

**PROCEEDINGS OF THE 20<sup>TH</sup> MEETING OF THE INDIA-CCM  
HELD ON 12<sup>TH</sup> JULY 2006 AT NIRMAN BHAWAN**

Mr K K Abraham, Vice Chair of the India-CCM presided over the meeting since Shri P K Hota, Secretary Health & family Welfare and Chair of the India-CCM could not attend due to other commitments.

Ms Sujatha Rao, Additional Secretary and Director General, NACO welcome the participants to the meeting and introduced the agenda items.

**Agenda Item 1:**

**Presentations on the broad outline of the three disease component sections of the Comprehensive Country Proposal (CCP) and the screening and selection of proposals from the non-governmental sector in response to the call for proposals by the India-CCM**

Tuberculosis Component

- Dr L S Chauhan, DDG (TB), made the presentation on the Tuberculosis component of the proposal which included two major components. The first to be implemented by the Central Tuberculosis Division (CTD) is for the continuation and enhancement of RNTCP in the states of Jharkand, Chattisgarh and Uttranchal which are currently being funded by the Round 1 grant of the GFATM till September 2006. The second component would be implemented by the Indian Medical Association in 66 districts of 6 states in the country for enhancing the involvement of the Private Practitioners in RNTCP which is a major challenge of the programme. The total budget for 5 years is US\$ 18.9 million. The presentation is enclosed.
- Dr Chauhan also presented the detailed process that was followed by the technical screening committee comprised of senior programme officers of the CTD and experts from WHO as recommended by the India-CCM for the selection of proposals received from the non-governmental sector for inclusion in the tuberculosis component of the CCP. For the tuberculosis component 26 proposals were received before the deadline. The screening committee has recommended one of these (from IMA) for inclusion. The screening committee found that four were technically sound but the feasibility/sustainability of these in the form presented were doubtful and hence has recommended that the concerned organizations be encouraged to submit the proposals after necessary modifications for support by the programme itself. The remaining 21 proposals were not recommended by the screening committee, of which one received by email was blank and two did not have any tuberculosis related component. The presentation is enclosed.
- Members of the CCM appreciated the outline of the proposal. Discussion ensued about the implication of the IMA component for the success of the overall proposal. Most members were of the view that this component is necessary and has the potential to leverage a high level of private provider participation in RNTCP which is essential for delivering standardized services to a large section of the population. Some members requested that the previous recommendations of the India-CCM on this component when it was part of the Round 5 proposal should be addressed adequately and the CCM appraised of the same. Dr Chauhan agreed to comply with this request.

### Malaria Component

- Dr P L Joshi, Director - NVBDCP, made the presentation on the Malaria Component of the proposal. The proposal seeks to address the gaps in the malaria control program in the urban areas through an accelerated and integrated control project in 28 towns to be implemented by the Municipal Corporations of these towns. The total budget for 5 years is US\$ 78.9 million. The detailed presentation is enclosed.
- Dr Joshi also presented the process that was followed by the technical screening committee comprised of senior programme officers of the NVBDCP and experts from WHO as recommended by the India-CCM for the selection of proposals received from the non-governmental sector for inclusion in the malaria component of the CCP. For the malaria component 25 proposals were received before the deadline. Of these two were not reviewed (one was from an NGO registered only in 2006 and another sent by email could not be opened). Of the 23 proposals reviewed, six were found not to contain any malaria specific component and seven were for rural areas. Of the remaining 10 proposals on urban malaria control, the screening committee has recommended that one could be supported through the existing programme and three subsumed in the Round 6 proposal. The remaining six were not recommended. The detailed presentation is enclosed.
- Members sought clarifications on whether issues related to chloroquine resistance and use of ACT in towns with demonstrated resistance have been adequately addressed in the proposal. Dr Joshi replied in the affirmative and mentioned that budgetary provisions have been made for the purchase of such second line combination drugs.
- Members expressed concern about the total budget outlay and especially about the proportion earmarked for Human Resources (30.9%) and Administration & Planning (34.3%). Dr Joshi was requested to look into this issue in order to arrive at a realistic and balanced budget.
- Members are highlighted the importance of the performance status of the Round 4 grant currently being implemented and the necessity of addressing bottlenecks to enhance financial utilization as it will influence the outcome of the Round 6 proposal.

### HIV/AIDS Component

- Ms Sujatha Rao, AS&DG – NACO presented the broad outline of the HIV/AIDS component of the proposal with the assistance of the CCM-Secretariat. The component would focus on increasing the number of PLHA (adults and children) receiving ART, improve the care and support services to Children Living with / affected HIV and improve access and utilization of care and support services through appropriate linkages to prevention initiatives and through strengthened public private partnerships. The proposal seeks to address the gaps in the above services nationwide. An overall budget of US\$ 200-250 million is being envisaged. The brief presentation is enclosed.
- A large number of proposals from the non-governmental sector were received for the HIV-AIDS component. Before the deadline 218 proposals were received in hard copy format and 76 as email attachments for a total of 294 proposals. Three of the proposals received by email could not be opened and one was blank. Hence 290 proposals were available for review by the technical screening committee for this component which comprised of NACO programme personnel and experts from UNAIDS, WHO, UNICEF and RCSHA who could commit the time for the screening process following the

request of the CCM for volunteers that was communicated to all the members. All the proposals were reviewed rapidly in the first round to select those which address elements of care, support and treatment highlighted in the concept note made available at the different websites mentioned in call for proposals published in newspapers nationwide. 75 proposals were found to contain at least one element related to care, support or treatment. These proposals were reviewed in depth by the screening committee using a standardized review and recording format. Based on this assessment 20 proposals have been short listed for the process of discussion, clarification and negotiation with the proponents of the proposals. This list is enclosed. The outcomes of the consultation resulting in the final recommendation of proposals for incorporation in the HIV/AIDS component of the CCP for ratification by the CCM would be presented once the process is completed.

- Members sought information on the time of completion of the NACP Phase III PIP and opined that all due care be taken to ensure that the proposal is in synergy with the PIP. AS&DG NACO assured the members that the final version of the PIP would be available shortly and the proposal would clearly address financing gaps identified in the overall NACP III framework.
- Discussion ensued on the scope of the objective care and support to HIV infected / affected children the proposal. It was agreed that the wide range of support services that need to be provided to all the children could not be handled by NACO alone since several of these services are the mandate of other departments like the Department of Women and Child Development. Further taking on the entire gamut of services would be prohibitively costly and duplicative. Nevertheless members cautioned that it would not be desirable to restrict the package of services that need to be provided or separate the treatment component from the care and support component since non-comprehensive service provision would be ineffective in mitigating the impact of the disease among this segment of the population that is the most vulnerable. The consensus recommendation was to include the entire package of support services for children in three states with the highest burden of the disease and hence with the highest number of children in need of such services. This sub-component of the proposal to be undertaken as a pilot with adequate advocacy and establishment of scalable models for mainstreaming of service provision with all relevant nodal departments in these three states. Successful demonstration of these models, it was felt, would lead to their implementation nationwide in the next stage.

## **Agenda Item 2:**

### **Decision on Multi-Country Proposals submitted for the endorsement of the India-CCM.**

- Three multi-country proposals on HIV/AIDS have been received by the India-CCM Secretariat namely:
  1. From CARE – seeking to address the HIV/AIDS vulnerability due to cross-border mobility of women and children in three countries of South Asia – India, Nepal and Bangladesh – entitled “Vulnerability and Impact Reduction of HIV/AIDS among Migrants”. The total budget requested from Global Fund is US\$ 14,717,218 for 5 years.
  2. From SAARC Secretariat – for “scaling up the regional response to HIV and AIDS for vulnerable mobile populations in the SAARC region.

The total budget requested from Global Fund is US\$ 35,643,065 for 5 years.

3. From Lutheran World Federation through its official implementing body in India - the National Lutheran Health and Medical Board – to strengthen the contribution of Faith based Organizations in the fight against HIV/AIDS by motivating and equipping churches to be effective partners in the national strategies against the disease in 46 countries including India. The total budget requested from Global Fund is US\$ 1,678,000 for 5 years.
- The views of NACO on whether these proposals are in line with the national strategies and would add value to the same has been requested by the CCM. The proponents could be asked to make a brief presentation on their proposals at the next meeting of the CCM when the decision for endorsement would be taken.

### **Agenda Item 3:**

#### **Next steps for the finalization of the Comprehensive Country Proposal**

- The completed disease components of the proposal would be circulated to all the CCM members well before the next and final meeting on the Round 6 proposal for their perusal. Members could communicate their suggestions and comments by email.
- It was recommended that the next meeting be scheduled on July 24<sup>th</sup> so that adequate time is available to incorporate the changes and suggestions recommended by the CCM and the edited final proposal submitted to the GFATM before the deadline of 3<sup>rd</sup> August 2006.

### **Agenda Item 4:**

#### **Additional Item – Strengthening and ensuring continued support to the CCM Secretariat**

- The issue of stabilizing the current temporary arrangement of staff support to the CCM –Secretariat by the WHO through continued and assured long term support necessary to strengthen the Secretariat to effectively discharge its role of servicing the CCM was raised by a member. AS&DG – NACO responded that if the needed support could not be obtained from in-country partners then the costs of the Secretariat could be budgeted in the Round 6 proposal for support by the GFATM. Implications of this solution would be discussed at the next meeting for decision.

### **List of Members present in the meeting**

- 1) Mr. K.K.Abraham – President – INP, Vice-Chair, India-CCM – Presided over the meeting
- 2) Ms. K Sujatha Rao – AS & DG – NACO, MOH&FW, Govt. of India
- 3) Mr. Raghuvir Singh – Additional Secretary & Financial Adviser – MOH&FW, Govt. of India
- 4) Col. A.K. Verma – Director - Armed Forces Medical Services – on behalf of Surgeon Vice Admiral V.K. Singh - Director General
- 5) Ms. Kamini Walia – Senior Research Officer – ICMR – on behalf of Dr. N.K. Ganguly, Director General
- 6) Dr. J.P. Kapoor – Project Director – Delhi Govt. – on behalf of Mr. D.S. Negi, Principal Secretary (Health)
- 7) Ms. Joanna Reid – Senior Health Adviser – DFID
- 8) Mr. Robert Clay, Health Director – on behalf of Mr. George Deikun - Mission Director - USAID
- 9) Dr. Salim J. Habayeb – WHO Representative to India – WHO
- 10) Dr. Vidya R. Ganesh – Chief HIV/AIDS Section – UNICEF – on behalf of Mr. Cecilio Adorna, Representative
- 11) Ms. Suneeta Singh – Sr. Public Health Specialist – World Bank
- 12) Ms. Nandini Kapoor, national Programme Officer – on behalf of Dr. Denis Broun-Country Coordinator – UNAIDS
- 13) Fr. Tommy Kariyilakulam – Administrator – Bel Air Hospital
- 14) Dr. L.F. Tushing – Medical Consultant – SHALOM – on behalf of Dr. Vanlalmuana, Director
- 15) Dr. Debjani Banerjee – Incharge Care & Support Division – DMSC on behalf of Mr. Mrinal Kranti Dutta, Durbar Mahila Samanwaya Samiti
- 16) Dr. C.N. Deivanayagam – Chennai
- 17) Mr. Dean Lewis – SAHARA - on the behalf of Mr. Neville Selhore, Director

### **List of Members not present in the meeting**

- 1) Mr. P K Hota – Secretary, Health & Family Welfare - MOH&FW – Govt. of India
- 2) Mr. Madhusudan Parsad – Joint Secretary (FB) – Ministry of Finance
- 3) Dr. R.K. Srivastava – Director General of Health Services – MOH&FW – Govt. of India
- 4) Dr. P. Venugopal - Director - A.I.I.M.S
- 5) Ms. Rita Teaotia – Joint Secretary – MOH&FW, Govt. of India
- 6) Mr. S.R. Rao – Principal Secretary Health and Family Welfare – Govt. of Gujarat
- 7) Mr. J.C. Goswami – Principal Secretary (Health) - Govt. of Assam
- 8) Mr. I.V. Subba Rao, Principal Secretary Health & Family Welfare - Govt. of Andhra Pradesh
- 9) Mr. Deepak Kumar - Secretary Health & Family Welfare – Government of Bihar
- 10) Mr. Hendrik Vanderpol - Representative – UNFPA
- 11) Mr. Ashok Alexander – Director - Bill & Melinda Gates Foundation
- 12) Mr. R. Seshasayee - President – CII
- 13) Mr. Saroj K. Poddar – President – FICCI
- 14) Mr. Anil K. Agarwal – President – ASSOCHAM
- 15) Dr. P. Krishnamurthy – Director – APAC, Chennai
- 16) Mr. S.C. Goyal – Secretary General – TB Association of India

## **List of Invitees**

### **Permanent Invitees present in the meeting**

- 1) Dr. P.L. Joshi - Director - Directorate of National Vector Borne Diseases Control Programme
- 2) Dr. L.S. Chauhan – Deputy Director General (TB) – MOH&FW, Govt. of India.

### **Permanent Invitees not present in the meeting**

- 1) Dr. Maxine Olson – UN Resident Coordinator
- 2) Mr. Ramesh Chandra,
- 3) Dr. Joytna Shokey– Additional Project Director – NACO

### **Special Invitees present in the meeting**

- 1) Mr. Deepak Gupta – Additional Secretary – MOH&FW, Govt. of India
- 2) Dr. Mary Varghese – Project Director – Grants Manager – Population Foundation of India – on behalf of Mr. A.R. Nanda, Executive Director

### **Special Invitees not present in the meeting**

- 1) Mr. Amardeep Bhatia – Director Finance – NACO, MOH&FW, Govt. of India

### **Additional Participants**

- 1) Mr. Arun Baroka – Director – MOH&FW, Govt. of India
- 2) Dr. C.M. Aggarwal - Joint Director – Directorate of National Vector Borne Diseases Control Programme
- 3) Dr. P.P. Mandal – Chief Medical Officer (NFSG)
- 4) Mr. K.S. Wahi – Government of NCT of Delhi
- 5) Dr. Shampa Nag – National Consultant – WHO, Directorate of National Vector Borne Diseases Control Programme
- 6) Dr. Kumudha Aruldas – Additional Director – Population Foundation of India