

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

The Twenty First meeting of the India Country Coordinating Mechanism (India-CCM) for the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) was held on 28th July 2006 at Nirman Bhawan, New Delhi. A list of India-CCM members and invitees present at the meeting is enclosed.

The Chair of the India-CCM, Shri P K Hota, Secretary, Health & Family Welfare, Ministry of Health & Family Welfare, Government of India presided over the meeting. The Chair welcomed the participants for this important meeting and requested Ms Rita Teatota, Joint Secretary, MoH&FW, GoI to introduce the agenda items. It was noted that the disease components of the national proposal had received 'in principle' concurrence of the CCM at its 20th meeting held on 12th July 2006 and that based on the comments of the CCM the finalized proposals had been emailed to all members of the CCM.

Agenda Item No. 1

Presentations on the Disease Components of the Country Proposal by the respective National Disease Control Programme Divisions and recommendations by the CCM (including nomination of Principal Recipients for each of the disease components):

a. Tuberculosis Component

Dr Chauhan, Deputy Director General, Central TB Division, MoH&FW, GoI presented the details of the Tuberculosis component of the proposal entitled "Consolidating and Scaling up of RNTCP Interventions in order to move towards Tuberculosis Related MDGs" to the members.

After the presentation, the Chair made the following observations:

- Documentation of the strengths and weaknesses of the implementation of Round I GFATM grant in the project states including addressing of the changes in epidemiology of the disease, technological interventions and managerial modifications, if any should be reflected
- The issue of sustainability after the completion of the proposal term should be addressed in the proposal
- Enhancement of capacity of service delivery of the TB programme due to linkages and synergies with the National Rural Health Mission should be spelt out

- Proportion of the total services that would be delivered by the Government Sector in comparison to the Private Health Sector especially in relation to the IMA component of the proposal to be mentioned
- Detailed working out of the procurement and supply management plan
Dr Chauhan acknowledged that while most of the above issues have been dealt with in the proposal, it would be reviewed and strengthened further.

Additional salient clarifications sought by the members related to:

- Seemingly lower HIV/TB targets to be achieved. It was pointed out that *the project states have low prevalence of HIV and hence HIV-TB co infections are also lower*. Members recommended that the Sentinel Sites Data of NACO for 2005 for these states could be attached.
- Linkages between the disease burden surveys proposed to be conducted in the project states with the estimation of national disease burden. It was pointed out that *the surveys in the project states are part of a nation wide initiative. Corresponding activities in other areas are being / would be covered by other resources*.
- Seemingly lower proportion of MDR TB patients. It was clarified that this was *based on current epidemiological evidence. In the first year the major focus of the proposal would be strengthening the service delivery mechanisms and once the utilization increases, the number of MDR TB cases will also go up*.

Members recommended that the key technical and financial assumptions that have been used in estimating the service delivery targets and the budgets may be presented up front and centrally in the proposal write up and not only in the detailed budget sheets and work plans in order to facilitate the reviewers of the proposal.

The Tuberculosis component of the proposal was unanimously recommended by the India-CCM with the CTD as the implementing PR and the IMA as the sub-recipient. The DEA, MoF, GoI would remain the PR.

b. Malaria Component

Dr P L Joshi, the Director of the National Vector Borne Disease Control Programme presented the details of the Malaria component of the proposal entitled “Accelerated Urban Malaria Control Project” to the members. He mentioned that the recommendations of the members at the 20th India-CCM meeting have been incorporated in the proposal.

Mr K K Abraham, the Vice-Chair of the India-CCM presided over the discussion on this component. Clarifications sought by members on salient issues are as follows:

- Details of staffing pattern of the Project Management Units proposed at the various levels. It was clarified these *would include procurement and supply management personnel as well*.
- Linkages between the NGOs whose proposals have been found acceptable and the Municipal Corporations. Dr Joshi stated that *since the NGO proposals do not cover the complete range of service delivery areas envisaged but only specific components, their activities would be funded through the Municipal Corporations. However they would be included as members of the coordination committee at the level of the Municipal Corporation*.

- Creation/registering of societies at the Municipal Corporation level and their linkages with the District Societies of NRHM. It was stated that *adequate linkages between the Health Systems of the Municipal Corporations and the NRHM would be facilitated. Nevertheless, the focus of the proposal is in urban areas whereas the NRHM's main focus is in rural areas.*
- Seemingly low budget allotment for procurement of drugs. DR Joshi pointed out that *only the budget required for the procurement and supply of the ACT drugs for treatment of drug resistant malaria has been budgeted in the proposal. The cost of first line drugs, insecticides, larvicides etc are already being covered under the existing urban component of the NVBDCP. Since baseline data on resistance at most of the Municipal Corporations are currently not available and would be undertaken in the first phase of the project, the budget for ACT has been calculated assuming that 20% of cases on average would be resistant to first line drugs.*

The members recommended that detailed justification for the budget, especially the proportions allotted to different budget lines should be provided in the proposal so that potential concerns of the reviewers would be adequately addressed.

The Malaria component of the proposal was unanimously recommended by the India-CCM with the Directorate of NVBDCP as the implementing PR and the various Municipal Corporations as the sub-recipients. The DEA, MoF, GoI would remain the PR.

c. HIV/AIDS Component

Ms Sujatha Rao, the Additional Secretary & Director General of NACO presented the details of the HIV/AIDS component of the proposal entitled "Scaling Up For Achieving Universal Access to Care, Support and Treatment", to the members.

Clarifications of the following salient issues were requested by the members and responded to by the DG:

- The process of final selection of NGO proposals from among the twenty that were tentatively recommended by the India-CCM at the 20th meeting. It was clarified that *proposals that were not fully in line with or only with a limited component on the "care, support and treatment" focus of the country proposal were excluded. Proposals with activities that were largely duplication of the national programme and with unrealistic budgets and overheads were also excluded. Some of the proposals were merged to achieve greater coherence in the service delivery areas and to reduce transaction costs. Based on the service delivery capacity and the size of the consortium the decision on recommendation to the CCM for nomination as a PR or a SR was arrived at.*
- Sustainability of the nation wide scaling up of ART. Ms Rao stated that *India is committed to providing universal access to treatment as a policy and has enunciated a detailed plan for the same in the Phase III of the National AIDS Control Programme. The resource needs would be met through various mechanisms including grants from the GFATM. A detailed plan for training and capacity building of personnel needed for the nation wide roll out of ART is also incorporated in NACP III and a significant amount of training has already been undertaken.*

- Policy on location of ART centers. It was explained that these would be located at *Medical College Hospitals and Government District Hospitals. Not for profit Charitable Trust Hospitals sector will also be considered for providing ART after accreditation and the signing of a Memorandum of Understanding with NACO.*
- The discrepancy in the average number of ART patients per center in the High Prevalence States versus the other states. It was clarified that the *average numbers of patients per center for the high prevalence states indicate annual numbers whereas the average for the other states indicate cumulative numbers over the five year implementation period.*

The members made recommendations on the strengthening of the executive summary, clearly addressing the TRP comments on the Round 5 proposal and further detailing the Technical and Management assistance needed, changes in terminology – for instance “impact mitigation” instead of “socio-economic support” etc.

The HIV/AIDS component of the proposal was unanimously recommended by the India-CCM with the DEA, MoF, GoI as the PR for the components to be implemented by NACO, PFI and Alliance-India as additional NGO PRs. The sub-recipients proposed for each of these PRs were endorsed by the India-CCM.

Agenda Item No. 2

Presentations on the Multi-Country Proposals for endorsement of the CCM:

- a. HIV/AIDS Proposal from the SAARC Secretariat – to be presented by a representative from the UNDP (Thailand) on behalf of the SAARC Directorate**

The members requested several clarifications after the presentation. The members were not convinced that this proposal would add value to the national HIV/AIDS programme and strategies in view of the high budget and the lack of clear coordinating arrangements at the level of the proposed PR and detailed implementing arrangements at the levels of the national agencies that would be responsible for service delivery to the target population. The members were concerned that delivery of ART services as proposed would duplicate the national efforts in India. Members also cited that their concerns on a similar proposal submitted by the UNDP Regional Office on HIV and Development on two previous occasions have not been clearly addressed and in both those instances the TRP outcomes validated their concerns. The India-CCM therefore declined to endorse the proposal in its present form while acknowledging the importance of the issue being addressed and the need for regional initiatives in this regard.

- b. HIV/AIDS Proposal from CARE – to be presented by a CARE-India representative**

The members were of the opinion that this proposal was very similar to the proposal from SAARC and that issues of integration with the national programme had not been satisfactorily addressed. The CCM noted however that this proposal seemed to have a stronger grass-roots focus. The members were

of the opinion that the level of programme design and detailing necessary to address such a complex issue was lacking and recommended that the proponents present a stronger proposal for the next round of GFATM funding incorporating lessons learned from more focused pilot projects to address the issue of HIV risk due to mobility. The India-CCM declined to endorse the proposal in its current form.

c. HIV/AIDS Proposal from the Lutheran World Federation – to be presented by the India-CCM Secretariat on behalf of the National Lutheran Health and Medical Board, Chennai

The India-CCM endorsed this proposal with the recommendation that the nodal agency in the country for this project implements the proposed activities in close coordination and collaboration with NACO to avoid duplication of efforts and resources and to enhance synergy with the National HIV/AIDS Control programme and strategies, especially with regard to provision of ART and related services.

The meeting was concluded after the Vice-Chair thanked the participants.

List of Members present in the meeting

- 1) Shri P. K. Hota – Secretary, Health & Family Welfare - MOH&FW, Govt. of India
- 2) Shri K.K.Abraham – President – INP, Vice-Chair, India-CCM
- 3) Ms. K Sujatha Rao – AS & DG(NACO) - MOH&FW, Govt. of India
- 4) Ms. Rita Teaotia – Joint Secretary – MOH&FW, Govt. of India
- 5) Mr. R.K. Srivastava – Director General of Health Services – MOH&FW, Govt. of India
- 6) Mr. Raghuvir Singh – Additional Secretary & Financial Adviser – MOH&FW, Govt. of India
- 7) Mr. Anirudh Tiwari – Director – Department of Economic Affairs on behalf of Shri Madhusudan Prasad – Joint Secretary (FB) – Ministry of Finance
- 8) Ms. Joanna Reid – Senior Health Adviser – DFID
- 9) Dr. Denis Broun- Country Coordinator – UNAIDS
- 10) Dr. Amarjit Singh – Commissioner Secretary Health and Family Welfare – Govt. of Gujarat
- 11) Mr. Venkatesh Srinivsan – Assistant Representative – UNFPA- on behalf of Ms. Sharareh Amirkhalili, Representative
- 12) Fr. Tommy Kariyilakulam – Administrator – Bel Air Hospital
- 13) Dr. Vanlalmuana - Director – SHALOM
- 14) Mr. Ashok Alexander – Director - Bill & Melinda Gates Foundation
- 15) Col. Kunal Chatterjee – Joint Director - Armed Forces Medical Services, Ministry of Defence – on behalf of Surgeon Vice Admiral V.K. Singh - Director General
- 16) Dr. Debjani Banerjee – Incharge Care & Support Division – DMSC on behalf of Ms. Mrinal Kranti Dutta, Durbar Mahila Samanwaya Samiti
- 17) Dr. J.P. Kapoor – Project Director – Delhi Govt. – on behalf of Mr. D.S. Negi, Principal Secretary (Health)
- 18) Ms. Suneeta Singh – Sr. Public Health Specialist – World Bank
- 19) Dr. Vidya R. Ganesh – Chief HIV/AIDS Section – UNICEF – on behalf of Mr. Cecilio Adorna, Representative
- 20) Mr. Robin Clay – Director Health – USAID – on behalf of Mr. George Deikun, Mission Director
- 21) Francis Joseph– SAHARA - on the behalf of Mr. Neville Selhore, Director

List of Members not present in the meeting

- 1) Dr Salim Habayeb, WHO Representative to India
- 2) Dr. C.N. Deivanayagam – Chennai
- 3) Mr. Saroj K. Poddar – President – FICCI
- 4) Shri Anil K. Agarwal – President – ASSOCHAM
- 5) Shri R. Seshasyee - President – CII
- 6) Dr. P. Venugopal - Director - A.I.I.M.S
- 7) Dr. P. Krishnamurthy – Director – APAC, Chennai
- 8) Shri Deepak Kumar - Secretary H&FW – Government of Bihar
- 9) Shri S.C. Goyal – Secretary General – TB Association of India
- 10) Mr. V.S. Baskar – Principal Secretary (Health) - Govt. of Assam
- 11) Shri I.V. Subba Rao - Principal Secretary - Andhra Pradesh AIDS Control Society, Govt. of Andhra Pradesh
- 12) Dr. N.K. Ganguly - Director General - ICMR

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 – DDG (TB) – MOH&FW

Permanent Invitees not present in the meeting

- 1) Dr. Maxine Olson – UN Resident Coordinator
- 2) Dr. Jotna Sohkey– Additional Project Director – NACO
- 3) Mr. Ramesh Chandra – Country Coordinator - UNOPS

Special Invitees present in the meeting

- 1) Dr. Mery Varghese - Project Director – Population Foundation of India – on behalf of Mr. A.R.Nanda, Executive Director

Special Invitees not present in the meeting

- 1) Mr. Deepak Gupta – Additional Secretary – MOH&FW
- 2) Mr. Amardeep Bhatia – Director Finance – NACO, MOH&FW, Govt. of India

Additional Participants

- 1) Dr. P.P. Mandal – Chief Medical Officer (NFSG)
- 2) Ms. Marta Valleja Mestres – HIV Programme Specialist – UNDP
- 3) Dr. C.M. Agarwal – Joint Director - Directorate of National Vector Borne Diseases Control Programme
- 4) Dr. Kumudha Aruldas – Additional Director – Population Foundation of India
- 5) Dr. A Chatterjee – National Professional Officer – WHO
- 6) Dr. Shampa Nag – National Consultant – WHO
- 7) Dr. S. Jana – ACD (Programme) – Care India
- 8) Mr. Gopal Mukherjee – Programme Officer – Care India
- 9) Mr. Cedric Finch – Regional Programme Director – Care India