

Proceedings of the Fourteenth Meeting of CCM
held at 10:30 am on 28th January 2005

The Fourteenth meeting of the Country Coordinating Mechanism of Global Fund, which could not be held on 6th January 2005, was rescheduled and held on the 28th January 2005 under the chairmanship of Secretary (Health) in India Habitat Center, New Delhi. A list of CCM members present at the meeting is enclosed.

In his opening remarks, Secretary (H) welcomed all the members and took up the agenda items thereafter.

Agenda Item No. 1: Presentation by concerned Program Officers of HIV/AIDS, TB and Malaria disease control programs regarding progress achieved in respect of Round 1, 2, 3 and 4

The concerned Program Officers of HIV/AIDS, TB and Malaria disease control programs gave their power point presentations on the progress achieved in respect of grants sanctioned by the Global Fund in different four rounds. Copies of their presentations are annexed.

After the presentations are over, a few members raised some specific issues relating to reporting of low figures of HIV/TB co-infected patients, adverse effects in the use of Nevirapine drug at PPTCT centers (Dr. C.N. Deivanyagam, Chennai), coverage of all districts in the high prevalence areas for antiretroviral treatment (Bill & Melinda Gates Foundation), need for ART treatment at JJ Hospital, Mumbai on a regular basis instead of twice a week. (Bel-Air Hospital, Panchgani).

Each Program Officer clarified the issues to the participants. Chairman then asked all the participants to send their suggestions/ objections to the concerned Program Division for further clarifications. Chairman also asked all the Program Officers to send the copies of their presentations to all the participants electronically and also by mail.

Shri Ramesh Chandra, Country Director, UNOPS (LFA for GFATM Round 2, 3 and 4) drew the attention of the Chairman to the slow pace of expenditure in the GFATM assisted Round Two HIV/AIDS project and further apprehended that due to its poor performance, the Global Fund might not disburse the second instalment of US \$ 4.256 million. He also informed the House that the Global Fund had released first disbursement amount of US \$ 165,428 for Round Three HIV/TB Co-infection Project. He further drew the attention that there were only 10 days time left for signing the Grant Agreement in respect of Round Four projects and emphasized the need for early internal approvals through EFC for signing the grant agreements. The Representative from DFID endorsed the views of UNOPS that in view of poor expenditure performance, the program divisions should initiate corrective measures.

Item No. 2: Discussion on the revised guidelines issued by the GFATM on the purpose, structure and composition of the CCMs

The Global Fund Secretariat has issued revised guidelines on the purpose, structure and composition of the CCMs. These revised guidelines have been issued on the basis of decisions taken in the Ninth Board Meeting of the Global Fund held at Arusha, Tanzania on 18th and 19th November 2004. The comments on the Global Fund requirements, compliance of which would be used by the Fund to determine eligibility of proposals submitted from Round 5 onwards and Phase 2 requests for continued funding were discussed at length.

2.1: CCM members representing the non-government sector must be selected/ elected by their own sector(s) based on a documented, transparent process, developed within each sector.

As regards to selection of NGO member of CCM, it was pointed out that selection of NGO members of CCM by NGO sector based on a documented, transparent process developed within NGO sector may not be practical in the context of India where is no single national or even state level confederation of NGOs. However, selection of disease specific NGOs by CCM based on a documented and a transparent process could be alternative. As far as industry is concerned the major national industry association viz. CII, FICCI, ASSOCHAM are represented on the CCM. Further, a rotational system for representation of States has been introduced. International NGOs and person from academia have been added to the CCM membership.

The CCM unanimously agreed that in the Indian context where there were no single national or state level federations of NGO, this clause was not practical. However to make the CCM even more representative suggestions were invited and the following decisions were taken;

- 1) Each Program Division will prepare lists of disease wise NGOs which could be included in the CCM in future. Lists will be put up before the CCM for identification of NGOs to be included in India CCM;
- 2) At the suggestion of Shri K. K. Abraham, President INP+, Chennai, it was agreed that one female member from the HIV+ women's network be included in the CCM;
- 3) Draft guidelines to review membership of CCM members who do not participate in two or more CCM meetings would also be prepared for consideration of CCM.

2.2: CCM to show evidence of membership of people living with and/ or affected by the disease

The CCM – India has already taken many initiatives in this regard. A persons living with HIV/AIDS is the Vice-Chair of the CCM since the 12th August 2004. The suggestion at para 2.1 serial no. 2 would further strengthen this aspect.

2.3: CCM are required to put in place and maintain a transparent, documented process to:

- **Solicit and review submission for possible integration into the proposals;**
- **Ensure the input of a broad range of stakeholder, including and non-members, in the proposals development and grant oversight process.**

A transparent mechanism for inviting and vetting proposals in each Round was put in place, which ensured the input of broad range of stakeholders including CCM, stakeholders and non-members in the proposal development process. Further improvement in context of Round Five was considered under the relevant agenda item.

2.4: CCM are required to put in place and maintain a transparent, documented process to nominate the Principal Recipient(s) and oversee program implementation.

The selection of Principal Recipients is made by the CCM, which itself is a broad based organization. This would act as a safeguard in maintaining transparency in the selection of PRs and program implementation. However, in the event that any Principal Recipient e.g. National Disease Control Program intends to engage additional partners in program implementation, the criteria for identification/ selection of partners could be clearly documented as part of the proposal and approved by CCM

2.5: To avoid conflict of interest, it is recommended that PRs and Chairs or Vice Chairs of CCMs not be the same entity. When PRs and Chairs or Vice Chairs of CCM are of the same entity, the CCM must have a written plan to place to mitigate against the inherent conflict of interest.

The Chair of national CCM is Secretary, Health. In case of India, the Principal Recipients are Department of Economic Affairs (in respect of national disease control programs) and NGOs. There is, therefore, little likelihood of a conflict of interest between the Chair and Principal Recipients.

In case of NGO proposal, CCM unanimously felt that wherever any conflict of interest is perceived, the concerned partner would volunteer to recuse herself/ himself from deliberations.

It was decided that Global Fund secretariat would be informed of CCM's views accordingly on the above five points.

Agenda Item No. 3: Discussion regarding setting up of CCM Secretariat

The Global Fund in its case study report on the functioning of the CCM – India had recommended for setting up of a CCM Secretariat. A sub-committee consisting of Shri K.K. Abraham, Vice-Chair of CCM and President, INP+, Shri Sanjiv Misra, Additional Secretary & Finance Adviser, Ministry of Health and

Family, Representatives of World Bank and DFID was constituted to suggest/ recommend the modalities of formation of the CCM Secretariat. The sub-committee in its meeting held on 10-9-2004 made the following recommendations for consideration of the CCM.

- 1) To set up the Secretariat of CCM in India outside the Government of India set up.
- 2) As an interim arrangement in order that the Secretariat could commence functioning at the earliest, possibilities of UN Agencies/ International Partners/ Civil Society Organizations agreeing to undertake the responsibilities of running the Secretariat may be explored.
- 3) To examine the feasibility of CCM India being registered as a Society under the Registration of Societies Act in consultation with the Law Officer of the Ministry of Health and Family Welfare. It was also felt necessary that UN Agencies may need to take their internal approvals for such an arrangement.
- 4) To request the Global Fund for providing financial support for the establishment of such a Secretariat as also to share international experience regarding the setting up of such CCM Secretariats and the financial arrangements which support these initiatives.

The members discussed the matter at length and they made the following suggestions/ recommendations.

- 1) To make provision for recruitment of one Monitoring and Evaluation Officer and one Project Coordinator for CCM Secretariat in the future proposals starting from Round Five;
- 2) To provide salary on the reasonable pay scales commensurate with GOI pay scales;
- 3) The Secretariat would be the administrative wing of the CCM;
- 4) To begin with, WHO will pool the financial resources from UN Agencies/ International Partners/ Civil Society Organizations for funding the Secretariat comprising of at least 2 consultants and 2 data entry operators. A proposal would be sent to them accordingly;
- 5) As and when technical support is required for processing proposals various agencies would support the effort, as was done in Round Four.

Agenda Item No. 4: Plan a strategy for preparing Country Comprehensive Proposal for Round 5

The Global Fund will issue next call for Fifth Round grant funding on 17th March 2005. The Fund generally looks for proposals of the highest quality,

particularly from the partnerships that include the private sector and local non-governmental organizations. The Global Fund will issue draft guidelines for Proposals on 30th January 2005.

For inviting the quality proposals from the private sector and local non-governmental organizations, it was decided as follows:

1. A small sub-committee to be coordinated by JS (RT) and comprising of Ms. V. Ganesh (UNICEF), Dr. C.N. Deivanyagam, Mr. Bijoy Mohanty (WHO), Miss Nandini Kapoor (UNAIDS) would evolve a strategy for 5th Round Proposals to fill gaps in the national programme.
2. To forward the draft guidelines for proposals to all the CCM members, medical institutions;
3. To adopt the same procedures adopted for inviting proposals for Round Four funding; e.g.
 - To put the “Call for Proposals” together with guidelines on the Ministry’s website including NACO’s website;
 - To invite proposals through advertisement in selected national/ vernacular/ local newspapers.
 - To request bilateral and international agencies for providing necessary personnel/ technical support for preparing and screening of the proposals.
 - To form a sub-committee of CCM which will examine the proposals for inclusion in the India’s comprehensive proposals;

The meeting ended with Vote of Thanks to the Chair.

List of Members present in the CCM meeting

1. Shri P.K. Hota, Secretary (Health) – In Chair
2. Dr. S. Y. Quraishi, AS&DG, NACO
3. Shri Sanjiv Misra, AS&FA, Ministry of Health & F.W.
4. Smt. Rita Teotia, Joint Secretary, Ministry of Health & F.W.
5. Shri K. K. Abraham, President INP+
6. Fr. Tomy Kariyilkulam, Administrator, Bel-Air Hospital, Panchgani
7. Dr. Salim J. Hebayab, Wr (India), WHO, New Delhi
8. Ms. Aparjita Ramakrishnan, Program Officer, Bill & Melinda Gates Foundation, New Delhi
9. Ms. Ranu Kulshrestha, FICCI
10. Ms. Shefali Chaturvedi, CII
11. Ms. Nandini Kapoor Dhingra, National Program Officer, UNAIDS.
12. Ms. Vidhya R. Ganesh, Chief HIV/AIDS Section, UNICEF.
13. Ms. Joanna Reid, Senior Health Adviser, DFID
14. Dr. S. Rosehouse, World Bank
15. Dr. K. Sudhakar, Senior Health Specialist, World Bank.
16. Dr. S.C. Goyal, Secretary General, TB Association of India, New Delhi
17. Dr. Debjani Banerjee, Durbar Mahila Samanwaya Samiti, Kolkata
18. Dr. V. L. Muana, Director, SHALOM, Manipur
19. Dr. C.N. Deivanyagam, Chennai

List of Members not present in the CCM meeting

1. Dr. S.P. Agarwal, DGHS, Ministry of Health.
2. Shri R. Bannerji, Joint Secretary (FB), MOF, DEA, New Delhi
3. Principal Secretary (Health) Government of NCT of Delhi
4. Health Commissioner and Chairman, Bureau of Public Enterprises, Government of Bihar,
5. Commission & Secretary (Health), Government of Assam
6. Principal Secretary (Health & Family Welfare), Government of Gujarat
7. Principal Secretary (Health, Medical & Family Welfare), Government of Andhra Pradesh
8. Country Representative, UNFPA,
9. Mission Director, USAID,
10. Director, SAHARA, New Delhi,
11. Director General, Armed Forces Medical Services Ministry of Defence
12. DG, ICMR, New Delhi
13. Director, AIIMS, New Delhi,
14. Director, AIDS Prevention and Control (APAC), Chennai
15. President, ASSOCHAM, New Delhi

List of Invitees

1. Dr. P.L. Joshi, Director, NVDCP.
2. Dr. L.S. Chauhan, DDG (TB), DGHS
3. Dr. N.S. Dharamshaktu, Additional Project Director, NACO
4. Ms. Maxine Olson, UN Resident Coordinator
5. Shri Ramesh Chandra, Country Director, UNOPS.