

Minutes of the 65th Meeting of India CCM, held at 12:00 noon on 7th April, 2016 at 1st Floor, Committee room, Nirman Bhawan New Delhi.

The 65th Meeting of India CCM was held at 12:00 noon on 7th April, 2016 under the Chairmanship of Sh. B.P Sharma, Secretary (HFW)/ Chair, India CCM. List of the participants is placed at Annexure-1.

As the Chair was on his way back from a prescheduled meeting to celebrate the World Health Day and Vice Chair was not available, Sh. A.K Panda, Member Secretary was instructed by the Chair to conduct the meeting. Thereafter, Sh. B.P Sharma Secretary (HFW)/ Chair, India CCM joined the meeting.

Member Secretary welcomed the participants and introduced the agenda of the meeting.

After endorsement of the Agenda by the CCM members, the proceedings of the meeting were initiated.

Agenda item no. 1

The minutes of the 64th meeting of India CCM were endorsed.

Agenda item no. 2

Member Secretary presented an update on the Global Fund activities to the CCM members, which are highlighted as given under:

- i. Signing of Grant Confirmations by all Principle Recipients (Government and Non-Government)
- ii. Visit of Dr. Mark Dybul, Executive Director of the Global Fund to India to attend launch of National Framework for Malaria Elimination, held on 10th and 11th Feb, 2016 wherein he discussed transition strategy of the Global Fund from India in coming years.
- iii. MoHFW has proposed US \$ 20 million towards Fifth Global Fund replenishment.
- iv. OIG team of the Global Fund would conduct audit of the Global Fund grants in India during the months of April and May.
- iv. Central TB Division has successfully placed an order for 500 CBNAAT machines, 300 of which have already been installed and rest 200 would be installed by June, 2016

Agenda item no. 3

Dr. Inder Prakash, Chair of the Oversight Committee of India CCM provided an update on the recently conducted visit by the Oversight committee in Delhi on 1st March, 2016 to oversee implementation of HIV grant by NACO and India HIV Alliance. A team comprising of Dr. Inder Prakash, Ms. Laxmi Narayan Tripathi, Ms. Nandini Kapoor and Dr. Sandhya Gupta visited Delhi SACS, ART centre and ICTC centre at Dr. Baba Saheb Ambedkar Hospital (BSA) and Care & support Centre of North West Delhi (under India HIV Alliance). The team shared main findings of the visit, as stated below:

- i. Stock out of HIV antigen test kit 2 for past 2-3 months at ICTC centre of BSA hospital.
- ii. Poor retention of staff (nurses, doctors) at ART centre due to less remuneration of staff under Delhi SACS.
- iii. Inadequate supply of ARV drugs especially ZLN and TL adult regimens. Some of the drugs were available only for 20 days against the guidelines for maintaining buffer stock of three months.
- iv. Implementation of new ART treatment guidelines on initiation of ART treatment based on CD4 count of 500 has not started yet.
- iv. One additional CD4 Count Machine was sanctioned, but has not yet been received in Delhi SACS.
- v. Dr. Baba Saheb Ambedkar Hospital-ART centre was located in basement of the hospital and was poorly ventilated.
- vi. 1097 HIV/AIDS helpline is non-functional.

AS & DG (NACO) responded to the observations of the Oversight Committee. He informed that NACO is facing problems in procurement of ARV drugs (esp. ZLN adult regimen) and HIV antigen test kit 2 due to some changes in the policy related to import of several ARV drugs. NACO had placed an order of drugs on nomination basis in the absence of requisite bidders and would ensure adequate availability of ARV drugs at ART centres within few weeks. He also apprised that once the procurement process of ARV drugs is complete, new ART treatment guidelines based on CD4 count would be made effective.

Regarding location of ART centre in BSA hospital, he informed that hospital's Medical Superintendent has assured to provide more space to the ART centre and improve its work conditions.

With reference to lower salary structure of the staff under Delhi SACS, he acknowledged the problem and mentioned that unlike NHM, NACO has uniform salary norms across the country and hence has lower salary structure compared to NHM. However, he assured to look into the matter.

Further he informed that 5 CD4 machines are available at 11 ART centres and are sufficient to manage viral testing load in Delhi. More machines are also being procured.

He informed the CCM that 1097 HIV/AIDS helpline had become non-functional due to lack of funding support but would be resumed soon as NACO had located a new funding support.

Agenda item no. 4

Dr. Devesh Gupta, Addl. DDG (TB), presented findings of the report of Fact Finding Mission on the complaint against implementation of Axshya Project in Bihar under Round 9 of the Global Fund. A Committee was formed by the Directorate General of Health Services to investigate the complaint made by Sh. Md. Shami Hashmi (District coordinator, under Axshya Project in Bihar) alleging inappropriate implementation of Axshya Project in Bihar by SRs - the

UNION and the World Vision India. A visit was undertaken to Bihar by the Committee on 11th and 12th January, 2016 to investigate the matter. The committee concluded that all the allegations made by Sh. Shami Hashmi could not be verified since the complaint pertained to the year 2010 onwards under Round 9 of the GFATM. The relevant records and reports for this period were not available at the level of the SR for review by the committee and also new staff had joined thereafter. The committee highlighted following areas of concern based on its investigation:

- i. A few instances of false reporting were found with respect to both the SRs - CBCI and ADRA.
- ii. The quality of services being provided at the level of SRs/SSRs was not found satisfactory and hence needed more support from the program for capacity building of the service providers/community volunteers.
- iii. Monitoring at the level of both PRs and SRs needs to be strengthened.
- iv. No major contribution of Project AXSHYA was visible in the field as far as improvement in the program performance, for example increase in referrals of chest symptomatics for sputum microscopy or increase in community awareness as result of community meetings.

Decision:

Member Secretary highlighted the need of having a robust monitoring mechanism to prevent such instances in future. Dr. Bharti, Grant Manager-the Global Fund grants, CTD informed that under the NFM, more intensive oversight of the Global Fund grant is being planned for both the government and non-government PRs. All these activities would be routinely shared with Oversight committee of India CCM.

Agenda item no.5

Ms. Laxmi Narayan Tripathi, India CCM Member representing KAP (MSM/TG) provided a brief update on the 8th CCM Regional Steering Committee Meeting held on 31 March-1 April, 2016 at Bangkok, Thailand, for Multi-Country South Asia Global Fund HIV Programme, attended by her along with Sh. Animesh Purohit, PO (TIs), NACO and Dr. Sandhya Gupta, India CCM Coordinator.

She informed that Dr. Sandhya Gupta was elected as the new CCM Regional Steering Committee Coordinator.

She also highlighted that an EOI for extension of the MSA grant beyond 2016 was not considered by the Technical Review Panel (TRP) of the Global Fund. To ensure greater impact and sustainability, members of the MSM, Hijra and transgender people communities, regional CCM and representatives from seven South Asian countries who attended the meeting decided to request the leadership of the Global Fund to consider an extension of MSA grant beyond 2016 for one year with cost of US\$ 5 million.

A letter of request to Mr. Norbert Hauser, Chair, Global Fund Board and Mr. Mark Dybul, Executive Director, the Global Fund to extend the MSA grant would be sent by CCM Regional Steering Committee Coordinator.

Agenda item no.6

India HIV Alliance representative Mr. Simon W. Beddoe made a presentation on the Regional Concept Note in support of advocacy for increased access to harm reduction services and strengthened community systems for people who inject drugs (PWID) in seven countries in Asia: Cambodia, India, Indonesia, Nepal, Philippines, Thailand and Vietnam for seeking support of USD 5 million for three years (January 2017- December 2019) from the Global Fund.

It was informed that India HIV Alliance was chosen as PR for the regional grant in January, 2016. The regional concept note (RCN) was submitted to the Global Fund on 1st Feb, 2016.

The main objectives of the regional proposal were to create an enabling legal and policy environment, community system strengthening and increased use of strategic information for shaping evidence base for PWIDs in seven countries of Asia.

India would be eligible to receive US \$ 388,137 (2 % share of the total regional grant) for three year period to implement activities for creating an enabling legal and policy environment, strengthening PWID networks and increasing use of strategic information. It was clarified that this funding would be over and above the national allocation.

Mr. Oussama Tawil and Swami Shantatmananda emphasized that each concept note seeking funding support from the Global Fund should be passed through the CCM from the very beginning.

Dr. John Oommen mentioned that RCN submitted by India HIV Alliance does not provide sufficient data on the rise and fall in harm reduction activities which is crucial element for strategic decision making.

Dr. Pauline Harvey sought clarification on the activity wise budget breakup for India. It was explained by India HIV Alliance that the modular template included unit wise detailed budget break up.

AS & DG (NACO) mentioned that NACO would welcome such regional proposal aiming to reduce stigma and discrimination towards vulnerable/ key affected population provided the following conditions are met:

- a) All the advocacy efforts and activities pertaining to law enforcement and engagement of community etc. should be in line with NACO policy./programmes.
- b) Proposed regional project should be within the framework of NACO and MoHFW policies.

The India HIV alliance team was suggested to move out for CCM members to have internal discussion regarding endorsement of the regional concept note. All the CCM members were also requested to declare their Conflict of Interest pertaining to the regional concept note, if any.

Ms. Laxmi Narayan Tripathi and Mr. Abu Mere stressed the need of having such programmes which strengthen the affected communities through advocacy and community efforts.

It was felt that CCM's role should not end with endorsement of the regional concept note, it should constantly be informed about the progress of the same by India HIV Alliance. Several members emphasised the need for having a concrete mechanism for continuous interaction of CCM and India HIV Alliance in the matter.

Decision:

The Regional Concept note on Harm reduction was endorsed by CCM with fulfilment of the following conditions:

- i. The regional concept note should be in alignment with national law, policies and NACO activities.
- ii. The Oversight Committee of India CCM will closely monitor the implementation of activities undertaken as part of the regional concept note.

Secretary (HFW)/ Chair, India CCM joined the meeting. He was briefed about the main decisions taken during the meeting by the Member Secretary.

The meeting ended with a vote of thanks from and to the Chair.

List of Participants

CCM Members

S.No.	Name	Designation/Organisation
1	Sh. B.P Sharma	Secretary (HFW)/Chair, CCM
2	Sh. N.S. Kang	AS & DG, MoHFW
3	Dr. Arun K. Panda	Additional Secretary (H)/Member Secretary, CCM
4	Smt. Vijaya Srivastava	AS&FA, MoHFW
5	Mrs. Bhagya Lakshmi	CEO, Ashodaya Samithi
6	Ms. Sadhana Jadon	PLHIV
7	Mr. Abou Mere	President, Indian Drug User's Forum
8	Mr. John Cherian Oommen	Deputy Medical Superintendent & Head, Christian Hospital, Bissamcuttak
9	Mr. Oussama Tawil	Country Director, UNAIDS
11	Sh. Swami Shantatmananda	Ramakrishna Mission, Delhi
12	Mr. Md Hashmat Rabbani,	Secretary, Gramin Samaj Kalyan Vikas Manch, Jharkhand
13	Dr. Pauline Harvey	Director, Division of Global HIV and Tuberculosis, CDC
14	Ms. Laxmi Narayan Tripathi	Founder Member, Astitva Trust
15	Dr. Moji Jini	Directorate of Health Services, Govt. of Arunachal Pradesh
16	Mr. Benjamin Cabouat	Embassy of France
17	Mr. Nikhilesh Maity	Programme Officer, Vikas Bharti

Alternate Members

S.No	Name	Designation/ Organisation
1	Dr. Rashmi Arora	Scientist C & Head ECD, Indian Council of Medical Research
2	Dr. Yatin Dholakia	Director, Foundation for Medical Research
3	Dr. Nicole Simone Seguy	Senior Technical Advisor, WHO
4	Ms. T. Mercy Annapoorani	RAINBOW TB FORUM
5	Ms Nandini Kapoor Dhingra	Senior Programme Advisor, UNAIDS
6	Dr. Inder Parkash	DDG (PH), MoHFW
7	Ms. Maria Elettra Verrone	Second Secretary, Embassy of Italy

8	Dr. Ajay Gambhir	Indian Academy of Pediatrics
9	Mr. Himanshu Raina	Department of Revenue, TRU

Special Invitees

S.No	Name	Organisation
1	Mr. Simon W Beddoe	Sr. Advocacy Officer, India HIV/AIDS Alliance
2	Mr. Ha Tatu	Directorate of Health Services, Govt. of Arunachal Pradesh
3	Dr. Bharti Kalottee	Grant Manager - CTD
4	Mr. Heman Sabharwal	Price Water House (LFA Trrem)
5	Ms. Sonal Mehta	Director, Programme & Policy, India HIV/AIDS Alliance
6	Dr. Dinesh Gupta	Addl. DDG (TB)
7	Mr. Amit Kumar	AINSW