

India Country Coordinating Mechanism- 68th Meeting

Subject: Minutes of 68th Meeting of India CCM

Date (dd.mm.yy)	14.02.2017
Venue of the Meeting	Room no.-155-A ,1 st Floor Committee Room, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi
Meeting started	12.00 PM
Meeting adjourned	2.00 PM
Meeting Chaired by	Sh. C. K Mishra, Secretary (HFW)/ Chair, India CCM
Meeting Steered by	Dr. A. K Panda, AS & MD(NHM) / AS & DG- NACO/ Member Secretary, I-CCM
Total number of participants	40 participants
Did the meeting attain quorum?	Yes
Did the meeting have any conflict of interest	No
Meeting attendance	<ul style="list-style-type: none">▪ Country Coordinating Mechanism (CCM) Member : 13▪ Alternate member : 6▪ Special Invitees : 19
Attendance list	Yes, Annexure-1
Other supporting document	Yes

The meeting initiated with welcome address of Secretary (HFW)/ Chair India CCM to all CCM members and special invitees present for the 68th CCM meeting.

Dr. Arun K Panda, AS & MD/ Member Secretary, I-CCM steered the meeting and presented agenda of the meeting before members with following deliberations:

Agenda item no. 1

The minutes of the 67th meeting of India CCM were endorsed.

Agenda item no. 2

India CCM Focal Point made a presentation on proposed concept note development process to discuss Global Fund allocation decision, disease wise split for government and non-government PRs, Selection process of PRs, priority/gap areas for developing concept note, subcommittee formation for guiding concept note development process and timelines.

- The Global Fund has proposed for an allocation amount of \$500 million for India. Disease wise allocation for HIV, TB and Malaria is \$155 million, \$280 million and \$65 million respectively.

- A Joint TB/HIV application (for both government and non-government Principal Recipients) and a separate full funding request for Malaria based on national strategic plans (NSP) is invited for submission by 23rd May, 2017.
- Under NFM, the funding received by Non Government PRs was between 8-13% of the total amount allocated to each disease. For the next funding cycle, funding split of Non Government PRs for each disease is proposed to be more flexible.
- Selection of Principal Recipients - As per Eligibility Requirement 2 of the GF, a transparent and documented PR nomination and selection process is to be adopted by the country. For upcoming grant (2018-2020), PR nomination and selection process will involve:
 - Disease specific priority/gap areas identification by Programme divisions based on NSP and inputs by stakeholders.
 - EOI for short listing of Non Govt. PRs who will subsequently develop Concept notes based on identified priority areas in consultation with National Programmes will be floated on India CCM Website and MoHFW website
 - SR selection by PRs with involvement of CCM by adopting a transparent and documented process.
- Screening committee will be formed to shortlist PRs from submitted applications and disease specific technical committees will further review concept notes developed by the newly selected PRs. Advisory Committee will oversee the Concept note development process.
- Priority areas for each disease have been shared with the CCM and their inputs have been sought.

Priority Areas as listed by Programme Divisions with inputs from Stakeholders
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<p><u>HIV</u></p>

<p>1. Test & Treat:</p>

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| <ul style="list-style-type: none"> ○ Testing: (to reach the first 90 of global 90:90:90 target) <ul style="list-style-type: none"> ▪ Capacity building of service providers including communities ▪ Community Based Testing ▪ Community System Strengthening ○ Treat all: (to reach the second & third 90 of global 90:90:90 target) <ul style="list-style-type: none"> • Procurement of ARVs • Viral load monitoring • Retention for all PLHIV, especially for key population and pregnant women • Care and support for PLHIV |
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<p>2. Elimination of Mother to Child Transmission (by 2020)</p>

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| <ul style="list-style-type: none"> • Reaching to pregnant women in both Public and Private sector • Early infant diagnosis: • Unmet need for family planning |
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- Addressing adolescent population to prevent HIV in young reproductive age population
3. Monitoring & Evaluation
 4. Evidence generation for policy changes
 5. Reinforcement of supply chain management

Tuberculosis

1. Private Sector Engagement (US\$ 40 million) through:
 - Private provider mapping
 - Notification of TB cases from private sector
 - Collaboration with private sector laboratories for notification and for ensuring treatment initiation of all diagnosed drug sensitive and drug resistant TB cases
 - Monitoring and reporting of treatment outcomes of all patients notified by the private sector
2. Active Case Finding in Key Affected Populations (US\$ 15 million) :
 - Mapping of vulnerable and key affected populations.
 - Screening and diagnosis of TB through ACF in KAPs
 - Treatment initiation, Monitoring and reporting of treatment outcomes of all patients notified from the KAPs
3. Research (US\$ 5 million): Implementation and Operational Research

Malaria

1. LLIN procurement and distribution: An agency to study storage practices, distribution, utilization, impact and community behaviour/knowledge about the use of LLINs under IMCP-3
2. Surveillance & response for malaria prevention & control: Cross- border control of Malaria with neighbouring countries esp. Nepal, Bhutan, Myanmar and Bangladesh
3. Treatment seeking behaviour and provision of treatment in Tribal predominant areas
4. Involvement of Private sector (formal, non-formal) for malaria treatment and control
5. Management Information System: Epidemiological data, logistic supply, HR management with special focus in hard to reach areas.

- Timelines for the concept note process were also shared with the CCM Members for their approval. They are as follows:

S#	ACTIVITY	DEADLINE
1	Call for application for shortlisting Non Government PRs who will develop CN based on identified priority areas	20 th February-7 th March'17
2	Screening and shortlisting of final applications by Screening Committee	8 th -15 th March'17
3	Selection of final Non- government PRs from shortlisted applications	21 st March'17
4	Development of combined concept note by government and Non government PRs and submission to Technical committees	22 nd March-20 th April'17
5	Review of combined proposal by Technical committees	23 rd April'17
6	Revision of proposal by PRs and submission of final proposal to Advisory Committee	25 th April'17
7	Review of final proposal by Advisory Committee	28 th April'17
8	Fine tuning proposal as per inputs from Advisory Committee if any and submission to CCM Secretariat	1 st May'17
9	Formal CCM endorsement of proposals	5 th May'17
10	Final submission of proposal by India CCM	6 th May'17

Inputs by CCM Members on concept note development process:

- With respect to priority areas for concept note development, Dr. Soumya Swaminathan recommended to include research component for all three disease programmes (HIV, TB and Malaria). India CCM Focal Point explained that research has been a prime area of focus for each disease as per proposed priority areas.
- Dr. Nerges Mistry and Ms. Marietou Satin suggested to develop an application format for calling in expression of interest from interested organizations specifying criteria for selection of non-government PRs. India CCM Focal Point informed that India CCM secretariat is developing application template and criteria for non-government PR selection in consultation with national programme divisions.
- Mr. Oussama Tawil suggested that funding distribution for priority areas should be need driven. India CCM Focal point further added that allocation of budget for priority areas is planned to be worked out at later stage basis requirements specified by non-government PRs and assessment of strength of their submitted proposal.
- Dr. John Oommen expressed that Global Fund grant should be used to fund innovative ideas/ strategies (Like Nutrition and TB treatment collaboration, MIS strengthening for Malaria control, mass screening in remote areas as is done under DAMAN project in Odisha State etc), which can further add value to the existing programme and can benefit communities.

- Mr. Nikhilesh Maity suggested to explore convergence of Malaria control and Sanitation interventions for Global Fund proposal. AS & MD (NHM) suggested that same may also be provisioned using Fourteenth Finance Commission fund by state authorities.
- With respect to SR and SSR selection by PRs, Mr. Hashmat Rabbani suggested to prioritize local organizations which are based in states/ districts to be designated for project implementation.
- AS & MD emphasized on developing an inclusive and transparent funding request for Global Fund grant which should be based on national strategic plan and subsequently identified gaps in overall funding requirements of programmes.

Decision:

1. Timelines proposed for concept note development process were endorsed by CCM and it recommended to initiate the process of call for applications for non-government PRs from 20th February 2017 through open advertisement on CCM and Ministry websites.
2. CCM in general agreed with the overall steps and procedures to be involved in Concept note development process as mentioned above.
3. CCM members and their constituency members may suggest innovative new strategies/ priority areas for concept note development to programme divisions or India CCM before initiation of concept note writing process (3rd week of March, 2017).
4. State Health authorities may be written to invest on convergence of Sanitation and Malaria control initiatives by NVBDCP division using funds of Fourteenth Finance Commission.

Agenda item no. 3

PLHIV constituency requested to increase overall allocation for HIV. For Global Fund allocation, the constituency requested to increase it to up to \$300 million (against Global Fund suggested allocation of \$155 million) for grant period 2018-2020, in anticipation of the new caseload of positive patients due to revised CD4 testing guidelines and 'Test & Treat Strategy', investment requirements for strengthening Care and support Centre (CSC) and enhancing Community engagement.

Ms. Sadhna Jadon apprised that PLHIV constituency is advocating with the Global Fund on the matter and further requested CCM to support it and raise to the level of Global Fund. She also expressed her interest to be a part of the committee which would be responsible for finalisation of concept note for the phase 2018-20.

AS & MD (NHM) apprised that Government of India is committed to invest more in health with increase in budget of Department of Health by 27 % in current year compared to last year. Similarly HIV Programme is going to see an increase in its budget by Rs. 300 crore for year 2017 compared to last year. Notwithstanding government's willingness to invest more for health, we may also try to get additional funding from Global Fund above its allocation decision of 500

Million USD with strong rationale and justification for same. In light of this it is important that programme must spent the available funding from current grant by December 2017 and then propose for additional funding.

Decision:

It was agreed to request for additional funding from Global Fund beyond 500 million USD for all three disease programmes based on their requirements and funding gaps which remain unmet after submitting funding proposal to the Global Fund in May 2017.

Agenda item no. 4

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 236.5 million by the Global Fund for the period October 2015 to December 2017 of which approximately \$94 million has been spent till 31st December'16 and \$50.7 Million has been committed for expenditure till 31st Dec'17.
- Procurement of ARV for USD 140 million is completed. Viral load testing equipment, CD4 machines, activities related to AIC, Operational Research and Drug Resistance Survey are ongoing.
- Reprogramming proposal as submitted to Global Fund constitutes support for ARV drugs (~\$66 million), Lab strengthening (~\$32 million), Global Fund Programme management strengthening unit and strengthening Oversight (~\$4 million).
- NACO is currently facing challenges related to activities under Air Borne Infection Control and IMS.

Decision:

1. CCM endorsed reprogrammed activities proposed by NACO. With respect to Viral load testing upscaling, Dr. Soumya Swaminathan asked programme division to have discussion with ICMR to delve more on the proposed and existing options/ strategies.

Updates by CTD

- CTD has been allocated USD 233.8 million by the Global Fund for the period October 2015 to December 2017 of which \$30 million has been spent till 30th September'16; the expenditure forecast for October'16 to March'17 is around \$108 million and committed expenditure till December'17 is an additional \$7 million.
- Activities related to procurement of Second line drugs, First line drugs for 5 states, 200 CBNAAT machines and cartridges are completed. Strengthening of NPMU and Strengthening of NPMU is under process. Procurement of additional 107 CBNAAT Machines and cartridges has been initiated. Trainings for PFMS will begin soon at state level. Implementation at SR level is ongoing.
- Reprogramming proposal as submitted to Global Fund constitutes of around \$7.9 million for TB Prevalence survey, \$19.7 million for daily regimen courses and around \$590 thousand

for PSM cost. For incentive funding of \$ 55 million, \$31.8 million has been proposed as allocated for MDR TB Module and \$ 22.8 million for additional procurement of vans, CBNAAT machines and cartridges.

Inputs by Mr. Abou Mere:

a) He raised concern over inadequate utilization of CBNAAT machines under CTD programme and sought utilization report in this regard. DDG, CTD clarified that division routinely gets information on CBNAAT utilization which can be shared with CCM.

Dr. Soumya Swaminathan suggested division to use electronic media to gather this information. Dr. V.S Salhotra, Additional DDG expressed that patient data of CBNAAT machines is hosted by a private server however government policies disallow use of private server to host government utility data. This matter may be reviewed internally again by the division.

b) He also sought information on whether CBNAAT machines can be used for viral load testing for HIV and genotype testing for Hepatitis to maximize utilization of CBNAAT machines. In this regard, India CCM Focal Point informed that National AIDS Research Institute conducted a study on the same however validation report is awaited.

c) He also requested to consider adding Hepatitis B and C prevention and treatment for Global Fund funding using funds available for reprogramming under NACO. In this reference, AS & MD (NHM) mentioned that it may take time for seeking Global Fund approval for Hepatitis interventions to be included for reprogramming. However it may be considered for funding in next Global Fund grant or may be funded using Domestic budget.

Decision:

1. CCM agreed with reprogrammed activities proposed by CTD.
2. CTD to share State/District wise CBNAAT utilization report for every month with CCM in its next meeting.

Updates by NVBDCP

- NVBDCP has been allocated USD 107.45 million by the Global Fund for the period October 2015 to December 2017 of which 60% has been spent.
- Balance of \$ 42 million has been proposed for trainings, meetings, purchase of vehicles and equipment and procurement of 11.27 million LLINs for Jharkhand and Chattisgarh (\$39.54 million).

Decision:

1. CCM agreed with reprogrammed activities proposed by NVBDCP.

Agenda item no. 5

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

- In 67th CCM Meeting, CCM agreed for a pilot on PFR model with NACO for current grant period April-December 2017 as per proposal from Global Fund country team. Global

Fund has subsequently conveyed its unwillingness for the same and NACO has again reprogrammed for its savings.

- Workshop on “Principal Recipient Management Dashboard Tool” was held on 23rd-25th January’17 where 150 participants from Government and Non-government PRs and their SRs took part. Grant Management Solutions with its team of 9 consultants provided technical support for trainings. The team will be visiting again in the month of March’17 for finalizing PR Dashboard and development of CCM Summary.
- EPA assessment for year 2016 was conducted and CCM Improvement Plan (2017) was developed by GMS team. It was endorsed by CCM and submitted to the Global Fund. It has been recommended that the current oversight committee and its functions be strengthened, with revision of the Oversight Plan and Terms of Reference, I-CCM. Reconstitution of committee has also proposed under the improvement plan.
- The Global Fund Country Team and Mr. Mark Edington Head, Grant Management Division will be visiting India from 27th February -3rd March 2017 for a mission to understand country’s preparation with respect to concept note development for next Global Fund grant and to discuss possibility of buying loan and repaying partly from Global Fund allocation for the coming allocation period.

Agenda item no. 6

Ms. Melissa Freeman, CCM Member from Bilateral development partner’s constituency, has finished her assignment in India and has left. Mr. Xerses Sidhwa, Director, USAID has requested to replace her with Ms. Marietou Satin from USAID as main member and Dr. Timothy Holtz to be an alternate member.

Dr. Meena Gopal and Dr. R. Ramkumar are CCM members and alternate members of India CCM from Department of Women Studies, Tata Institute of Social Sciences (TISS) representing Academic /Research/ Educational constituency. TISS has requested to replace existing member and alternate member with Prof. Srilatha Juvva and Prof. Sujata Sriram respectively on account of former’s unavailability to contribute time for CCM activities.

Mr. Hashmat Rabbani inquired the reason for TISS to be a SR for CTD and as a CCM Member. He requested the by-laws may be reviewed for the criteria for PR/SR/ SSR selection vis-à-vis CCM Membership.

Decision: Ms. Marietou Satin was selected as new member of Oversight Committee in position of Ms. Melissa Freeman

Selection of new member and alternate member from TISS was put on hold, and would be taken up in next CCM after thorough review of India CCM TORs.

Agenda item no. 7

Mr. Oussama Tawil suggested to use CCM platform to review performance of non-government PRs as well like government PRs. He also recommended to discuss with the Global Fund Country team that they should regularly interact with civil society members/ constituencies in their country visits to understand their concerns and get feedback.

Decision:

India CCM Focal Point to share this feedback with Global Fund Country team.

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/Organization
1	Sh. C. K. Mishra	Secretary (HFW)/Chair, CCM
2	Dr. Arun K. Panda	Additional Secretary (H)/Member Secretary, CCM
3	Dr. Saumya Swaminathan	DG, ICMR
4	Sh. Navdeep Rinwa	JS (NR), MOHFW
5	Mr. Oussama Tawil	Country Director, UNAIDS
6	Ms. Marietou Satin	USAID
7	Dr. Nerges Mistry	Foundation for Med.Res., Mumbai
8	Dr. John Cherian Oommen	Christian Hospital, Odisha
9	Mr. Abou Mere	President, Indian Drug User's Forum
10	Ms. Sadhna Jadon	PLHIV
11	Mr. Nikhilesh Maity	Programme Officer, Vikas Bharti, Bishunpur
12	Md. Hasmat Rabbani	Secretary, Gramin Samaj Kalyan Vikas Manch, Jharkhand
13	Ms. Lakshmi	Ashodaya Samithi, Karnataka

Alternate Members

S.No	Name	Designation/ Organisation
1.	Dr. Inder Parkash	DDG (PH), MOHFW
2.	Dr Nicole Simone Seguy	Senior Technical Advisor, WHO
3.	Ms. Nandini Kapoor	Senior Programme Advisor, UNAIDS
4.	Dr. Tim Holtz	CDC India
5.	Mr.Yashwinder Singh	Pahal Foundation MSM Representative
6	T Mercy Annapoorani	Rainbow TB Forum

Special Invitees

S.No	Name	Organisation
1	Mr. Benjamin Cabouat	Second Counsellor, French Embassy
2	Mr. Heman Sabharwal	Price Water House (LFA)
3	Dr. R.S.Gupta	DDG ,NACO
4	Dr. Sunil K Khaparde	DDG (CTD)
5	Dr. V S Salhotra	Addl. DDG (CTD)
6	Dr. A.C.Dhariwal	Director, NVBDCP
7	Dr. Avdhesh Kumar	Addl. Director, NVBDCP
8	Ms. Nagalakshmi Sankar	Consultant Fin.VBD
9	Mr. V K Singh	Consultant, VBD
10	Dr. Sundari Mase	WHO Country Office
11	Dr. Roop Kumari	WHO Country Office
12	Dr. Kasonde Mwinga	WHO, India
13	Prof.Srilatha Juvva,	Centre for Disability, TISS
14	Dr. Suman	NACO
15	Dr. Neha Garg	NACO
16	Dr Asha	NACO
17	Mr. Gautam Chatterjee	NACO
18	Md. Firoz Khan	PLHIV/ Translator
19	Ms. Kusum	AINSW
20	Dr. K S Sachdeva	DDG , NACO/ India CCM Focal Point
21	Dr. Sandhya Gupta	I-CCM Coordinator
22	Dr. Benu Bhatia	Programme Officer, I-CCM
23	Ms. Veena Chauhan	Administrative Assistant, I-CCM