

Proceedings of the Eighteenth Meeting
of the India Country Coordinating Mechanism
for the Global Fund to fight AIDS, Tuberculosis and Malaria

The Eighteenth meeting of the India Country Coordinating Mechanism (India-CCM) for the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) was held on 11th May 2006 at Nirman Bhawan, New Delhi. A list of India-CCM members and invitees present at the meeting is enclosed.

Shri Prasanna Hota, Secretary Health & Family Welfare, the Chair of the India-CCM welcomed all the members and invitees present and requested Joint Secretary, Ms Rita Teotia to introduce the agenda items.

Agenda Item No. 1

Confirmation of the Proceedings of 17th meeting of the CCM

The proceedings of 17th meeting of the India-CCM were confirmed.

Agenda Item No. 2

Action Taken Note on the decisions/suggestions of the 17th CCM Meeting on various agenda items:

Terms of Reference of the India CCM: -

The revised version of the ToR was circulated to the CCM members along with the proceedings of the 17th CCM Meeting. No further comments were received from members. This version was also sent to the legal division of GFATM Secretariat. Based on the comments received from GFATM, the ToR has been amended and placed for ratification in agenda item 3 of this meeting.

Action taken was noted and discussed further after Agenda Item 3 was presented.

Preparations for drafting of Round 6 proposal: -

A sub-committee with Dr Habayeb, the WHO Representative to India as chair and 1 programme division officer from each of the 3 divisions and one expert for each disease component from the multi-lateral / bi-lateral partners and the National Consultant (Public Health), India-CCM Secretariat as convener has been formed. The criteria for evaluation of the proposals have been formulated and the evaluation is underway. The results would be available at the end of the month.

Action taken was noted.

Agenda Item No. 3

Ratification of the revised draft Terms of Reference of the India CCM:

As per the decision during the 17th meeting of the India CCM, the Terms of Reference (ToR) of the India-CCM revised with inputs from the members of the CCM was circulated along with the proceedings of the 17th India-CCM meeting. The members were requested to provide further comments or suggestions till the end of February. No further comments were received. The revised ToR was also shared with the legal division of the GFATM Secretariat as part of the Phase II renewal process of two Round 2 India grants. Comments and suggestions on the ToR were received from the GFATM Secretariat. The amended ToR (Annexure 1) based on these comments was placed for discussion and ratification by the members.

- The proposed changes in various clauses were presented and discussed. The decision points regarding the composition of the CCM and the selection procedures for members representing the non-governmental constituencies/sectors are placed under Agenda Item 5. The rest of the decision points are as follows:
 - The CCM will elect a new Chair at its next meeting in July 2006 through a clearly evolved transparent process.
 - Clause 8.8 (CCM oversight on Sub-Recipient performance) to be retained as amended herein – “Monitor and evaluate the performance of the Sub-Recipient(s) in instances where the oversight of the SR(s) by the PR(s) is of concern to the CCM.”
 - The second sentence of Clause 52 (development of GFATM proposals) to read – “The process developed will be transparent seeking inputs from all India-CCM members and from interested stakeholders not on the India-CCM for the Comprehensive Country Proposal.”
 - Sub-clause dealing with the process of approval of multi-country / regional proposals(s) to be added to Clause 52 (development of GFATM proposals).
 - A written plan to mitigate potential “conflicts of interest” in the India-CCM composition and procedures to be drafted and circulated to members for their ratification by the sub-committee - consisting of the Vice Chair of the India-CCM, Mr K K Abraham; Country Coordinator of UNAIDS, Dr Denis Broun; and Joint Secretary of MoH&FW, Gol, Ms Rita Teotia – nominated by the India-CCM.
 - The proposed changes in all other clauses were ratified without modification.

Agenda Item No.4

Brief report on the 13th Board meeting of the GFATM:

The Thirteenth Board meeting was held at Geneva on 27-28th April, 2006. The SEAR delegation comprised of 7 members headed by Ms. Sujatha Rao, Additional Secretary & Director General, NACO - representing the Board member of the SEAR constituency, Hon. Minister for Health & Family Welfare, Govt. of India.

- Ms. Sujatha Rao briefed the participants on the key discussion points / decisions at the Board Meeting and the SEAR Constituency meeting that was held a day prior to the Board meeting, the most important of which was the launch of the 6th Grant Round by the Board.
- Members appreciated the facilitation efforts of the India-CCM CCM Secretariat that has resulted in the Board approval of two experts from India [Dr Indrani Gupta of the Institute of Economic Growth, Delhi University as an HIV/AIDS expert (Economics of HIV/AIDS) and Dr Shiv Dutt Gupta, Director, IIMR, Jaipur, as a cross-cutting expert (Monitoring & Evaluation)] among the 17 new experts to fill the Alternate Member vacancies of the TRP.

Agenda Item No.5

Restructuring of the India-CCM to ensure compliance to GFATM Board requirements and eligibility to apply for Round 6 grants:

The Board requirements regarding the balanced composition of the CCM ensuring adequate representation of a variety of stakeholders has to be met for the proposal submitted by the CCM to be eligible for assessment by the TRP of the GFATM. This includes the new proposals to be submitted for Round 6 as well as the requests for Phase II renewal of the current GFATM grants being implemented in the country.

While the current composition of the India-CCM satisfies the constituency wise breakup stipulated by the Board requirements, the process of independent and transparent selection of the representatives of non-governmental constituencies at the CCM by the constituencies themselves and a formal documentation of this selection process has to be made readily available to the GFATM and all other stakeholders.

With a view to ensuring compliance to the Board requirements regarding CCM a restructuring plan for the strengthening the India-CCM was presented for consideration and ratification by the members.

- Detailed discussed ensued on all proposed elements of restructuring. The consensus decision on the modified composition of the CCM and the selection processes to be adopted for the various non-governmental constituencies are presented in the table below:

Constituency	Proposed		Selection Process
	Members	Nos.	
Government – Central (MoH&FW)	Status quo	5	Nomination by MoH&FW
Government – Central (Other Ministries)	Current members + Ministry of W&CD and Ministry of Education by rotation	3	Nomination by respective ministry. Ministry of W&CD to be requested to nominate member for the 1 st term
Government. – States & UTs	Other states and UTs from each of the five regions ¹ by rotation	5	States and UTs from each region to decide on process of rotation and the selected state to nominate member
Communities – PLWHA	One of the national PLWHA networks by rotation	1	INP+ to consult with other networks of PLWHA, if any and mutually decide on the rotation process and nominate member
Civil Society Organizations <i><u>including Faith Based</u></i>	1. Two organizations each working on HIV/AIDS, Malaria and TB respectively 2. One organization working on issues of Child Development & Rights 3. One organization working on issues of Gender	8	Eligibility Criteria and process of selection to be developed by the India-CCM Sub-Committee nominated for the purpose
Private Sector	1. One Business Association 2. One Foundation registered in India 3. One Association of Medical Professionals	3	Eligibility Criteria and process of selection to be developed by the India-CCM Sub-Committee nominated for the purpose. Principle of rotation to be developed by the sub-sector

¹ The list of the states and union territories placed in each of the 5 regions is placed at Annexure – 2.

Constituency	Proposed		Selection Process
	Members	Nos.	
Academic & Research Institutions	1. Two Bio-Medical Academic/Research Institutions 2. One Public Health Institution 3. Association of Management Institutions or Schools of Social Work by rotation	4	Search Committee consisting of Director General, ICMR and WHO Representative to India to finalize selection criteria and principle of rotation and subsequently invite nomination of institutions selected on behalf of the India-CCM
Development Partners – UN Agencies	WHO, UNAIDS, UNICEF, UNFPA & WB	5	Status Quo
Development Partners – Bilateral	Two Bilateral Partners by rotation from among DFID, USAID, EC, GTZ & JICA	2	Bilateral Partners to mutually decide on principle of rotation and nominate representative
Total		36	

- The following Sub-Committee was nominated by the India-CCM to develop the selection criteria and process of selection for the non-governmental constituencies mentioned in the table above: - Mr K K Abraham, Vice-Chair of the India-CCM; Mr Ashok Alexander, Director, Bill & Melinda Gates Foundation; Shri S C Goyal, Secretary, TB Association of India; Dr P Krishnamurthy, Director, AIDS Prevention & Control (APAC); Dr Denis Broun, Country Coordinator, UNAIDS, India; and Joint Secretary, MoH&FW, GoI, Ms Rita Teotia.
- The decisions of the Sub-Committee would be intimated to all members of the India-CCM and the process of selection of the new members would be commenced at the earliest. The India-CCM Secretariat will oversee the development of a web-based tool for the completion of the selection process.
- The maximum number of members of the India-CCM shall not exceed 40.

Agenda Item No.6

Strategies and Action for the formulation of the India Country Comprehensive Proposal for GFATM Round 6 grants:

The actions that have already been initiated were presented. The members appreciated the same. The heads of the three national disease control programme divisions presented the gap areas that have been identified for development of the disease component specific portions of the Comprehensive Country Proposal for GFATM Round 6 grants. The key disease component specific gap areas are given below:

- **Revised National Tuberculosis Control Program:**
 - Extension and enhancement of RNTCP in the three states of Chhattisgarh, Jharkhand and Uttaranchal currently being covered by the Round 1 GFATM grant that would come to an end on 30th September 2006.
 - Surveys to estimate Morbidity and Mortality due to Tuberculosis in selected states of the country through the three national level Tuberculosis institutes, including the required strengthening of these institutes.
 - Enhancement of RNTCP services in the Private Health Sector through collaboration with the Indian Medical Association.
 - Strengthening of RNTCP services in Urban Areas (especially slums) of the country through innovative partnerships with local self-governments and civil society organizations.

- Strengthening of RNTCP services in Tribal Areas of the country through innovative partnerships with tribal self-governing entities and civil society organizations.
- National Vector Borne Disease Control Program:
 - Extension and enhancement of the malaria control program in Urban Areas (especially slums) of the country through innovative partnerships with local self-governments and civil society organizations.
- National AIDS Control Program - III:
 - Expansion and scaling up of national Anti-Retroviral Treatment (ART) program.
 - Expansion and scaling up of the national Prevention of Parent To Child Transmission of HIV infection (PPTCT) program.
 - Expansion and enhancement of the Care and Treatment of Pediatric AIDS in the country.

Several members expressed the view that the above care and treatment related components of the NACP-III are best suited for the HIV/AIDS component of the Round 6 GFATM Country Comprehensive Proposal.

Other issues such as expansion of the needle exchange and substitutions program for Injecting Drug Users in the north-east border-states and addressing HIV prevention and control strategies for men having sex with men (MSM) were also suggested by some members.

It was suggested that NACO should finalize the critical gap areas from the NACP-III framework at the earliest for the GFATM Round 6 call for proposals to be announced in-country for this disease component.

Agenda Item No. 7

Reports on the performance and present status of the GFATM grants to India in Rounds 1, 2, 3, & 4:

- Due to lack of time the performance of the existing grants were not presented and discussed at the meeting. The summary of the analysis of the financial performance of the grants prepared by the India-CCM Secretariat and the reports of the four Principal Recipients on the status of the GFATM grants that are being implemented by them are enclosed as Annexure 3 of this proceedings.