India Country Coordinating Mechanism- 70th Meeting

Subject: Minutes of 70thMeeting of India CCM

Date (dd.mm.yy)	14.08.2017
Venue of the Meeting	Room no.-155-A ,1st Floor Committee Room, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi
Meeting started	3.00 PM
Meeting adjourned	5.00 PM
Meeting Chaired by	Sh. C. K Mishra, Secretary (HFW)/ Chair, India CCM and Dr. Nerges Mistry, Vice Chair
Meeting Steered by	Sh. Manoj Jhalani, AS & MD (NHM)/ Member Secretary
Total number of participants	42
Did the meeting attain quorum?	Yes
Didthe meeting have any conflict of interest	No
Meeting attendance	▪ Country Coordinating Mechanism (CCM) Member : 15 ▪ Alternate member : 7 ▪ Special Invitees : 20
Attendance list	Yes, Annexure-1
Other supporting document	Yes

70thmeeting of India CCM commenced with the welcome address of Secretary (HFW)/ Chair India CCM. The meeting was Co-Chaired by Dr.Nerges Mistry, Vice Chair of India CCM since Chair, India CCM had to leave early on account of his other competing engagement.

The members were briefed on the agenda of the 70th CCM meeting by India CCM Focal Point, Dr. K. S. Sachdeva. The following deliberations and decisions were undertaken during the meeting:

Agenda item no. 1

India CCM Focal Point welcomed and introduced new Member Secretary of India CCM, Sh. Manoj Jhalani who has joined as AS & MD (NHM) and expressed gratitude to the outgoing Member Secretary, Dr.Arun Kumar Panda for his stewardship on behalf of India CCM.

Agenda item no. 2

The minutes of the 69thmeeting of India CCM were endorsed.

Agenda item no. 3

India CCM Focal Point shared the following updates on the action taken on decisions of 69th CCM Meeting:

S.No.	Key Decision taken in 69th CCM meeting	Action taken/ Progress update
1.	India CCM endorsed the Concept Notes for HIV/AIDS, Tuberculosis and Malaria for the grant period 2018-20 developed by Government and Non-Government Principal Recipients for submission to the Global Fund by 23rd May, 2017.	As per the recommendations of India CCM, programme divisions finalized the concept notes and the same were submitted to the Global Fund by India CCM Secretariat on 23rd May, 2017. CCM members were informed regarding the same.
2.	NACO was recommended to share details on community involvement (including all KAPs) component of Funding proposal with Mr. Abou Mere.	India CCM Secretariat informed NACO to avail the requisite details to Mr. Abou Mere. The details were shared with Mr. Abou Mere. Mr. Abou Mere requested that the information provided to him was inadequate and needs further information regarding the plan of action for community involvement in funding proposal.
3.	Oversight Committee was to share its observation related to oversight visit conducted to Bharatpur district, Rajasthan from 11-12th April, 2017 with concerned PRs and SRs for necessary action.	Oversight committee shared its observation with NACO, India HIV Alliance, Plan and Union related to functioning of their SRs in Bharatpur district and sought action taken report from PRs based on their findings. All PRs have shared their action taken report to the Oversight Committee members.
4.	CCM suggested capitalizing Common Review Mission (CRM) platform to review/ oversee the Global Fund grant and to discuss the matter with JS (Policy) to modify existing TORs of CRM and incorporate HIV review within it.	India CCM Secretariat discussed the matter with JS (Policy). He recommended NACO to draft activities to be included in the CRM TORs. NACO has discussed the same with Mission Director (NHM) and will be formally communicating with indicator mapping.

Agenda item no. 4

India CCM Focal Point briefed CCM members on the overall advancements related to grant making activities concerning next Global Fund grant for period 2018-2020 and shared the following updates:

1. India CCM endorsed three Country Funding Requests for HIV/AIDS, Tuberculosis and Malaria for the Global Fund grant period 2018-2020 (developed by government and non-government Principal Recipients) in its 69th CCM meeting and submitted the same to the Global Fund on 23rd May, 2017.
2. Technical Review Panel (TRP) of the Global Fund reviewed and recommended the Funding Request for HIV/AIDS, TB and Malaria with some recommendations to proceed for grant making. As a next step, Application Response Forms prepared by Programme Divisions (NACO, CTD and NVBDCP) in response to TRP recommendations/suggestion actions are to be submitted to the Global Fund by 18th August, 2017 after CCM concurrence.
3. The Global Fund has recommended to extend the implementation period of upcoming grant from 1st Jan 2018 to 31st March, 2021 to align the Global Fund grant cycle with Government of India fiscal cycle (1st year: Jan,2018-March2019; 2nd year: Apr,2019-March,2020; 3rd year: Apr,2020- March,2021)
4. Grant Approval Committee (GAC) of the Global Fund held its 1st meeting in July, 2017 which validated TRP recommendations and suggested some additional comments. The Global Fund Country Team shared the GAC recommendations on 11th August, 2017 with programme divisions which are also to be complied by and responded to till 18th August, 2017 after India CCM concurrence.
5. Global Fund Country Team will visit India to undertake grant making activities related to next grant with concerned Principal Recipients from 11th -22nd September, 2017.
6. GAC will have its 2nd meeting in October, 2017 to review grant documents developed by Principal Recipients during grant making period and will submit the same for Global Fund Board approval (during board meeting to be held in November, 2017) to make the grant signing ready and initiating implementation from January,2018.
7. It was informed to CCM members that the Global Fund has indicated an exchange rate of INR 65 to a dollar to be used in Grant making as against INR 66 to a dollar at the time of submission of Funding request. Further the grant has been extended for three months (Jan-March, 2021). Both of these would require approximately finding efficiencies to the tune of 10% in the submitted funding request for all three diseases. Hence the budget has to be accordingly reworked.

CCM members raised concern over holding GAC meeting by the Global Fund before receiving India CCM response on TRP recommendations, citing it as against general practice. They discussed to place before the Global Fund that India CCM's response to TRP needs to be considered by the GAC before drawing up its recommendations.

Decision:

India CCM decided to limit its response to TRP recommendations only and sharing the same with the Global Fund by 18th August, 2017. In addition, it was decided to write to Global Fund for the GAC to consider India CCM TRP response before finalising its recommendations.

Agenda item no. 5

India CCM endorsement was sought for Application Response forms developed by Programme Divisions (NACO, CTD and NVBDCP) for final submission to the Global Fund by 18th August, 2017.

Programme divisions (NACO, CTD and NVBDCP) made a brief presentation on TRP recommendations and actions taken by them to resolve/address the same before India CCM.

A) Highlights of TRP recommendations for HIV proposal and NACO's response:

- TRP recommended HIV/AIDS funding request of $ 155 million for implementation period January, 2018- March, 2021. It approved most of the proposed activities except establishment of 90 District AIDS Prevention and Control Units (DAPCU) worth $ 6.2 million under NACO and Continuum of care demonstration project in Chhattisgarh worth $ 2.6 under CMAI.
- TRP recommended activities worth $ 10.3 million under prioritized above allocation request (PAAR) to be included in the proposal. Division informed that on account of $ 8.8 million savings from non-approved activities this much amount of PAAR can be included in the proposal and for remaining $ 1.5 million budget has been drawn from efficiencies in the existing grant.
- Following TRP recommendations, NACO's response were shared:
    1. TRP: Insufficient description of approaches in proposal for rapid increase in treatment enrolment and strategies to improve retention rates; recommended to develop implementation plan in 6 months.
       NACO response: Agreed and constituted a task force to meet the national targets and low retention.
    2. TRP: Lack of plan for scale up of Viral load testing, suggested to develop testing plan in 1st six months
       NACO response: Expert group already constituted and draft guidelines are ready
    3. TRP :Insufficient detail to assess the proposed provision of Hepatitis C Treatment to people living with HIV; recommended to provide national context, and current guidelines.
       NACO response: This is in view of high level political commitment and Hon'ble HFM's declaration to roll out of treatment for general population. Division hopes that this Global Fund support to HIV Hep C co-infection may be a catalyst to drive national policy.
    4. TRP: Concern about capacity to outsource key enabling systems for HIV responses; recommended to develop action plan and timelines to outsource activities and considering existing CSO PR for outsourcing.
       NACO response: Programme agreed and sought CCM concurrence to outsource supply chain management to one of the existing civil society PRs through EOI/ RFP route observing due diligence.
    5. TRP recommended *to re-prioritize operational research studies*
       NACO response: Reprioritization is done and CCM concurrence sought to outsource to ICMR.

6. TRP recommended to submit a brief document highlighting human rights and gender response programming
   NACO response: Brief note developed on gender sensitive inclusive approach
7. TRP recommended to accelerate transition readiness assessment process
   NACO response: India already in agreement to transition out of Global Fund support in next three funding cycles

NACO sought CCM endorsement for the following:

- Division's response to TRP for submission by 18th August,2017
- Blended training activity earlier proposed to be outsourced is now to be undertaken by Plan India (PR) with TISS as a SR
- Integrated MIS activity earlier proposed to be outsourced, now to be implemented by CHAI with fund flow through WJ Clinton Foundation under TB grant.
  Only Clinical training component of CMAI has been approved by TRP. CMAI is unwilling to be a SR to NACO or any of the existing PRs. Proposal may be now subsumed under NACO. Approval sought to be outsourced to any of the existing PR s*through EOI/ RFP route observing due diligence.*

With respect to outsourcing of Supply Chain Management activity, Dr. Nicole Seguy inquired about its specific component to be outsourced. DDG (NACO), Dr. K. S Sachdeva informed that the component covering end mile part of supply chain (state to beneficiary) is to be outsourced.

Mr. Abou Mere inquired about NACO's plan to undertake HCV treatment - whether NACO is planning to implement by itself or with support from other agencies especially on diagnostics (genotype and viral load testing). He was informed that NACO is planning to undertake diagnostics and treatment with its existing infrastructures and systems.

Ms. Laxmi Narayan Tripathi raised concern over non-engagement of community members in counseling and training activities. She asserted that community representatives should be trained and engaged in counseling activities to build their capacity and to gain better outcomes for the programme.She urged to incorporate community/ Key Affected Population representative engagement in training activities as part of programme policy.

Mr. Abou Mere and Ms. T. Mercy supported her stand and advocated to make community engagement part of programme policies. Every member felt the need for a written policy on community meaningful engagement and requested all disease control programmes to bring out a clear written policy for the same.

Ms. Sadhna Jadon's reiterated that Treatment and Care and Support programme are complementary and should run alongside. As India is implementing Test and Treat policy whereby ART drugs will be required for 1 million more individuals, it must be supported by Care and Support centres in every ART centre to ensure retention. She raised her concern of insufficient CSCs in the next funding cycle.

Dr. Timothy Holtz inquired of the sustainability of the remaining PRs, given CMAIs track record in this regard (clinical care capacity), and their ability to conduct clinical training component – in

light of the lack of experience of PRs in this activity. DDG (NACO) responded about the plan to outsource this activity.

Decision:

- India CCM endorsed NACO TRP response and related proposals.
- India CCM agreed to make policies across HIV, TB and Malaria to have community engagement with specifications of who all will be benefitted.

B) Highlights of TRP recommendations for TB proposal and CTD's response:

- TRP has recommended $ 280 million funding for TB grant with $ 219million for CTD, $ 5 million for ICMR, $ 40 million for WJCF and $ 15.5 million for Union. RecommendedPrioritized Above Allocation Request of $ 180.5 Million.
- TRP recommended 5 of the 7 SRs selected by CTD namely TVHA, TISS, WHO, Southern Health Improvement Samity and FIND as SR under WJCF
- Following TRP recommendations and CTD's responses were shared:

1. TRP: Patients' support component to improve TB treatment outcomes are mainly covered under above allocation request which is proven to be effective based on pilots. TRP recommended to move this component from PAAR to allocation funding.
   CTD: Agreed with the recommendation. However it will be subject to Ministry's approval.

2. TRP: Funding proposal does not present targeted strategies to address Human Rights and Gender barriers to service access. It recommended providing brief write up on such strategies.
   CTD: Brief description about interventions addressing social, cultural and gender-specific access barriers has been prepared along with 'Patient Charter" addressing TB patients' rights.

3. TRP: Raised concern over sustainability issues around Technical Assistance and lack of plan for incorporating the functions provided by the TSN into the work of regular staff of the RNTCP. In light of the changing funding landscape of the donor support, TRP advised CTD to phase out external support for TA by the end of this grant (2018-2021)
   CTD: The Programme Division will explore options to transition role of TSN by handing over some of their responsibilities to the regular health worker. Division will plan to recruit Regional Consultants in place and with adequate capacity building of these consultants; the TSN will be scaled down by the end of the next grant period.

4. TRP: Program Management cost appears on the high side in terms of staff costs at National PMU, at PRs' organizational structures and at different levels, which is not sustainable.TRP recommended to carefully scrutinize, streamline and optimize grant management costs of the individual PRs, to avoid duplication and disproportioned program management costs.

CTD: The JEET Consortium (WJCF) will look to scrutinize and reorganize NPMU per TRP's suggestion. ICMR and the Union have not identified high staff costs at National PMU as cause of concern. The organizational structures, levels and compensations thereof will be discussed with the Global Fund Secretariat to reconfirm alignment with industry standards during grant making process.

5. TRP: Lack of programmatic information Loan buy-down component. Applicant is suggested by TRP to provide a detailed outline of NSP components to be covered under this fund with related modalities and monitoring framework.
   CTD:World Bank has indicated that they are moving away from financing inputs and towards financing results. Accordingly, the World Bank Loan buy down would be financing the broader non GFATM supported activities.

Ms. T Mercy Annapoorni stressed upon the need to have a strong strategy in place for engagement of community under CTD which is receiving major chunk of the total grant (78 %) besides Union which will be tackling active case finding component with only 5% of total grant.

Ms. Sadhna Jadon asked about TRPs responses on engagement of community based organization through outsourcing as proposed in TB concept note. DDG (TB), Dr.Kharpade informed that TRP did not give any specific comment related to this component of proposal and hence has agreed with our proposal of outsourcing the part of community engagement activities to some community based organizations as SR during grant making stage.

Dr. Nicole Seguy inquired about Technical Support Network (TSN) positions agreed by the TRP. Addl. DDG (TB), Dr. Salhotra mentioned that TRP did not comment on any number related to the T.A positions, however it questioned the sustainability aspect of Technical Assistance positions and strongly recommended to phase out external support for TA by the end of next grant. Dr.Henk Bekedam and Dr. Nicole Seguy expressed that at time when programme division is scaling up extensively to achieve its ambitious goals, pulling back technical resources all of a sudden will be damaging. They advocated that sustainability must be seen in the light of scaling up and hence CCM must convey itsinitially agreed upon number of T.A positions to the Global Fund.

Mr. Hashmat Rabbani proposed to provide preference to local organizations as SRs for project implementation at the state level for better outcomes and suggested to bring in innovative initiatives like Red Ribbon Express etc for TB as well to strengthen TB awareness campaign. He also highlighted staff shortage under RNTCP in states like Bihar and Jharkhand. DDG (TB) informed thatSecretary (HFW) has sent letter to states in this regards guiding to take curative actions at their level.

Decision: India CCM endorsed CTD responses for TRP recommendations. However CCM recommended CTD to provide a stronger and clearer response to item 3 of TRP comment regarding technical assistance to RNTCP with WHO-RNTCP TSN. While accepting sustainability as an important issue, the CCM emphasized that during scaling up the programme should not undermine existing capacities and technical support that has proven to be effective.

C) Highlights of TRP recommendations for Malaria proposal and NVBDCP's response:

- The Concept note for malaria grant was submitted to GFATM for 2018-20 cycle with a total budget of $ 65 million where NVBDCP and Caritas were proposed to receive grant of $ 62.6 million (96.3%) and $ 2.4 million (3.7%) respectively. Additionally, request under PAAR was made for $ 49.4 million.
- Following TRP recommendations and CTD's responses were shared

1. TRP: Lack of tailored IEC/BCC approaches to address the key vulnerable populations; TRP recommended to develop a detailed plan for IEC/BCC interventions to address specificities of each targeted group & specific locations while addressing human rights and gender-related barriers to access and uptake of services.
   NVBDCP: Division will develop a detailed plan for aggressive IEC/BCC interventions addressing specificities of vulnerable groups to focus on increasing the reach of services, prevention of mosquito bites and prevention of breeding sites.

2. TRP: Improve HMIS to enhance comprehensiveness, adequacy and quality of malaria program data; TRP suggested applicant to accelerate progress toward a rational development of HMIS, including use of IT, optimization of HR, improvement in quality, use of data and incorporating information from private health service providers.
   NVBDCP: Division will develop a detailed plan for all the states for development of HMIS including use of IT for improving quality & use of data. Also, district-wise mapping of all private sector health care providers will be undertaken followed by training at district level to involve them in the surveillance & response mechanism.

3. TRP: Inefficient implementation arrangements were noted by TRP with high program management costs (50% of 2.4 million USD) for Caritas (PR2) leading to high cost inefficiencies. TRP recommended that applicant and GF Secretariat should review program management approaches and use of contracting implementers to ensure maximized resource utilization for effective service delivery. With focus on HR investments that are sustainable and seeking efficiency gains in program management.
   NVBDCP: Proposed Caritas to reduce HR – From 9 to 6 posts of CPMU at national level; from 11 to 6 posts of PMUs at district level; 145 posts to 130 posts of Field supervisors. The reductions would bring down program management cost with savings of approx. USD 0.245 million that would be utilized for LLIN distribution costs and/ or BCC activities amongst key & vulnerable populations.

4. TRP: Sustainability issues related to HR in malaria program. In view of Global Fund's transition in next nine years TRP recommended to gradually reduce GF supported HR budget by ensuring that GoI gradually absorbs this malaria workforce. TRP has also recommended identifying alternative ways of incentivizing malaria workforce in distribution of nets as monetary incentives do not represent good value for money.

NVBDCP: Division has initiated shifting of HR expenditure to DBS and GF support for HR at district level and sub-district level is only being sought in the next funding cycle.

For the point raised regarding incentivising malaria workforce, it was clarified that ASHAs are paid merely Rs. 10 for distributing nets in the villages which is justified considering that she undertakes house to house survey and also ensures compliance of LLIN usage by community through IPC (Inter Personal Communication) before, during and after distribution of nets. Same strategy was successfully applied earlier for LLIN distribution in NE states and Odisha with GF support.

Dr. Emi Rumi inquired about the need of an alternate HMIS when it already existed under NHM. Dr.Avdhesh Kumar elaborated that there are various programmatic, logistics and financial data points which are not captured in the NHM HMIS, enabling a need for an updated HMIS for Malaria Programme. Dr.Bilali Camara from UNAIDS and AS & MD (NHM) both recommended for an integrated HMIS to help policy and programmatic decision making and avoiding fragmented vertical HMIS. This integrated HMIS should be complemented by specific surveys or studies necessary to answer to specific questions.

Dr. John Oommen appreciated the LLIN distribution activities being undertaken in Odisha state. With respect to HMIS development he reiterated the need to have other data sources like NFHS, Household sample survey data etc. to be seen together for having robust data for Malaria. He mentioned that North- Eastern states have challenging work scenarios and are challenging with respect to provision of good human resources. He requested the NVBDCP and the CCM to support the HR requirement of Civil Society PR – Caritas, and advocate this accordingly with the Global Fund. He showed concern over shrinking role of Civil Society PRs within Malaria grant which is way lower compared to HIV and TB. Firstly VHAI withdrew from grant implementation due to lack of support and now Caritas budget is being reduced limiting its engagement as well.

AS & MD (NHM) advised NVBDCP to review the HR requirement and budget needs of Caritas and may take a view point in support of Caritas if required while responding to TRP comments.

Decision: India CCM endorsed NVBDCP responses for TRP recommendations subject to observations made above.

Agenda item no. 6

India CCM Focal Point apprised CCM Members regarding *a* complaint against MPNP+, a SR working under Plan India. The complaint was sent by a former District Officer of MPNP+ project in Seoni, Mandala, district Balaghat regarding the financial and programmatic malpractices allegedly carried out at the SR level. A committee has been formed and will visit the site for investigation during 7-9th September 2017.

Agenda item no. 7

India CCM Focal Point apprised the CCM Members regarding a meeting of the HIV Constituency members of India CCM held on 14th August 2017 chaired by Sh. Navdeep Rinwa, JS (GFATM) and Sh. Alok Saxena, JS (NACO). The meeting was held to understand the mechanism of engagement used by HIV Constituency members of CCM with their constituents, successes or challenges, if any faced during the process and how the engagement mechanisms be scaled and further steps.

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

Annexure 1

List of Participants

CCM Members

Sl.No.	Name	Designation/Organization
1	Sh. C K Mishra	Secretary (HFW)/ Chair, I-CCM
2	Dr. Soumya Swaminathan	Secretary DHR & Director General ICMR
3	Smt. Vijaya Srivastava	Spl. Secterary & FA
4	Sh. Manoj Jhalani	AS & MD (NHM) / Member Secretary, I-CCM
5	Mr. Navdeep Rinwa	JS (GFATM), MOHFW
6	Dr. Nerges Mistry	Director, Foundation for Medical Research ,Mumbai
7	Mr. John Cherian Oommen	Dy.Director Medical Superintendant ,Christian Hospital, Odisha
8	Mr. Abou Mere	President, Indian Drug User's Forum, Nagaland
9	Ms. Laxmi Narayan Tripathi	Founder Member ,Astitva Trust, Maharashtra
10	Mrs. Lakshmi	CEO, Ashodaya Samithi, Karnataka
11	Mr. MdHashmat Rabbani	Secretary, GSKVM, Jharkhand
12	Mr. NikhileshMaity	Programme Officer, Vikas Bharti Bishunpur,Jharkhand
13	Ms. Sadhana Jadon	PLWD HIV representative
14	Dr. HenkBekedam	WR, India, WHO Country Office
15	Dr. BilaliCamara	Country Director, UNAIDS

Alternate Members

Sl.No.	Name	Designation/Organization
1	Sh. Arun Kumar Jha	Economic Advisor
2	Dr. E. Rumi	Jt. DHS (P & D), Arunanchal Pradesh
3	Mr. Yashwinder Singh	Founder Member, Pahal Foundation
4	Sh. Swami Satyaswarupananda	Incharge, Free T.B. Clinic and Medical Centre, Rama Krishna Mission, New Delhi
5	Ms. T.M. Annapoorani	Founder and Trustee, Rainbow TB Forum
6	Dr Nicole Simone Seguy	Communicable Diseases Team Leader, WHO
7	Dr.Timothy H. Holtz	Director, Embassy of the United States,

Special Invitees

Sl.No.	Name	Designation/Organisation
1	Mr.Sanjeeva Kumar	AS, NACO
2	Mr.Benjamin Cabouat	French Embassy
3	Mr.Raman Sharma	LFA Member, Dir.PWC
4	Mr.Alok Saxena	JS, NACO
5	Dr.SunilKhaparde	DDG (TB), MOHFW
6	Dr.V.S.Salhotra	Addl.DDG (TB)
7	Dr.P.K.Sen	Director,NVBDCP
8	Dr.Avdhesh Kumar	Addl.Director,NVBDCP
9	Mr.Veeraiah S.	National Consultant,RNTCP
10	Dr.Sundari Mase	MO (TB), WHO
11	Ms.Kusum	AINSW, President
12	Mr.Firoz Khan	Translator for Ms. Sadhna Jadon
13	CA VartikaSinghal	Consultant Finance,NVBDCP
14	Ms.VeenaKumra	Technical Consultant
15	Dr.VimleshPurohit	MO (HIV), WHO
16	Mr.RyanMcfee	Deputy Director, CDC India (US)
17	Dr.K.S.Sachdeva	I-CCM Focal Point
18	Dr.Sandhya Gupta	I-CCM Coordinator
19	Dr.Benu Bhatia	I-CCM Programme Officer
20	Ms.Veena Chauhan	I-CCM Administrative Assistant