held at 3 pm on 19th March, 2014 under the chairmanship of Shri Lov Verma, Secretary (HFW)/chair, CCM, in first floor committee room, Nirman Bhawan, New Delhi.

A list of the CCM members and invitees is placed at Annexure I.

The chair welcomed all the participants to the meeting.

Shri C K Mishra, Additional Secretary (H)/member secretary, CCM along with all other members of CCM welcomed Shri Lov Verma as new chair of India CCM. All participants also welcomed Shri C K Mishra as new member secretary of CCM.

The quorum of 21 members (and/or alternate members) of CCM was confirmed for decision making.

Shri C K Mishra, member secretary sought approval of CCM for taking up the agenda of the meeting.

1. The minutes of the 57th CCM meeting were taken up for discussion.

Decision: CCM members will submit their comments regarding minutes of 57th CCM meeting within a week's time. After consideration of the comments by the chair, the minutes will be taken up for approval in the next CCM meeting.

2. Pending approval of the minutes of 57th CCM meeting, ATR on the minutes of the 57th CCM meeting (Agenda item no. 2) was deferred.
3. Agenda item no. 3 was for information of the CCM members.
4. Agenda item no. 4 was introduced to update the CCM members regarding the "country dialogue" held by Global Fund country team in December 2013.
5. Agenda item no. 5 pertained to New Funding Model (NFM, 2014-16) of Global Fund including concept note development and selection of PRs. Member secretary explained the key features of the New Funding Model of GF and informed CCM members regarding the decision on the split of total global fund allocation among the disease components. He informed that the share of GF allocation for different disease components was 65% for HIV/AIDS, 26% for TB, 8% for Malaria and 1% for HIV-TB for the ongoing grants. He further informed that under the NFM, India falls under Band 1 category (lower income, high disease burden) and is eligible for funding for HIV, TB, malaria and cross cutting health system strengthening (HSS). In accordance with the revised Eligibility and Counterpart Financing Policy (EFCP) of GF, the additional allocation of USD 465,415,759 has been announced for India, total allocation being USD 849,999,999. He informed CCM that in view of the discussions on development of concept note under the NFM during the country dialogue organized by the GF team in December, 2013, the programme divisions were consulted by the CCM secretariat regarding disease wise split of the GF indicative allocation to ensure that the whole process remained realistic. The following decisions were taken after two meetings with the programme divisions :
 - a. The programme divisions would develop concept notes for their respective components keeping in mind the disease split of 50% for HIV/AIDS, 35% for TB and 15% for malaria.
 - b. The non-Government PR share would be around 10% of the share of allocation of respective diseases.

- c. A transparent process would be adopted to select non-government PRs for grants under NFM. Programme divisions would work out the eligibility criteria for selection of PRs and inform CCM secretariat.
- d. An EOI would be issued to call for PRs based on the approved eligibility criteria, on the website of MoHFW and respective programme divisions websites for wide publicity after approval by CCM.
- e. After receipt of proposal for PRs, the same may be examined by a sub committee appointed by CCM.
- f. The programme divisions would also develop guidelines for selection of SRs and SSRs to make the process transparent. Private companies/entities should not be selected as PRs, SRs and SSRs
- g. Joint HIV-TB concept note components would be developed by DAC and CTD with mutual coordination so as the same can be included in the final concept note. This shall also include relevant comorbidities e.g. diabetes.

The draft EOI was discussed in detail. It was suggested that the respective programme divisions would work on the priority areas for HIV/AIDS/TB and malaria and reflect the same on their programme websites. The issues related to verification of credentials of foreign organizations having mostly foreigners as members also cropped up. USAID offered to share the defined criteria in such cases with CCM. Members were agreeable on having Indian experience as one of the criteria.

Ms Veena referred to situation likely to arise as a result of issues related to section 377 and functioning of ICTCs. Secretary, DAC, agreed to take up this matter separately.

The need to form a technical review committee for examining the proposals received in response to EOI was discussed. The member secretary was of the view that the committee could also co-opt members from the programme divisions and outside experts as and when needed. The members agreed to leave the final constitution of the committee to the chair of CCM.

Decision : Out of the allocated funding of USD 465,415,759 under NFM (2014-2016), the disease wise split would be 50% for HIV/AIDS, 35% for TB and 15% for malaria. The non-Government PR share would be around 10% of the share of allocation for respective diseases. To ensure transparency in selection of non-government PRs under NFM, an EOI would be issued by CCM secretariat to call for proposals based on the approved eligibility criteria, on the website of MoHFW and respective programme division's websites for wide publicity. After receipt of proposal for PRs, the same would be examined by a Technical Review Committee (TRC) constituted by Chair, CCM. The TRC would develop criteria to screen and evaluate received proposals based on the broad priorities outlined in the EOI and existing practices. TRC could co-opt members and experts as per their own prerogative to complete the process of screening of proposals in a timely manner. The programme divisions would develop guidelines for selection of SRs and SSRs to make the selection process transparent. Joint HIV-TB concept note components would be developed by DAC and CTD with mutual coordination.

The final concept note (combined) for India should be ready for submission to GF by 15th May, 2014.

6. Agenda item no. 6 related to CCM Secretariat budget. Member secretary informed that the matter was taken with the GF Hqs at the senior level during his visit to Geneva in November 2013. The same was also discussed with GF country team in December 2013 during the country dialogue. The audit of the previous releases was undertaken by LFA in consultation

with FPM, GF, which was facilitated by CCM secretariat. A new bank account for CCM was also opened as advised by GF. In view of the ceiling put up for CCM secretariat finding, the CCM secretariat proposal was revised and circulated to CCM members vide e mail for their endorsement. This has been submitted to GF by the CCM secretariat now and the response is awaited. Members expressed their serious concern regarding non-release of CCM funds, as the functioning of CCM secretariat is suffering as a result. Sh Mishra further informed that the funding for the 58th CCM meeting is made available by the MoHFW. Chair was of the view that the DEA may be informed in this regard and replenishment by India may be put on hold if the funds are not released by the GF.

Decision: CCM Secretariat would follow up with GF for release of funding to facilitate its smooth functioning by end of March, 2014.

7. Agenda item no. 7 related to functioning of oversight committee. Sh Mishra informed that the oversight committee was constituted in April 2013. As per records available with CCM secretariat, the committee met in April and May 2013. In view of transfer of Dr Mohammed Shaukat, representing DAC constituency in the oversight committee, CCM secretariat requested DAC to nominate another representative. Dr Neeraj Dhingra, DDG, DAC was nominated. However, due to non-availability of funds, no visits were undertaken by the oversight committee and it remained largely non-functional.
8. Agenda item no.8 pertained to Progress of Inquiry committee constituted to look into complaints against India HIV/AIDS Alliance. Sh Mishra informed that CCM secretariat facilitated the handing over of documents by India HIV/AIDS Alliance to the Inquiry Committee and coordinated meetings of the committee. It also constantly followed up the proceedings of the Inquiry committee and pressed for a timely report.

Dr Rajesh Kumar, Chair of the Inquiry committee informed CCM secretariat on 20th December, 2013 that they were in receipt of inquiry committee response document from Alliance which ran into 250 pages. They needed a consultant for two weeks to review the same. CCM secretariat was requested to issue necessary directive for the arrangement of suitable staff to review the report and assist the inquiry committee members in its assessment. As no funds were available with the CCM secretariat, this could not be facilitated.

Decision: Inquiry committee would be provided support to complete the process as and when CCM secretariat receives funds from the GF.

9. Agenda item no. 9 was on subcommittee report on the status of the selection of new PLHIV seat. Sh Mishra stated that at the CCM meeting on 1st June 2012, a subcommittee was formulated to support the process of appointment of a new member to fill the PLHIV seat. The subcommittee included USAID, French Embassy, UNAIDS and Ms. Annadi Yuvaraj (independent member).

The subcommittee decided to undertake an internal process for selection of a member for the new PLHIV seat and circulated an application form to the 6 networks on 14th November 2012. However only NCPI+ responded and no response was received from INP+ or PWN+. This was informed by the subcommittee to CCM at the meeting of 5th October 2013. The CCM recommended that the subcommittee should facilitate a physical meeting of the six nominated representatives from the community and request them to propose one name for representation in the CCM. The meeting was held on 25th October, 2013 to take forward this recommendation. However the subcommittee informed CCM secretariat that the six representatives did not agree on one name for the CCM.

The sponsor organization of PLHIV had informed CCM chair vide email that they had withdrawn their nomination and hence the PLHIV member was not allowed to attend CCM meeting.

Decision: the selection of PLHIV was deferred till next elections of CCM and in the meantime a procedure would be laid down for selection of PLHIV as it is there in case of TB and malaria.

10. Agenda item no. 10 was related to information regarding support from GIZ for consultant to support CCM. Sh Mishra informed CCM that German Back up Initiative (GIZ) has offered support for India CCM in terms of CCM assessment, CCM strengthening and capacity development. GIZ is a programme funded by the Federal Ministry of Economic Cooperation and Development, Germany and Swiss Agency for Development and Cooperation (SDC). It works in close collaboration with GF Secretariat in Geneva, as well as health ministries, CSOs, WHO, UNAIDS and UNDP. WHO and UNAIDS offered to provide technical support for concept note development.

Decision: The CCM secretariat would not follow up on GIZ support for concept note development. Programme divisions would follow it up with WHO and UNAIDS under intimation to CCM secretariat.

11. Agenda item no. 11 was regarding South Asia Multi-Country Global Fund Programme Phase 2 Resubmission. Sh Mishra informed that CCM Secretariat received a request from DAC vide email dated 27th November 2013, for endorsement regarding resubmission of the Phase 2 of South Asia Multi-Country Global Fund Programme (MSA-910-G01-H). This pertained to resubmission of a grant renewal application for the GFATM Regional Round 9 South Asia HIV Programme. The CCM chair agreed to suggestion of Secretary DAC for endorsement of resubmission of Phase 2. DAC mentioned that as it was a regional round, concurrence of full CCM was not required.

Decision: Agreed.

12. Sh. Lov Verma/CCM Chair proposed that Secretary DAC may be co-opted as Co-Chair of CCM.

Decision: This was unanimously agreed to.

The meeting ended with a vote of thanks to the chair.

Annexure A

List of the CCM Members who attended the 58th CCM Meeting on 19.03.2014		
S. No.	Member's Name	Organisation
1	Sh Lov Verma	Secretary (H&FW)
2	Sh V K Subburaj	Secretary (DAC)
3	Sh C K Mishra	AS (H&FW)
4	Sh Gautam Guha	AS & FA (H&FW)
5	Sh Anshu Prakash	JS (H&FW)
6	Dr Nancy Godfrey	USAID
7	Mr MONNET Rodolphe	Embassy of France
8	Sh Roshan Kumar Dilda	SEEDS
9	Dr Oussama Tawil	UNAID
10	Dr Rajesh Kumar	Society for the Promotion of Youth and Masses (SPYM)
11	Dr Prakash Aher	Magmo Welfare Sansthan
12	Ms S Veena	Samara
13	Dr Soumya Swaminathan	NIRT

List of the CCM Members who did not attend the 58th CCM Meeting		
S. No.	Member's Name	Organisation
1	Sh Anup Chandra Pandey	Ministry of Labour and Employment
2	Mr Sudhir Kumar	Ministry of Youth & Sports
3	Ms Rashmi Shukla	Ministry Of Panchayat Raj
4	Dr Roopa Mishra	Mission Director (Orissa)
5	Mr Amit Kumar Ghosh	Mission Director (Uttar Pradesh)
6	Mr A M Mankad	Mission Director (Gujarat)
7	Dr Suresh K Mohammed	Mission Director (Karnataka)
8	Mr Prateek Hajela	Mission Director (Assam)
9	Dr Ravi Verma	International Centre for Research on Women (ICRW)
10	Mr Najmul Ahasan	Edenred (India) Pvt Ltd
11	Dr Vikram Gupta	Sir Ratan Tata Trust
12	Dr Elangovan P	Indian Association for the Study of STD and AIDS
13	Ms Shobha Mishra Ghose	FICCI
14	Mr Aron Schaefer	European Union
15	Ms Lise Grande	UN Resident Coordinator
16	Mr Vikas Panibatla	TB Alert India
17	Dr Girja B Nanda	Manavadhikar Samjik Manch
18	Swami Shantatmananda	PLWD-Malaria
19	Ms Aditi Ananthanarayanan	PLWD-TB

List of Alternate Members who represented CCM Members		
S. No.	Member's Name	Organisation
1	Mr Manoj Suryawanshi	ACC Limited
2	Mr Jayram Parsad	LEPRA Society
3	Dr Manish Ghate	NARI
4	Dr Praveen K Bharti	RMRCT Jabalpur
5	Dr Shampa Nag	CARITAS
6	Dr Preeti Kumar	PHFI
7	Dr Reuben Samuel	WHO
8	Mr Monnet Rodolphe	Embassy of France

List of Special Invitees		
S. No.	Member's Name	Organisation
1	Dr A C Dhariwal	Director (NVBDCP)
2	Dr A S Rathore	DDG (DAC)
3	Dr R S Gupta	DDG (TB), CTD
4	Dr K S Sachdeva	Addl. DDG, CTD
5	Dr Avdhesh Kumar	Addl. Director (NVBDCP)
6	Dr Rita Prasad	Programme Officer (C&S) DAC