

Subject: Minutes of 88th meeting of India CCM

Date	25 th May 2023
Venue of the Meeting	155-A, Nirman Bhawan 1st Floor Committee Room, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi
Meeting started	15:00 PM
Meeting adjourned	18:00 PM
Meeting Chaired by	Sh. Rajesh Bhushan, Secretary (Health)/ Chair, India CCM
Total Number of Participants	45
Did the meeting attained quorum	Yes
Did the meeting have any conflict of interest	No, Adequate measures to mitigate Conflict of Interest were taken during the meeting.
Meeting attendance	Country Coordinating Mechanism (CCM) Member: (Physically Present: 07) and Virtually Present: 08) ▪ Alternate Member: (Physically Present: 03 and Virtually Present: 09) ▪ Special Invitees: (Physically Present: 09 And Virtually Present: 06) Country Coordinating Mechanism Secretariat: (Physically Present: 03)
Attendance list	Yes Annexure-I

88th meeting of India CCM was conducted on 25th May 2023 at 15:00 PM under the Chairmanship of Sh. Rajesh Bhushan, Secretary (HFW)/Chair India CCM in Room No. 155-A, Nirman Bhawan.

Translation of key discussion points and decisions was provided in Hindi for the benefit of the civil society, community and persons living with disease constituency members.

Agenda Item No. 1: Endorsement of minutes of 87th India CCM meeting.

It was informed by Dr Shobini Rajan – Focal point (India CCM) that there were no inputs received upon circulating the minutes right after the 87th meeting or again prior to 88th meeting.

The action taken points for the 87th India CCM meeting were appraised as summarized below and detailed in **Annexure II**:

1. A committee has been constituted for revision of reimbursement norms of India CCM and SOP to simplify the process.

2. The 3 DSTCs met multiple times to finalize the priority areas so that the funding request proposals are developed and submitted by end of May 2023.
3. The threshold phase and review of India CCM for the CCM Evolution initiative has been completed by CCM Evolution Consultant for India, Mr. Tim Clary and results shared with ICCM evolution Taskforce members during a Debriefing Session held on 3rd May 2023.

The minutes of the 87th India CCM Meeting were unanimously endorsed by India CCM. (Final minutes enclosed at **Annexure--3**)

Agenda Item No. 2: Debrief session on Evolution Threshold results by Global Fund CCM Hub team.

Discussion Points:

- Ms. Henita Kuntawala (CCM Hub Team) and Mr. Tim Clary, CCM Evolution Consultant for India, did a debriefing session on the findings of the Threshold phase of Evolution which was completed by 30th April 2023. (Detailed presentation may be found attached at **Annexure-4**)
- Mr. Tim Clary appraised that the results were based on the basis of documents review, 5 key informants interview and survey to which 27 members responded. He said that the next steps were to identify the two priority areas out of Engagement, Oversight, Operations and Positioning by the CCM, which interventions under those to be implemented with follow-up and virtual technical support.
- Ms. Nandini Kapoor, Head of the CCM Evolution Task Force and Oversight Committee India CCM said that a series of meetings were held with Mr. Tim Clary and Henita Kuntawala which helped to understand the details of the four areas Engagement, Oversight, Operations and Positioning better. She further said that the report as shared by the CCM Hub with the task force is under discussion. She appraised that the two priority areas being considered for India are ***Oversight and Engagement***.
- Focal Point appraised that completion of threshold is a requirement for funding request submission due in end of May 2023. Chair, India CCM responded that the threshold process is now complete.
- Ms. V Hekali Zhimomi, Member Secretary, India CCM deliberated that there is also an internal assessment made by the CCM based on Engagement, Oversight, Operations and Positioning components. She further said that as far as Positioning is concerned India is a Global model with increasing health efficiency models of positioning the programmes within the larger health system of India.
- Ms. Henita Kuntawala acknowledged that India has a unique position and is better performing than all the countries when the CCM Evolution strategic initiative has been introduced. She said the results of the threshold phase is used to assess the CCM which is an eligibility criteria for funding request submission for which the results of the threshold needs to be endorsed by the CCM.

Decision Point:

- Chair India CCM explained Positioning of the Global Fund grants within the the overall health ecosystem in India. He said that in terms of monetary value and range of activities, Global Fund grants do not play a significant part in the overall health budget in India. He said that by Positioning within the national context, it is meant that harmonious integration of the Global Fund grants with the national disease control programmes.
- He said that the efforts by the team and the task force is deeply appreciated and that **India CCM endorses the results of the CCM Evolution Threshold with these qualifications** (mentioned above).

Agenda Item No. 3 : Update on HIV,TB and Malaria Funding Request Proposal for Global Fund grant period 2024-27 and endorsement by India CCM for submission to the Global Fund by 29th May 2023.

At the outset, Focal Point India CCM sought consent from all CCM members and alternates that looking at the tight timelines, we would be seeking verbal endorsement at the end and the meeting will be recorded, the recordings of which will be shared with the GF country team. There was no objection to this proposition.

The disease wise indicative split shared by the Global Fund is as follows:

Eligible disease component	Allocation amount US\$	Allocation Period	Utilization
HIV	155,000,000	1 April 2024 to 31 March 2027	
TB	280, 000,000	1 April 2024 to 31 March 2027	
Malaria	65,000,000	1 April 2024 to 31 March 2027	
Total	500,000,000		

A. Tuberculosis: Presentation of the TB funding request was done by Dr. Raghuram Rao ADG(TB). Detailed presentation may be found at **Annexure 5**

Discussion points:

- Mr. Sudheshwar Singh, Member, TB-PLWD Constituency India CCM, acknowledged that TB proposal is quite comprehensive and includes all the key priorities/ asks of the communities. He further suggested to the programme to ensure that following components are well budgeted or implemented as part of the next grant: a) Second line drugs (especially loose drugs) and cartridges/chips for NAAT should be adequately made available at field level across the country. b) Elderly population is covered under proposed interventions c) community engagement intervention of engaging and training TB survivors should be scaled up to 50% of total districts of India. d) Bihar state should be considered for inclusion in Paediatric TB interventions under PR-SAATHI.

e) Communities/community led networks should be engaged to support nutrition packet delivery as part of implementation of Pradhan Mantri TB Mukh Bharat Abhiyaan.

- Ms. Anandi Yuvraj, Vice Chair India ICCM appreciated the robustness of TB proposal and inclusion of patient centric approach (mental health etc) in proposed interventions for TB patients. She suggested that proposal should focus more on HIV-TB coinfection addressing with emphasis on community led monitoring aspects. She further said that gender specific interventions should span across all programmes. She appreciated that the fact that the NGPRs proposal which was submitted by CTD was based on the core strength of the PRs which made them scalable
- Dr. Raghavan Gopa Kumar, TB-KAP Constituency India CCM expressed his satisfaction on covering North eastern states under TB proposal as recommended by Disease Specific Technical Committee.
- Dr. Ranjani Ramachandran, NPO (LABS), WHO, Alt member, Multilateral constituency, India CCM recommended that as part of strengthening coordination mechanisms for accountable implementation of Multisectoral Action Framework, checklist developed by WHO may be incorporated in the implementation stage to ensure that non-health stakeholders/ministries take accountability for TB care.
- Dr. Rajendra Joshi, DDG (TB) assured that all the suggestions are well taken and will be duly considered for inclusion in the proposed grant wherever feasible. With respect to Mr. Sudheshwar's suggestion, he clarified that:
 - a. FIND through its SR will directly undertake training and capacity building of TB survivors in 100 districts, while they will provide technical assistance to CTD for ensuring implementation of capacity building interventions in all the remaining districts of the country using domestic funding.
 - b. Under Paediatric TB intervention, SAATHI has prioritized 5 states (Chhattisgarh, Uttar Pradesh, Karnataka, Rajasthan, Telangana) based on criteria's like higher TB prevalence and low proportion of Pediatric TB case notification (< 6.5%). However, as suggested the State of Bihar will be considered in the expansion stage during course of implementation or through domestic resources.
 - c. Geriatric population is already included as a priority population under high risk/vulnerable population category in the programme interventions under NTEP
- Overall the TB proposal was appreciated for its comprehensiveness and detailed articulation of interventions.

Decision/Action Points:

- Chair India CCM directed CTD to share separately the actions taken in the field of HIV-TB coinfections, CTD to enhance monitoring involving the communities. He said that more onus now lies with the TB communities to show tangible results on the ground.

B.Malaria: Presentation of the Malaria funding request was done by Dr. Vinod Choudhary, MO(CHS), Malaria, NCVBDC. Detailed presentation may be found at [Annexure 6](#)

Discussion Points:

- Mr. Bhakta Bihari Mishra, Member CSO-Malaria constituency, India CCM laid emphasis on the capacity building and greater involvement of CBOs, NGOs, PRIs, SHGs, Farmers Clubs and volunteers.

- Ms. Poonam Kandari, Alt Member Malaria PLWD constituency proposed like HIV and TB programmes, there should be 'Community Champions' in Malaria programme as well preferably Malaria survivors who would do experience sharing. She also said that real time data should be made available to the community level workers for better implementation of the programme.
- Chair India CCM responded that real-time information on 33 diseases including Malaria is available on the IHIP portal.
- Ms. Vandana Stapleton, USAID, Member, Bilateral Constituency, India CCM enquired whether there was any scope of consideration of malaria vaccines for India under the upcoming Global Fund grant.
- Chair, India CCM responded to her saying that whenever a new vaccine is rolled out in India, there is an apex technical body called National Technical Advisory Group on Immunization (NTAGI) which considers the science behind the vaccine and regulatory bodies such as DCGI which is responsible for approval of licenses of vaccines. He further clarified that presently NTAGI has not considered the matter of malaria vaccines in India.

Decision/Action Points:

- Chair India CCM suggested the Malaria Programme Division to engage volunteers at the field level under the community engagement piece with local nomenclature which has relevance.

C.HIV: Presentation of the HIV funding request was done by Dr. Chinmoyee Das, HoD Strategic Intervention at NACO. Detailed presentation may be found at **Annexure 7**

Discussion points:

- Ms. Vandana Stapleton appreciative the inclusive consultative process for the funding request development. She made the following comments for consideration:
 - a) Focus on innovative testing strategies especially for priority groups such as adolescents, bridge populations, HRGs both in the physical and virtual spaces are critical to close the first 95 gap.
 - b) Comprehensive prevention measures including PrEP and self-testing—Explore linkages with private sector which will bring out more clarity regarding PrEP affordability and accessibility. Self testing for more access to reach the hidden population.
 - c) Harm Reduction measures to be strengthened with specific action steps set forth in the application specially regarding OST coverage and guidelines. Addressing the issues around supply chain management would help take home dosing provisions and making care more person centric.
 - d) More details required on how coordination structures will be set up not just for the SETU units, but also for the networks of one stop centers and the Sampoorna Suraksha Kendra Strategy.
 - e) Overall proposal not only reduction in HIV and STIs but also for elimination of viral hepatitis and elimination of mother to child transmission.
 - f) CSS and in particular CLM has been an impressive feedback loop between service delivery points. She suggested more linkages with the national strategies especially to support ART and reduce stigma and discrimination at service delivery

level.

- Dr. Anju Soni, Alt member, Pvt constituency, India CCM spoke about HIV-AIDS awareness in women, pregnant women and also in adolescent girls who may get infected in the fertility period.
- Ms. Anandi Yuvaraj, Vice Chair, India CCM gave her inputs and suggestions on the following for consideration:
 - a) At the outset, she appraised that there was a national level consultation of all the three disease components and came up with a set of community priority areas for all the three disease components which were further narrowed to some critical non negotiable intervention areas.
 - b) She said that NACO and PRs to adopt and scale up innovativeness and have more flexibility.
 - c) She also suggested that DSTCs to have financial experts for supporting preparation of budgets and the financial aspects of the proposal
 - d) She laid emphasis on supporting domestic home grown organizations for better sustainability and to have a re-look at Global Fund guidelines for financial capacities criteria for PR selection.
- Chair India CCM suggested to the programme division that : 1) There should be more scope for PRs to be innovative and flexible 2) To get The Global Fund to a relook at guidelines to ensure more homegrown community led organizations to play a greater role may in the subsequent rounds of funding cycle.
- ASDG (NAGO) responded that 1) Since there were certain key issues for NACO regarding duplication of activities by PRs, because of multiple PRs working in a particular geography, it was decided after a series of consultations that accountability by each PR is ensured and there is no duplication. It was also decided that there would be certain common areas for all the three organizations but with different geographies. Additionally, there will be specific areas for each PR corresponding to individual their core strengths. Therefore all the PRs will have a level of flexibility and innovativeness and if the model works well, will be scaled-up further. 2) Regarding homegrown organizations, just the existing criteria guidelines have been followed for PR selection. She further said that the process of selection of SRs and SSRs is underway which have a better scope of involving community based home grown organizations.
- ASDG (NAGO) also appraised that self testing not yet aligned with the country policy and so cannot be introduced currently.
- Mr. David Bridger, Country Director UNAIDS, Member, Multilateral Constituency, India CCM gave his suggestions and comments on the following:
 - A) At the outset he acknowledged NACO leadership and the team for the inclusive proposal after several rounds of discussions and inputs, thus making the proposal evidence based and aligned with NACP-V.
 - B) He complimented NACO's focus on innovative testing strategies such as use of artificial intelligence in the field of virtual outreach to predict potential risks.
 - C) He reiterated his views on introduction of PrEP (long lasting PREP), self testing and strengthening of harm reduction strategies.
 - D) Linking supply chain management with CLM as an early warning system to address the issue of shortages of prevention and treatment commodities.
 - E) Endorsed the capacity building of communities.

- Mr. Vijay Nair, Alternate member, HIV CSO Constituency, India CCM expressed satisfaction on the consultative process followed and thanked the NACO leadership. He gave his inputs on the following: i) Disparity in the salaries of outreach workers within the programme. ii) Expediting the SRs/SSRs selection process so that they can be on board from starting of the next grant cycle (April 2024).
- Chair India CCM responded that salaries has to be rationalized and parity in salaries on contractual staff and permanent staff is not viable.
- Ms. Celina, Alt member, PLHIV Constituency, India CCM gave the following suggestions and comments:
 - a) Mental health and resilience building package for PLHIVs and orphans.
 - b) PLHIV network DICs for all not only HRGs.
 - c) Proposal of legal clinics in all districts.
 - d) Greater focus on poor and vulnerable women with HIV and also aging PLHIVs.
 - e) Sustainability of PLHIV networks for advocacy networking and service delivery.
 - f) Proposal for an App to empower and communicate with PLHIV community.
- Chair India CCM responded that there are special schemes for orphans and adolescent PLHIVs under Women and Child Development Department which can be shared by NACO.
- Dr. Shobini Rajan (DDG NACO/Focal Point, India CCM gave the following responses:
 - a) Mental health issues especially for adolescents are already being addressed in CSCs and one stop centers (OSCs), She further informed that there were a series of meetings of NACO with MSJE and Mental Division of MoHFW to provide services and that an integrated strategy is being developed for TGs and IDUs. She also informed that the NIMHANS mental health helpline is also linked to 1097 helpline number.
 - b) Dr. Chinmoyee also reiterated the fact that synergies are being built with NCD, Mental Health and Geriatrics programmes of the MoHFW for optimum utilization of domestic budget for developing framework.
 - c) She appraised that SOCH has provision for a beneficiary app. She further informed that many PLHIV do not want too many Apps due to confidentiality and disclosure issues. NACO also does not encourage development of multiple apps as consequent integration into the main system will pose as an issue.
 - d) Regarding legal clinics, it was informed that as part of Mainstreaming activities of NACO, linkages of PLHIVs are strengthened to state specific schemes since there are no national schemes for social protection with active involvement of CSCs, NALSA, SALSA, DALSA, etc. . She said that there is a resource directory of State wise schemes available with the programme.
- Ms. Gayatri Mishra, Alt Member India CCM, Govt constituency opined that there should be no duplication of activities or overlapping of components under the domestic budget and the Global Fund grant.

Decision/Action Points:

- Chair India CCM suggested the programme division to set up a small group consisting of representatives from different programme divisions, communities, academia,

scientific institutions and giving them a broader mandate to examine some of the suggestions given.

- Chair, India CCM suggested that related interventions outside NACO but within the MoHFW should be shared not only with communities but also with other relevant stakeholders.

The comprehensive programme wise activities/PRs with budgets may be found enclosed at [Annexure—8](#).

Overall Decision/Action Points:

- Chair India CCM, after hearing the deliberations of the HIV, TB and Malaria funding request proposals, decided that some suggestions can find a place in the current funding request and proposals can get further refined.
- He further said that the components which may not find a place in Global Fund grant proposal may find a place in domestic budget.
- He said that all programmes are dynamic. He directed that further evidence based actions may be taken after taking advice from technical bodies especially in reference to vaccines and newer diagnostics and therapeutic options.
- To conclude, he said that with these qualifications, we may “**Endorse**” the proposals. There was no objection and all members present in the room gave their written endorsement and members attending virtually gave it on the chat box.
- Focal Point India CCM reiterated members for virtual endorsement, and that the recording will be shared with the Global Fund Country team as endorsement of the proposals, while the ICCM secretariat also obtains the endorsements from members/ alternates who did not attend the meeting

Sh. Rajesh Bhushan, Chair India CCM thanked the Vice Chair, Member Secretary and all the CCM Members for all their time and significant contributions to this meeting.

The meeting ended with a vote of thanks to the Chair!

Annexure-1

CCM Members

Sl.No.	Name of Participants	Designation/Organisation	Physically Attended
1	Sh.Rajesh Bhushan	Secretary (HFW)/Chair, ICCM	Y
2	Ms.V.Hekali Zhimomi	AS&DG,MoHFW/Member Secy, ICCM	Y
3	Sh.Jaideep Mishra	AS&FA, MoHFW/CCM Member	Y
4	Ms.Anandi Yuvaraj	Consultant with PWN+&NCPI+/Chair & Member CCM	Y
5	Dr.Raghavan Gopa Kumar	Founder Member, Touched by TB/CCM Member	Y
6	Sh.Sudeshwar Kumar Singh	Secy.,TB Mukta Vahini/CCM Member	Y

7	Mr.David Bridger	Country Director,UNAIDS/CCM Member	Y
			Virtually Attended
8	Dr.P.Senthil Kumar	Secretary, Tamilnadu/CCM Member	Y
9	Mr..Bhakta Bihari Mishra	Secy, NIHAIDA/CCM Member	Y
10	Mr.Pallav Patankar	Vice President, Piramal Foundation/CCM Member	Y
11	Ms.Bharti Dey	Ex-President, AINSW/CCM Member	Y
12	Sh.Samir Kumar Sahu	Executive Director, MBR/CCM Member	Y
13	Dr.Shubnum Singh	CII/CCM Member	Y
14	Ms.Vandana Stapleton	Director,Health & Pop.Office,USAID,India/CCM Member	Y
15	Ms.Luisa Terranova	Head of Ambassador's Pvt.Off, French Embassy of India/CCM Member	Y

Alternate Members

Sl.No.	Name of Participants	Designation/Organisation	Physically Attended
1	Ms.Gayatri Mishra	JS,IFD/ Alt.Member CCM	Y
2	Mr.Vijay R.Nair	President,UDAAN Trust/Alt. Member CCM	Y
3	Dr.Ranjani Ramachandran	National Professional Officer (Labs), WHO/Alt.Member, ICCM	Y
			Virtually Attended
4	Dr.Nivedita Gupta	Scientist 'G' & Head ECD, ICMR/Alt.Member CCM	Y
5	Dr.Matin Ahmad Khan	Trustee AMAN/Alt.Member CCM	Y
6	Mr.Amit Kumar	Secretary, AIDENT/Alt.Member,ICCM	Y
7	Dr.Ravi Kumar	Independent Consultant,VBD/Alt.Member CCM	Y

8	Ms.Celina Menezes/Celina D'costa	National Rep.for Women Wing, GHAR/Alt.Member CCM	Y
9	Dr.Diptendu Bhattacharya	Fellow, Survivors against TB/Alt.Member CCM	Y
10	Ms.Poonam Kandari	Supervisor, Nirvana Foundation/Alt.CCM Member	Y
11	Dr.Anju Soni	Chairperson, HIV&AIDS Committee, FOGSI/Alt.Member CCM	Y
12	Dr.Melissa Nyendak	Director,CDC,Global Health/Alt.Member CCM	Y

Special Invitees

Sl.No.	Name of Participants	Designation/Organisation	Physically Attended
1	Dr.R.P.Joshi	DDG, CTD	Y
2	Dr.U.B.Das	Sr.CMO (SAG), NACO	Y
3	Dr.Tanu Jain	Director, NCVBDC	Y
4	Dr.Rinku Sharma	Joint Director, NCVBDC	Y
5	Dr.Chinmoyee Das	ADG, NACO	Y
6	Dr.Vinod Choudhary	Medical Officer, NCVBDC	Y
7	Dr.Sandhya Gupta	Consultant, TB	Y
8	Dr.Benu Bhatia	Consultant, NPMU,NACO	Y
9	Ms.Vartika Singhal	Consultant, WHO	Y
			Virtually Attended
10	Dr.Raghuram Rao	ADG, CTD	Y
11	Mr.Timothy	Global Fund	Y
12	Ms.Henitha Kuntawala	Global Fund	Y
13	Mr.Gaurav Gupta	LFA, PWC	Y
14	Mr.Raman Sharma	LFA, PWC	Y

15	Ms.Nandini Kapoor Dhingra	Sr.Tech.Advisor,UNAIDS/Chair, OC,ICM	Y
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India CCM Secretariat

Sl.No.	Name of Participants	Designation/Organisation	Physically Attended
1	Dr.Shobini Rajan	DDG/Focal Point, ICCM	Y
2	Ms.Gitanjali Mohanty	Coordinator, ICCM	Y
3	Ms.Veena Chauhan	Admn.Asstt., ICCM	Y

It may be noted that out of 26 Members of India CCM, **15** Members attended the meeting (both physically and virtually and **11** Members did not attend the meeting (neither physically nor virtually) and out of 24 Alternate Members of India CCM, 12 Alternate Members attended the meeting (both physically and virtually and 12 Members did not attend the meeting (neither physically nor virtually)

20 out of 26 attended through member and/or alternate.