India Country Coordinating Mechanism- 74th Meeting Minutes

Date (dd.mm.yy)	06-03-2019
Venue of the Meeting	Room no. 155-A ,1st Floor Committee Room, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi
Meeting started	2.30 PM
Meeting adjourned	3.30 PM
Meeting Chaired by	Smt. Preeti Sudan, Secretary (HFW)/Chair, India CCM
Meeting Steered by	Sh. Manoj Jhalani, AS & MD (NHM)/Member Secretary, India CCM
Total number of participants	46
Meeting attendance	Country Coordinating Mechanism (CCM) Member : 16 Alternate member : 14 Special Invitees : 16
Did the meeting attain quorum?	Yes
Did the meeting have any conflict of interest	No, Adequate measures to mitigate Conflict of Interest were taken during the meeting.
Attendance list	Yes, Annexure-1

74th meeting of India CCM was the first meeting of newly reconstituted India CCM members and alternates for their term Dec, 2018 - Nov, 2021. Details of deliberations and decision undertaken during the meeting are as follows:

Agenda item no. 1

The meeting began with welcome remarks of Secretary (HFW)/ Chair, India CCM for the reconstituted India CCM members and alternates, followed by a brief round of introduction of the participants. Chair, India CCM also applauded the outgoing CCM members/alternates and Vice Chair for their immense support and engagement for effective CCM functioning.

Agenda item no. 2

Selection of Vice Chair of India CCM for term Dec, 2018-Nov, 2021 was an agenda item. India CCM Focal Point briefed on following points with respect to selection of Vice Chair in accordance to Terms of Reference of India CCM:

- Vice Chair fulfils functions of Chair in his/her absence, advises chair on urgent decisions to be taken in between regularly scheduled meetings and performs task delegated by the Chair
- The Vice Chair shall represent a constituency different from Chair's constituency

- The Vice Chair shall serve a term of three years and no individual may serve more than two consecutive terms as Vice-Chair.
- The Vice Chair shall be elected by a vote of India-CCM members. Any candidate for Vice-Chair must be proposed and seconded by India-CCM members

JS (GFATM) apprised that Secretary (DHR) & DG (ICMR), Prof. Balram Bhargava also holds India CCM membership as part of Academic/Education/Research institution constituency. Since he is also a Secretary to the Government of India, he may also be considered for the Vice-Chair besides another Vice-Chair. He therefore suggested having two Vice-Chairs for India CCM. Mr. Hashmat Rabbani seconded his proposal. India CCM concurred to have two Vice Chair positions with DG, ICMR as one of the co-chair.

For second Vice Chair position, Mr. Hashmat Rabbani proposed Dr. Raghavan Gopa Kumar, alternate member from TB-PLWD constituency. His name was seconded by Mr. Bhakta Bihari Mishra. However, since Vice-Chair should be a primary member of India CCM, nomination of Dr. Raghavan Gopa Kumar, who is an alternate member, could not be considered.

Dr. Shyamala Nataraj, member from HIV-CSO constituency was proposed as Vice Chair by Mr. Yadavendra Singh and seconded by Ms. Nisha Gular for Vice Chair position. Dr. Shyamala voiced out her opinion that considering her background and active engagement with CSOs, she might have some prejudice or bias in shouldering the role of a Vice Chair, hence someone who does not have any bias and who can objectively appraise and do loyalty to all three programmes should be given the chance. She proposed Prof. Ramila Bisht, member from Academic/Research institution constituency for the vice-chair position. Prof. Ramila Bisht stated that since one Vice Chair, Secretary (DHR)/DG (ICMR) is already from her constituency of Academic/ Research institutions; Dr. Shyamala Nataraj is the ideal choice for the second Vice-chair position.

After detailed deliberations, it was unanimously agreed by the India CCM to have Dr. Shyamala Nataraj as second Vice Chair of India CCM.

Decision:

India CCM decided to have following two Vice-Chair for three years term 2018-21:

i. Prof. Balram Bhargava, Secretary (DHR) & DG (ICMR) -Academic/Education/Research institution constituency
ii. Dr. Shyamala Nataraj, Executive Director, SIAAP - HIV-CSO constituency

Agenda item no. 3

India CCM Focal Point shared the following discussion points of 73rd CCM meeting held on 6th September, 2018 and their status updates:

1. Reimbursement of tax component for the grant period 2015-17 to the Global Fund- the taxes have been settled by each national programme divisions (CTD, NACO and NVBDCP).
2. Issue of recovery of misappropriated funds from officials of MPNP+, a former SR of Plan India for the Global Fund grant period 2015-17 was explained to CCM members. It was informed that Plan India has deposited the money back in concerned account. However, actual recovery of money from the concerned persons is still pending. Plan India has approached the District Court, Bhopal which has directed Bhopal Police to register an FIR against the alleged MPNP+ officials and to initiate the proceedings.
3. Oversight Committee presented report of its visit to Kamrup district, Assam undertaken from 7-9th August, 2018 to oversee HIV, TB and Malaria grant during 73rd CCM meeting. Based on Oversight committee recommendations, all PRs have provided status update of the corrective actions taken by their SRs. The same have been shared with the committee for their review. Key OC recommendations and corrective actions of PR/SR are placed at Annexure 2.

Decision: The minutes of the 73rd meeting of India CCM were endorsed.

Agenda item no. 4

India CCM Focal Point shared the following updates on the Global Fund grant and related activities:

1. The Global Fund allocated USD 500 million (USD 155 million for HIV, USD 280 million for TB and USD 65 million for Malaria) to India for grant period Jan, 2018-March, 2021.
2. Principal Recipient wise allocation and project details are as follows:

PR	Budget (USD)	Grant component
HIV		
NACO	102.4 million	Strategic Augmentation of HIV/AIDS Services
INDIA HIV ALLIANCE	20.5 million	Vihaan: Enhanced treatment adherence and retention in HIV care through Care and Support services for People Living with HIV/AIDS in India
PLAN INDIA	17.80 million	AHANA: Improving access to PPTCT services both in the Public and Pvt. Sect. in 14 states across 357 Dist. in India
SAATHII	10.38 million	Svetana Ph II: Scaling up of PPTCT Services in the public and pvt. health sect. across 22 states/Union Territories of India

TB		
CTD	201.34 million	Moving towards Elimination of Tuberculosis in India: TB Care and Prevention, Multi Drug Resistant Tuberculosis- Diagnosis, Treatment, Patient Support/Incentive
WJCF	18.28 million	Joint Effort for Elimination of Tuberculosis (JEET) for patients seeking care in private sector /Strengthening Overall Care for HIV patients (SOCH)
CHRI	15.60 million	Joint Effort for Elimination of Tuberculosis (JEET) for patients seeking care in private sector
FIND	33.16 million	Strengthening sustainable Laboratory Diagnostic Network of RNTCP and Joint Effort for Elimination of Tuberculosis (JEET)
THE UNION	15.5 million	Reaching the Unreached'-Ensuring universal access to TB prevention and care services for all
Malaria		
NVBDCP	65 million	Intensified Malaria Elimination Project–LLIN Procurement; MIS strengthening etc

3. India successfully hosted the preparatory meeting of the Global Fund to launch the Global Fund's investment case for sixth replenishment campaign on 7-8th Feb, 2019.

   - India is the first implementer country to host the preparatory meeting.
   - Around 250 participants including Ministers/ Ministerial delegation of donor countries, private sector donor and technical experts attended the meeting.
   - On 7th Feb'19: India organized "India showcase" to highlight its key achievements and efforts in health sector and hosted Welcome Reception/Heads of delegation dinner for participants.
   - On 8th Feb'19: The event was inaugurated by Hon'ble Finance Minister and Minister of Health and Family Welfare, Govt. of India
   - Luxemburg made the first pledge for Sixth Replenishment of €9 million (11% increase over the last replenishment pledge).
   - India contributed $ 20 million in last replenishment and showed its commitment to increase it further for sixth replenishment.
   - The pledging conference for 6th replenishment will take place in Oct, 2019 at Lyon, France.

4. The Global Fund's board invited nominations for its leadership i.e. Chair (from donor countries) and Vice- Chair (from implementer countries) for a two year term 2019-2021. India being part of one of the implementer constituencies (i.e. South East Asia

constituency) has submitted nominations for the board ***Vice-Chair.*** Final selection will be done in April, 2019 by board members based on Board Leadership Nomination Committee (BLNC) review and recommendations.

5. SEA Constituency is one of the implementer constituency of the Global Fund, comprised of 11 countries – Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Timor Leste and Thailand. It holds two meetings in a year before the Global Fund board meeting to discuss constituency issues to be highlighted before board. Following are the updates of SEA constituency:

   A) *SEA constituency leadership nomination process*:

   - SEA constituency follows rotation principal in alphabetic order to nominate its representatives for board member and alternate board members of the Global Fund.
   - Current board member from SEA constituency is from Bangladesh and alternate board member from Bhutan for two years term (2018 & 2019).
   - In a recent SEA meeting held in Srilanka (21-22 Feb, 2019), constituency discussed on whether to continue with the alphabetic selection process or adopt merit based process for selection of board membership. The consensus decided to adopt mixed approach of country selection through alphabetic rotation followed by competency based selection of nominees of these countries for board membership.

   B) *Regional Coordinating Mechanism (RCM) formation:*

   - SEA Constituency in its meeting held in Yangon, Myanmar on 30-31st October, 2018 decided to establish Regional Coordinating Mechanism (RCM) on lines of CCMs for SEA constituency with the objective to develop and submit regional funding proposals for HIV, TB and Malaria to the Global Fund. Constituency is working to develop governance structure and sustainable funding source for RCM

JS (GFATM) suggested providing detailed documents of current grant implementation by all PRs to CCM members for their thorough understanding of projects.

Mr. Sudeshwar Singh pointed out that the component of counselling of TB patients and their family, which is quite important for ensuring treatment adherence, seems lacking from programmes funded by the Global Fund.

JS (GFATM) clarified that the Global Fund assistance contributes to only approximately 10% - 15% of the funding need for TB programmes in India. Majority of TB strategies under RNTCP programme including patient counselling are funded through domestic budget.

Counselling is one of the key strategies under RNTCP which start with doctor itself who treats the patients, further provided by health care workers (STS etc), ICTC counsellor (for HIV-TB co-infected cases) and TB Treatment counsellors etc. RNTCP programme has a well functioning National Toll Free number as well to assist people seeking any information on TB.

Dr. K. S. Sachdeva added that DRTB counsellor project is operational in four states with funding from Global Fund. Moreover, as health care workers are routinely trained and capitalized for counselling activities, there is not much need to have dedicated TB counsellors in every state.

Agreeing to the clarification of JS (GFATM), Secretary (HFW) stated that she acknowledges the importance of TB patient counselling and feels that programme should have standardized content for TB counselling in the community. She sought support of India CCM constituencies in developing such common talking point for TB patient counselling.

Decision: India CCM Secretariat to share grant details and core documents of all Principal Recipients for current grant period Jan, 2018-March, 2021 with India CCM members and alternates for them to understand each grant and related matters in detail.

Agenda item no. 5

All Principal Recipients (NACO, India HIV/AIDS Alliance, SAATHII, PLAN India, CTD, CHRI, WJCF, FIND, UNION and NVBDCP) made a brief presentation on their grants highlighting key strategies, activities and budget allocation and updates on implementation status (achievements and fund utilization) during orientation meeting of India CCM members on 5th and 6th March, 2019. In order to avoid repetition, progress updates were not shared again during the CCM Meeting.

Agenda item no. 6.

All members and alternates of India CCM who attended orientation meeting and 74th CCM meeting on 5-6th March, 2019 signed CoI declaration for Year 2019.

Agenda item no. 7

1. Mr. Simon Beddoe raised concern of having equal voices of alternate members of Civil society in India CCM. He apprised that since members and alternates of civil society (CSO, KAP and PLWD) represents different constituencies, they all should get chance to participate in CCM activities. The same was agreed during their constituency meetings while sending final nominations for CCM membership. UNAIDS and CCM secretariat also assured to put it up for CCM consideration.

Secretary (HFW)/ Chair, India CCM mentioned that as ToRs of India CCM guides, primary member has responsibility to raise concerns of his/her constituency including alternate member's constituency. It is important for members and their alternates to consult before meetings to discuss matters to be surfaced in India CCM. However, if alternate member feels that some important issue has been missed by primary member, he/she may highlight the same.

2. Mr. Simon Beddoe proposed to form a Key Affected Populations (KAP) committee in India CCM like many other South Asian countries dedicated to support key affected population activities.

   Decision: India CCM decided to constitute a KAP committee.

3. Mr. Raval Pratik Antray highlighted concerns of shortage of ARV drugs, LFU tracking and low salary of SACS staff at state level. JS (NACO) clarified that to their knowledge, only Paediatric Syrup was in shortage due to inability of states to procure small quantity of this syrup locally. Hence, NACO procured it at centre level and all states have been provided stock of up to one year. JS (NACO) advised to raise specific issues related to drug shortage etc. directly to NACO to allow them to take timely action.

   Secretary (HFW) advised that salary related issues may be discussed separately as these are primarily state matters and are to be addressed by states.

4. Ms. Jahnabi Goswami informed that DBT benefit under 99 DOTS to HIV-TB co-infected patients is not being provided in Assam. NACO agreed to look into the matter.

5. Ms. Shyamala Nataraj tabled two of the requirements of CCM members from civil society constituency which were deliberated during orientation meeting:

   a) She sought guidance on the mechanisms for enhancing the capacity of CCM members to enable them to actively engage and participate in CCM meetings/ sub- committee meetings etc.
   b) For the CCM members to effectively engage with their constituency, the Civil Society constituency will develop a plan with some minimal resource inclusion. She requested India CCM to fund the same either with its own funding or seek support of development partners if required.

      Secretary (HFW) assured that constituency plan may be supported once they are prepared.

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

Annexure 1

List of Participants

CCM Members

Sl. No.	Name	Designation/Organization
1	Smt. Preeti Sudan	Secretary (HFW)/ Chair, I-CCM
2	Sh. Manoj Jhalani	AS & MD (NHM) /Member Secretary, I-CCM
3	Sh. Sanjeeva Kumar	Additional Secretary (Health)
4	Mr Bilali Camara	Country Director, UNAIDS
5	Dr. Timothy H. Holtz	Director, Division of Global HIV and Tuberculosis, Center for Disease Control and Prevention
6	Dr. Shyamala Nataraj	Executive Director, SIAAP
7	Ms. Deepti Chavan	Patient Advocate
8	Ms. Rudrani Chettri	Managing Director, Mitr Trust, CBO Member-Infosem Network
9	Prof. Ramila Bisht	Centre of Social Medicine and Community Health, JNU
10	Ms. Nisha Gulur	Executive Member-KSWU, President, NNSW
11	Mr. Sudeshwar Kumar Singh	Secretary, TB Mukt Vahini
12	Mr. Natthuram Rajak	Community Volunteer
13	Mr. Bhakta Bihari Mishra	Secretary, National Integrated Human and Industrial Development Agency
14	Fr. Paul Moonjely	Executive Director, Caritas
15	Mr. Raval Pratik Anantray	Assistant Director, GIPA
16	Mr. Shridhar Pandey	Secretary & Chief Executive Officer, Gautam Buddha Jagriti Society

Alternate Members

Sl.No.	Name	Designation/Organization
1	Sh. Vikas Sheel	JS (GFATM)
2	Dr. Inder Prakash	Advisor (PH)
3	Dr. Madhu Saxena	DHS, Uttar Pradesh
4	Dr. Nicole Seguy	Senior Technical Adviser, WHO
5	Ms. Marietou Satin	Deputy Director, O/O Health, USAID/India
6	Ms. Nandini Kapoor Dhingra	Senior Technical Adviser, UNAIDS
7	Ms. Jahnabi Goswami	President, ANPP
8	Mr. Nikhilesh Maity	Programme Officer, Vikas Bharti, Bishunpur
9	Md. Hashmat Rabbani	Secretary, Gramin Samaj Kalyan Vikas Manch
10	Prof. Rama V. Baru	Centre of Social Medicine and Community Health, JNU
11	Mr. Simon W Beddoe	President, IDUF
12	Mr. Yadavendra Singh	Chairman, Pahal Foundation
13	Ms. Kusum	President, AlNSW
14	Dr. Raghavan Gopa Kumar	Founder Member, Touched by TB

Special Invitees

Sl. No.	Name	Designation/Organisation
1	Sh. Alok Saxena	JS, NACO
2	Dr. N. S. Dharamshaktu	Principal Advisor (PH), MoHFW
3	Dr. K. S. Sachdeva	DDG(TB)/ I-CCM Focal Point

5	Dr. R. S. Gupta	Advisor, NACO
4	Dr. Avdhesh Kumar	Addl. Director, NVBDCP
6	Mr. Ajay Kumar Mishra	Deputy Secretary, Deptt. Of Economic Affairs
7	Dr. Ajay H Gangoli	Director Medical Services, AHLL
8	Mr. Raman Sharma	Director, PWC
9	Mr. Veeraiah S. Hiremath	National Consultant, WHO
10	Ms. Veena Kumra	Consultant, CTD
11	Dr. Neha Garg	Consultant, NACO
12	Dr. Suman	Consultant, NACO
13	Dr. Sandhya Gupta	I-CCM Coordinator
14	Dr. Benu Bhatia	I-CCM Programme Officer
15	Ms. Veena Chauhan	I-CCM Administrative Assistant

Annexure 2

PR/SR responses on recommendations of Oversight visit to Assam	
RNTCP related Oversight Observations	**Current Status**
1. Case notification in private sector is low	• CME conducted in all the districts with private practitioners in collaboration with IMA. • Notification has picked up under PPSA project of JEET
2. Backlog in NIKSHAY real-time data entry	• With the distribution of tablets to the field staffs, real-time notification is being done in NIKSHAY for patients both in public and private sector. It is under progression.
3. State Coordination Committee (SCC) meeting for TB-HIV collaborative activities has not been conducted in the state for more than 3 years.	• SCC Meeting is being planned
4. At CBNAAT lab, Kamrup (Rural) stock of cartridges was not maintained properly	• Proper stock register is now being maintained at the CBNAAT site.
5. At CHC Azara, under Nikshay Poshan Yojana, bank details of 43 eligible cases were not updated in Nikshay and not linked to PFMS.	• Bank details of all the eligible patients have been seeded and benefits under NIKSHAY POSHAN YOJNA have also been provided to the beneficiaries.
NACP, AHANA and VIHAAN projects related OC Observations	**Current Status**
1. Issues related to SACS Drug store	• The State warehouse is being planned to be relocated to a storage facility with inbuilt cold storage mechanism as per recommendation of Oversight Committee. • Good storage practices and efficient inventory management including FIFO mechanism is being followed. • NACO has implemented Third party logistics with help of Plan India to strengthen supply Chain for transportation and distribution of ARV drugs and testing kits from SACS Warehouse to end facilities (ARTC/ICTC).

2. Regarding vacancies at SACS and Periphery	• Is being considered under rationalization of HR under Annual Action Plan (2019-20) by NACO. • In addition, Assam SACS is also trying to recruit vacant positions but is struggling due to the qualification criteria and the salary structure.
3. Regarding space constraints at ICTC	• This is being considered by the GMCH authorities.
4. Plan India to carry out a mapping exercise for all the private hospitals providing ANC and delivery facilities and to train lab technicians at sample collection centres.	• A mapping exercise has been done and report submitted • In 21 districts (out of 33) Ahana team trained the LTs.
5. Under Vihaan project, role of ORW is not clearly defined. Lack of clear work plan of ORWs. Inadequate training and supportive supervision from the programme team.	• The Project coordinator and an ORW with whom OC team interacted were newly recruited to the program; hence Project Coordinator was not able to provide the supports to ORWs in detail. • Due to the language & communication barrier also ORWs were not able to explain the activities in detail during the visit.
Malaria programme related observations for ASSAM VBDCP, CHC Azara/ PHC Uparahali	**Current Status**
1. In Assam state, Malaria Elimination campaign was not launched and not declared as notifiable disease	Launching ceremony for Malaria elimination will be held in the month of April, 2019 and state declared malaria as notifiable disease in Oct, 2018.
2. Malaria related data are not collated and integrated under HMIS from private sector (NGO) etc	State has started data collation from private sector.
3. More than 40% sanctioned posts of Malaria Technical Supervisors and sanctioned posts of Lab Technicians under GFATM are lying vacant	Advertisement for the recruitment of MTS is already published & it will be filled up shortly. For the state of Assam, there is no sanctioned post of Lab tech. in RoP under GFATM.
4. Remuneration of contractual manpower (MTS and DEO) is very less in comparison to other GFATM states due to proposal of less salary by the state in the PIP.	Revised salary proposed in PIP 2019-20.

5. Timely logistic supply is a continuing issue. State expressed: a. Shortage of ACT- AL (6 month —-3years) and ACT AL (14 years plus adult dose) with requirement of around 5000 units of each age group , While ACT AL (3-9 years) and ACT AL (9-14 years) drugs were not available in the state. b. Shortage of RDK kits and microscope Slides with additional requirement of 12 lakh RDK kits and around 20 lakh slides for the year 2018-19. c. Complete stock out of drug Primaquine 2.5 and swabs.	• 1,26,500 Primaquine 2.5 were supplied on "September, 2018. Cotton and spirit is used in place of swab which is available upto sub-centre. • Total 7, 42, 000 nos of RDT were supplied in October, 2018 and rest are in process. • State has supplied 20 Lakh Micro-slides to districts in 2018-19 and next phase of 16 lakhs are in process. • ·ACT-AL(3-9) ---- 21,732 Strips; ACT-AL(9- 14) ---- 21,518 Strips; ACT-AL(Adult) ---- 55,762 Strips (Supplied to the dist. in October,2018)
6. Malaria related data are not collated and integrated under HMIS from private sector (NGO) etc	State has started data collation from private sector.
7. Malaria diagnosis at the CHC/PHCs is mainly done through RDK kits instead of Microscopic diagnosis	Now micro-slides are available in all health facilities and diagnosis is done by microscopy.
8. Team found new microscopes (provided by NVBDCP) were not being used in Azara PHC	Azara PHC laboratory is now functioning properly and regular diagnostic microscopy is going on.
9. SOP for diagnosis/treatment, IEC material and epidemiological data were not displayed at the facility	IEC material & epidemiological data are now displayed in the PHC.
10. Record preparation and maintenance at the facilities was deficient for malaria programme.	M forms were not available at that time due to which record preparation was deficient. But now M forms have been supplied to all health institutions.

11. Efforts are initiated for line listing of cases, however important information like travel history for all cases is not recorded.	Districts are directed to send the line listing of all VBD cases without keeping any blank column in the format.
12. IEC/BCC strategy and activities need to be structured in regular and campaign modes and need improvement.	Various IEC/BCC activities are planned and being carried out in a regular and proper manner.