

Minutes of meeting held on 31st January 2017 at 10.00 AM in Room No. 249-A, Nirman Bhawan, MoHFW, New Delhi

A consultation of stakeholders was held on 31st January 2017 at 10.00 AM in Room No. 249-A, Nirman Bhawan under the chairmanship of AS & MD (NHM)/ Member Secretary, India CCM, Sh. Arun Kumar Panda to apprise and seek inputs from stakeholders on the process of concept note development to be followed for the Global Fund grant for period 2018-2020. The meeting had a wide representation from Ministry Officials (Joint Secretary, Sh. Navdeep Rinwa, Economic Advisor, Sh. Arun Jha), national programme divisions (NACO, CTD and NVBDCP), non-government Principal Recipients under Global Fund and stakeholders from Civil Society Organizations, Academicians, Development Partners, KAP and PLWD. The list of participants is placed at Annexure-1.

India CCM Focal Point, Dr. K. S Sachdeva welcomed the participants and made a brief presentation on the Global Fund's allocation decision for period 2018-2020 and highlighted following with respect to concept note development process:

- 1.** The Global Fund has announced to allocate USD 500 million to India for grant implementation period 1st January 2018- 31st December 2020 with disease wise split of around USD 155 for HIV (31 % of total grant), USD 280 for TB (56% of total grant) and USD 65 for Malaria (13% of total grant).
- 2.** A Joint TB and HIV application (for both Government and Non-Government Principal Recipients) based on national strategic plan (NSP) has been invited by the Global Fund for submission by 23rd May, 2017. A separate funding request for Malaria based on NSP has been called for submission by 23rd May, 2017. After this next window for proposal submission will open in 28th August 2017.
- 3.** As per the Global Fund guidelines, CCM is required to adopt a transparent and documented process of Principal Recipient nomination and selection for the Global Fund grant. Hence, a transparent and inclusive process of PR selection will be adopted by inviting proposals from non-government organizations/ private sector/ CSO on the priority/gap areas identified by the programme divisions in consultation with stakeholders. Similar process would be advocated for SR selection by PR in consultation with CCM.
- 4.** Proposal to form Advisory committee and three disease specific technical committees for guiding concept note development process was shared.
- 5.** Disease wise priority areas for concept note development suggested by the Global Fund were shared with stakeholders. Besides, Programme divisions would also identify additional gap areas in consultation with stakeholders based on which concept note for Global Fund will be drafted after CCM approval.

6. Steps to be involved in concept note development and tentative timelines for identification of priority areas, call for proposal from non- government PRs, subcommittee formation, PR selection and concept note development and CCM endorsement etc were shared.

The presentation was followed by remarks of AS & MD (NHM)/ Member Secretary, India CCM Secretariat who underlined the importance of Global Fund support to India in fight against HIV, TB and Malaria since 2002. He further highlighted that to meet our target of eliminating/controlling these diseases, the Global Fund resources would be highly noteworthy. As the Global Fund has communicated its staggered transition from India over next nine years, it is important that we make most of its available resources during these years.

He recommended that programme divisions (NACO, CTD and NVBDCP) should develop a detailed thoroughly consulted national strategic plans and consequently need based diligently drafted concept notes with support from stakeholders. He also emphasized on including incentive funding request above the prioritized allocation amount in the concept note to be eligible to get additional funding if available with the Global Fund. He advised all the stakeholders to share their valuable inputs on the concept note development process with India CCM secretariat within a week's time.

Remarks of AS & MD (NHM) were followed by an open round of discussion for stakeholders to seek their comments/ inputs which are as follows:

Dr. Jamie Tonsing from Union sought clarity on funding split between government and non-government Principal Recipients and the rationale to be adopted for this split. Dr. Sai Subhasree Raghavan from SAATHII also asked about scope of flexibility in allocating funding to various disease components and further the split between government and non-government PRs.

JS (NR) informed that share of fund for non-government may be increased compared to the existing share of non-government PR under NFM after CCM endorsement. It will be decided on the basis of priority/gap areas identified by programme divisions and scope of non-government Principal Recipients in addressing them.

With reference to government and non- government funding split, Ms. Nandini Kapoor from UNAIDS recommended that since Global Fund allocation has gone down for next grant period, it is imperative to look for result oriented, cost effective and scalable proposals from non -government PRs. Besides, focus should also be on mechanisms for coordination between government and non-government PRs while shortlisting them.

Dr. Sarabjeet from Union sought information regarding timelines for PR selection and whether performance based funding model be applicable for non- government PR as well.

India CCM Focal Point mentioned that in view of submission deadline of 23rd May 2017, factoring in other procedural requirements we foresee to complete PR selection process before 20th March, 2017. It will be followed by combined proposal development by government and non-government PRs for 4 weeks. Regarding performance based model of funding, the Global Fund will be contacted for clarity.

Dr. Marietou Satin from USAID highlighted that the Global Fund is quite certain of not exceeding allocation amount beyond USD 500 million. Hence, it would deduct all the unspent fund/ saving of current funding cycle from total allocation amount (USD 500 million) of next grant, which will be unfavorable for the country. AS & MD (NHM) agreed to her point and recommended PRs to expeditiously utilize existing Global Fund grant whatever is in pipeline to get full allocation amount for next grant.

Dr. Smrity from TB Reach suggested to keep stakeholders on board with National Strategic Plan and its development for all three disease programmes (HIV, TB and Malaria). She also suggested incorporating burn rate for the current grant in next concept note since Global Fund takes this into accounts while deciding for final allocation. She prompted to take decision on integrating Health System Strengthening (HSS) component in disease specific proposals (like current funding cycle) or will it be a separate HSS proposal for next grant cycle.

DDG (TB), Dr. Khapade informed that while developing NSP for TB stakeholders were duly consulted. India CCM Focal point urged all the programme division to provide documentary evidence of all such consultations to India CCM Secretariat.

Mr. Luke Samson from KAP-IDU community of HIV emphasized on including community system strengthening and related interventions in next concept note.

Stakeholders from ICRW, Dr. Ravi Verma and from USAID, Dr. Sangeeta Kaul sought information regarding preparation of NSP for HIV and identification of gap areas for proposal development. Mr. Yashwinder Singh from MSM community, HIV raised concern for slashing down funding for HIV to USD 155 million for next grant period (2018-2020).

India CCM Focal Point informed that the process of NSP development for HIV has been initiated and a consultation of stakeholder to seek inputs will be organized soon. He mentioned that NSP would be developed based on the comprehensive findings of Mid Term Assessment (MTA) of NACP-IV undertaken in 2016. Dr. S. N Sharma from NVBDCP mentioned that division also expects to get the draft of NSP ready by 28th February, 2017.

With respect to reduced share of HIV funding from overall allocation, Joint Secretary (NR) informed that this is a Global Fund decision. However, reshuffling of funds within HIV, TB and Malaria component can be done through consultative process and by citing strong justification for the same. The final decision needs to be endorsed by CCM before communicating it to the Global Fund.

Dr. Reshu Aggarwal from CDC suggested to include quality of service delivery and capacity building component in gap areas for seeking Global Fund grant.

Dr. Rita Prasad from CARE suggested to identify TB-HIV cofounding area/strategies for inclusion in next concept note to stand it better chance for acceptance during Technical Review by the Global Fund.

Mr. Amith Nagaraj from World Bank recommended to segregate funding from all donor/ funding sources to recognize existing investment pattern and to ensure that funding is not being re-invested for similar projects/ strategies.

Dr. Matangi Jayaram from BFGF offered to explore outcome based disbursement model for next Global Fund grant. India CCM Focal Point apprised that Global Fund is already planning to do from next grant cycle.

Dr. Shampa Nag, from Caritas sought guidance for selection of Sub Recipient under PRs. India CCM Focal Point cited that SR is to be selected at the level of PR by adopting transparent and documented selection process as adopted for PR selection at CCM level. PRs must ensure to keep CCM abreast on the SR selection process.

Ms. Sonal from HIV Alliance asked information on catalytic funding. India CCM Focal Point mentioned that Global Fund has not clearly communicated anything about it.

There were no further comments/ suggestions from stakeholders. India CCM Focal Point urged all the stakeholders to analyze the concept note development process and share their inputs/suggestions with India CCM secretariat by 6th February 2017.

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