

India Country Coordinating Mechanism- 67th Meeting

Subject: Minutes of 67th Meeting of India CCM

Date (dd.mm.yy)	14.12.2016
Venue of the Meeting	Room no.-155-A ,1 st Floor Committee Room, Ministry of Health and Family Welfare, NirmanBhawan, New Delhi
Meeting started	11.00 AM
Meeting adjourned	1.00 PM
Meeting Chaired by	Sh. C. K Mishra, Secretary (HFW)/ Chair, India CCM
Meeting Steered by	Dr. A. K Panda, AS & MD/ AS & DG- NACO/ Member Secretary
Total number of participants	38 participants
Does meeting attained quorum?	Yes
Meeting attendance	<ul style="list-style-type: none">▪ Country Coordinating Mechanism (CCM) Member : 10▪ Alternate member : 06▪ Special Invitees : 22
Attendance list	Yes, Annexure-1
Other supporting document	Yes

Secretary (HFW) welcomed all CCM members and representatives of the Global Fund Country Team at the 67th meeting. At the outset, Fund Portfolio Manager of the Global Fund, Mr. Perry Mwangala shared Global Fund related updates with CCM members. He acknowledged positive partnership of India with Global Fund and appreciated the efforts India has put in fighting HIV, TB and Malaria so far especially more recently in the form of procurement of CBNAAT machines, 2nd line drugs for TB and procurement of LLIN. He apprised CCM members on the following updates.

- Global Fund will announce its formal country wise allocation decision on 15th December 2016 and will share a letter with India indicating its allocation amount for next funding cycle (2018-2020). The next grant would be based on Payment- For -Results model and would require a combined concept note submission for HIV and Tuberculosis grants. For Malaria, country will be eligible to receive grant however the process needs to be firmed up.
- CCM Eligibility and Performance Assessment for 2016 is required to be completed before submission of funding request for next grant cycle.
- The Global Fund Country team will visit India in the month of January 2017 to guide country on next funding cycle related processes.

The Global Fund Country Team left before deliberating 67th CCM meeting agenda items as they had other engagements. AS & MD/ Member Secretary steered the meeting and presented the agenda before members.

Agenda item no. 1

The minutes of the 66th meeting of India CCM were endorsed.

Agenda item no. 2

(i) Oversight plan prepared by CTD for improving oversight of the government and non-government PRs under NFM for tuberculosis was shared with oversight committee of India CCM. Inputs of Dr. Nerges Mistry and Mr. Hashmat Rabbani on oversight plan were shared with CTD. CTD informed that it incorporated these inputs and has started monitoring of SRs and non-government PRs as per the oversight plan.

(ii) DGHS had earlier expressed concern over the performance of PRs- World Vision and Union for Axshya project under the Global Fund. Based on CCM recommendation from its 66th meeting, DGHS reviewed performance of UNION and WVI and approved their microplans. DGHS has suggested CTD to undertake continuous monitoring of the impact of activities proposed in the microplan by WVI and Union.

Decision: CCM agreed with the action taken with respect to aforesaid decision points of 66th CCM meeting.

Agenda item no. 3

India CCM Focal Point presented an update on the Global Fund activities to the CCM members, which are highlighted as given under:

- (i) India pledged USD 20 million towards 5th Global Fund Replenishment, which would be disbursed as 6, 7 and 7 million USD in the year 2017, 2018 and 2019 respectively.
- (ii) Global Fund country team visited India during September and December, 2016 and proposed to introduce "Payment- For-Results" model on a pilot basis for CTD and NACO grants for the period April-Dec 2017. PFR model encourages disbursements based on outcomes/achievement of results against pre-agreed performance indicators. Next grant allocation (2018-2020) would be based on PFR model.
- (iii) Global Fund has announced funding request process for allocation period 2018-2020. A combined funding application for TB and HIV based on National Strategic Plan with involvement of relevant stakeholders has to be submitted by 23rd May, 2017. For Malaria, Global Fund has proposed "Programme Continuation", for which separate application has to be submitted by 20th March, 2017
- (iv) A detailed costed work plan enumerating three years activity plan of India CCM with budget request of USD 95,612, USD 99,997, and USD 99,773 for year 2017, 2018 and 2019 has been proposed by CCM secretariat to Global Fund. Final approval of the Global Fund is awaited.
- (v) Secretary (HFW)/ Chair, India CCM has approved development of PR Dashboard Management Tool for all 9 Principal Recipients for which trainings will be conducted in January 2017.
- (vi) CCM Eligibility and Performance Assessment (EPA) for India for year 2016 are to be completed by the end of December 2016 to be eligible to submit concept note for next funding cycle. A team of GMS consultants will be supporting India CCM to

undertake EPA assessment from 12th- 23rd December, 2016 and as a mandate final EPA rating and improvement plan need to be endorsed by all CCM members before final submission to the Global Fund.

Ms. Mellisa Freeman enquired whether formal communication has been sent to GMS consultants for conducting PR dashboard trainings. India CCM Focal point informed that communication regarding approval of team of GMS consultants has been shared with Dr. Saba Waseem from GMS. It will be shared with USAID as well with intimation of dates of trainings.

Agenda item no. 4

Under NFM for the period October, 2015-December, 2017, NVBDCP proposed to reprogramme savings under Intensified Malaria Control Programme-3 (IMCP-3) of USD 38.4 million to procure 12 million LLIN for Jharkhand and Chhattisgarh and sought CCM endorsement on the matter. It was informed that funding requirement for LLIN of USD 7.7 million and USD 4.7 million for Jharkhand and Chhattisgarh respectively was calculated by programme division based on API of more than two. The same has been deliberated with the Global Fund which has agreed for the proposal.

Decision:CCM endorsed the proposal of procurement of 12 million LLIN for Jharkhand and Chhattisgarh using Global Fund savings under IMCP-3.

Agenda item no.5

Dr. Pauline Harvey was CCM member and member of Oversight Committee who left her position in CCM due to end of her term with CDC. In 66th meeting of India CCM, Dr. Mellisa Freeman from USG replaced Dr. Pauline after CCM concurrence. However, her replacement in Oversight Committee was not decided. As per ToR's of Oversight committee replacement for Oversight Committee member is to be decided by full CCM and preferably from the same constituency. CCM proposed Ms. MellisaFreeman to be part of Oversight committee.

Decision: Ms. Mellisa Freeman was selected as new member of Oversight Committee in position of Dr. Pauline Harvey.

Agenda item no.6

Three programme divisions (NACO, CTD and NVBDCP) made a brief presentation on progress update related to GFATM grants/ projects for period October 2015-December 2016 and reprogramming proposal for year 2017.

Updates by NACO

- NACO has been allocated USD 236 million by the Global Fund for the period October 2015 to December 2017 which mainly includes procurement of ARV (USD 177 million), health equipment (Viral load testing), TB/HIV Collaborative intervention and Supply Chain Management activities.
- Division proposed reprogramming of USD 39.8 million for NFM related activities (including Test and Treat, Viral load scale up and testing laboratory development, trainings, Health Information System –Monitoring & evaluation and PMTCT strengthening)and reprogramming of USD 17 million for Supply Chain Management related activities.

- Division shared following indicators agreed with the Global Fund which are to be included in Payment-For-Results model for 9 months of pilot period (April-December, 2017). It was further apprised that adopting PFR model for next year may help division to utilize savings under the current grant which can be further utilized for other programmed activities under NACO.
 - (i) Achievement of 80 % target with respect to Initiation of ART in adults and children known to be on treatment for 12 month.
 - (ii) 93% of the HIV- TB co-infected patients to be put on ART
 - (iii) 3,00,000 viral load test to be performed
- Division requested CCM to suggest division on whether to adopt reprogramming of the funds or Payment for results model for the period April-December, 2017. CCM recommended the division to take decision based on its readiness for the proposal.

Decision:

- (i) NACO agreed to go ahead with PFA model citing that the division is convinced with the model. CCM endorsed the decision.
- (ii) DDG (NACO) informed that the division would prepare its National Strategic Plan by March 2017 to support development of funding proposal for next grant cycle of the Global Fund (2018-2020) and would engage all concerned stakeholders in the process.

Updates by CTD

- CTD has signed grant of USD 207 million under NFM for period October 2015 to December 2017
- MoU has been signed with 5 SRs under NFM- FIND, ICMR, TISS, TVHA, WHO & 9 states except with CBCI and IMA due to grant related issues/disagreement.
- 80% of the total funding from Global Fund is for procurement of drugs, health equipment and diagnostics.
- Division has undertaken procurement of Second Line Drugs (nearly USD 72 million), 200 CBNAAT machines (nearly USD 4.9 million) and cartridges (nearly USD 21 million) so far under NFM.
- Total expenditure for October 2015- March 2017 is expected to be nearly US\$ 143.5 with savings of approximately USD 59 million (including taxes).
- Division has reprogrammed activities (procurement of first line drugs, 107 CBNAAT and Technical Assistant support from WHO) of around USD 22 million which is approved by Ministry and the Global Fund.
- Program agreed to the Global Fund's proposed reporting indicators and milestones for the Payment for results model for the period April- December 2017, however expressed concerns related to non-release of funds by Global Fund for year 2017-2018 for which domestic budget has already been submitted and problems in linking SR funding with the targets.

Decision: CDT decided to continue with the existing programme indicators (model) under NFM for next year (April-December, 2017) instead of adopting Payment for results. CCM endorsed this decision of CTD.

Updates by NVBDCP

- Global Fund has allocated USD 107.45 million to NVBDCP for Intensified Malaria Control Programme-3 (MCP-3) for the period October 2015 -December 2017.
- Division has made an expenditure of USD 62.86 million (58.5%) so far on procurement of LLIN for North-Eastern states and Odisha.
- 99.83% LLINs allocated for distribution in 7 NE states has been distributed to the communities. Procurement order for 11.34 million LLIN for Odisha has been placed and delivery is expected in March 2017 (Post Panchayat election to be held in Feb 2017).
- Decline in Malaria cases by 38% and 4% in 7 N-E States and Odisha respectively during Jan-July 2016 compared to Jan-July 2015, with an overall decline of about 11%.
- Total number of deaths declined by about 57% in 7 NE states during Jan-July 2016 compared to Jan-July 2015; however, number of deaths increased by 2% in 2016 as compared 2015 for the same period in Odisha.

Member Secretary raised concern over slow improvement in Odisha compared to North Eastern states in terms of reduction in malaria cases and deaths. He suggested the division to review the Malaria reduction strategy being adopted for Odisha state, to identify and address the existing gaps. It was suggested to the division to share the status of programme review for Odisha state in next CCM meeting.

Decision: Programme division to identify and address gaps in Odisha state with respect to Malaria Reduction strategy and present the status in next CCM meeting.

Agenda item no.7

India CCM Focal Point updated CCM members on “Payment for Results” -newly proposed funding mechanism of the Global Fund for TB and HIV grant. CTD and NACO presented their views on the model and conveyed their decision related to adoption of model in agreement with CCM as mentioned in agenda no. 6.

Agenda item no.8

Oversight Committee of India CCM conducted site visit to Odisha (Khorda District) from 7th -9th September, 2016 to review grant implementation by Principal Recipients (NACO, HIV Alliance, SAATHII, Plan India, CTD, World Vision and NVBDCP) and their SRs. Dr. Inder Prakash, Chair Oversight committee shared the main findings of visit, as stated below:

A) Observations on Tuberculosis related grants (Odisha State TB unit)

- Policy of active case detection was not effectively implemented.
- Shortage of INH was found.
- Proper conditions were not maintained for CBNAAT machine in district hospital, Khorda.
- HR shortages were observed across LT, STS and SLTS.

B) Observations on Malaria related grants (NVBDCP Odisha)

- Shortage of ACT (0-1yrs) was observed.
- Shortage of MPWs was found.

- Delayed fund flow at state as well as district level was reported. District Khordha informed that ASHAs have not received incentive since April'16.
- Zero expenditure during first two quarters

C) Observations on HIV related grants (Odisha SACS, SR under Vihaan project of India HIV Alliance and SAATHII)

- 7 CD4 machines of which 3 are out of order.
- At ART centre, Capital Hospital shortage of paediatric drugs was found.
- Funds were not received at district level since April 2016.
- Issue of referring patients from CSC for CBNAAT testing at District hospitals due to existing protocols was flagged by Kalinga network for people living with HIV/AIDS.
- At Janani Hospital under SAATHII, shortage of testing kits (since mid-August) was found.

Oversight Committee shared the aforesaid finding with Health Secretary, Odisha during the oversight visit on 9th September, 2016.

Decision: CCM recommended Oversight Committee to seek status update from concerned PR/SRs on above mentioned findings.

Agenda item no. 9

A meeting of eleven countries from South East Asia constituency of the Global Fund held in Maldives from 7-9th November, 2016 to discuss matters to be raised in 36th Global Fund Board meeting, to strengthen communication between Global Fund and SEA constituency and to discuss issues around Malaria elimination amongst South Asia Countries – Bangladesh, Bhutan, India, Myanmar and Nepal. The meeting was attended by India CCM Focal Point, Additional Director, NVBDCP and CCM Coordinator. India CCM Focal point shared main recommendations from the meeting as stated below:

- (i) SEA constituency is represented in Audit & Finance Committee of the GF (Mr. SugataDastidar, from Ministry of Finance, India). Alternative communication channels to engage with Strategy and Ethics committees of the Global Fund need to be strengthened.
- (ii) Regional Coordination Mechanism (RCM) to be established to strengthen regional proposal submission and communication activities with Global Fund.
- (iii) Efforts to be put for regional cross border collaboration for Malaria elimination in SEA in the form of catalytic funding from Global Fund or savings from existing country grant.

CCM Focal Point apprised that there is no representation of India in Strategy and Ethics Committees of the Global Fund Board.

Decision: CCM members urged and endorsed that India CCM must communicate with the Global Fund requesting representation of India in the Strategy and Ethics Committees of the Global Fund Board, considering the India's large grant portfolio, disease burden and the likely impact India can make on these three diseases.

Agenda item no. 10

Any other item with permission of the Chair

- Ms. Sadhna Jadon surfaced the matter related to non revision of salary of staff from Care and support centres (CSC) under Vihaan project of India HIV Alliance. There is no saving with India HIV Alliance under its Global Fund grant to support this activity. Hence NACO was requested to support this activity using its Global Fund grant savings. NACO representatives informed that they support the increment in salary of CSC staff however provisions of extending funding support for the same needs to be worked out.
- Mr. Abu Mere shared inputs/ concerns highlighted by IDUF (Injectable Drug users Forum) constituency representatives at Global Community meeting:
 - Delay in procurement of HIV and TB commodities (medicines and test kits)
 - Non-optimal utilization of CBNAAT machines.
 - Provision of utilizing CBNAAT machines for Hep C and HIV diagnostics may be explored.
 - Co-mixing of funds for medicines- Quality of medicines procured using domestic fund and Global Fund (meeting WHO quality specifications) is different, hence patients are being exposed to different quality medicines. Concerns over quality may arise if procurement of HIV medicines is totally shifted towards national funding.
 - Hepatitis C virus treatment of HIV patients has been incorporated in harm reduction guidelines. Clarity on status of activities like demonstration site and funding related to the initiative is needed.

Decision: Member Secretary suggested sharing detailed recommendations from Mr. Abou Mere with programme divisions and seeking their comments/response on the same.

- Mr. Nikhilesh Maity recommended NVBDCP division to ensure transparent distribution of LLIN in Odisha especially to tribal and hard to reach population by having state and district level concrete guidelines for distribution in place. Director, NVBDCP, Dr. Dhariwal informed that division has guidelines for LLIN distribution developed based on malaria incidence and hence will allow effective serving of high risk population. Division has planned to capture distribution of LLIN through videos to ensure adequate distribution.

Decision: Member Secretary suggested division to consider distributing LLIN on a fix day in each village/block in presence of important stakeholders like ward members, Mukhiya, programme managers etc and get it recorded to ensure that all registered beneficiaries are being provided LLIN. He also suggested to write to Health Secretaries of all other states where LLINs are to be distributed to adopt the similar approach.

- Mr. E Rumi proposed to incorporate findings and recommendations of Common Review Mission (body which conducts combined review of programmes under National Health Mission) in national strategic plan development by programme divisions. Moreover, CRM can be used as a platform to review the Global Fund grants related to HIV, TB and Malaria along with other national programmes.

Decision:

CCM suggested to discuss the matter with JS (Policy) to modify existing TORs of CRM and incorporate HIV review within it.

- Mr. Yatin Dhotakia suggested incorporating integration of TB-HIV and Diabetes in antenatal care and strengthening of air borne infection control for TB management into concept note for next funding cycle of the Global Fund.
- Mr. Hashmat Rabbani highlighted the importance of engaging and funding grass root level NGO/ organization in achieving national programme targets. He mentioned that involving smaller NGOs in Public private partnership model will be beneficial for the programme. He also suggested incorporating nutritional supplement and pension support for MDR- TB patients to get better treatment outcomes. Member Secretary supported the inputs and apprised that Government of India is working on similar lines and the matter is under consideration for higher authorities.

Decision:

Member Secretary suggested Mr. Hashmat Rabbani to develop a proposal guiding the effective engagement of grass root NGOs into the national programme and defining the role/activities for these organizations. CTD and CCM can review this proposal further.

The meeting ended with a vote of thanks to and from Secretary (HFW)/ Chair, India CCM.

List of Participants

CCM Members

S.No.	Name	Designation/Organisation
1.	Sh. C. K. Mishra	Secretary (HFW)/Chair, CCM
2.	Dr. Arun K. Panda	AS & MD/ AS & DG- NACO/ Member Secretary
3.	Smt. Vijaya Srivastava	AS&FA, MoHFW
4.	Mr.OussamaTawil	Country Director, UNAIDS
5.	Dr.Melissa Freeman	US Govt. USAID
6.	Mr. Benjamin Cabouat	Embassy of France
7.	Mr.Abou Mere	President, Indian Drug User's Forum
8.	Ms.Sadhna Jadon	PLHIV
9.	Mr.NikhileshMaity	Programme Officer, Vikas Bharti, Bishunpur
10.	Md.Hasmat Rabbani	Secretary, GraminSamajKalyanVikasManch, Jharkhand

Alternate Members

S.No	Name	Designation/ Organisation
1.	Dr.InderParkash	DDG (PH), MOHFW
2.	Dr.Emi Rumi	Jt. DHS (P & D)
3.	Dr Nicole Simone Seguy	Senior Technical Advisor, WHO
4.	Ms.Nandini Kapoor	Senior Programme Advisor, UNAIDS
5.	Dr.Yatin Dholakia	Sr. Clinical Consultant, Foundation for Medical Research Mumbai
6.	Mr.Babu Lal Jain	Sr. Managing Committee Member ,ASSOCHAM

Special Invitees

S.No	Name	Organisation
1.	Sh. NavdeepRinwa	JS (NR), MOHFW
2.	Dr.Perry Mwangala	Sr.Fund Portfolio Manager
3.	Mr.SosoGetsadze	Global Fund
4.	Mr.DawranFaizan	Global Fund
5.	Ms.Inna Ivanova	Global Fund
6.	Mr. Heman Sabharwal	Price Water House (LFA)
7.	Ms.Sara Heydari	USAID/USG
8.	Dr. R.S.Gupta	DDG ,NACO
9.	Dr. K S Sachdeva	DDG , NACO/ India CCM Focal Point
10.	Dr. Sunil K Khaparde	DDG (CTD)
11.	Dr.A.C.Dhariwal	Director, NVBDCP
12.	Dr. V S Salhotra	Addl. DDG (CTD)
13.	Dr.Sher Singh	Dy.Director (PH), NVBDCP
14.	Dr.S.N.Sharma	Joint Director, NVBDCP
15.	Dr. Bharti Kalottee	Grant Manager - CTD
16.	Dr.Suman	NACO
17.	Dr.Neha Garg	NACO
18.	Mr.Gautam Chatterjee	NACO
19.	Md. Firoz Khan	PLHIV/ Translator
20.	Dr. Sandhya Gupta	I-CCM Coordinator
21.	Dr. Benu Bhatia	Programme Officer, I-CCM
22.	Ms.Veena Chauhan	Administrative Assistant, I-CCM