

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

The Twenty-Fourth Meeting of the India Country Coordinating Mechanism (India-CCM) for the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) was held on 9<sup>th</sup> March, 2007 at Nirman Bhawan, New Delhi. A list of India-CCM members and invitees present at the meeting is enclosed.

Shri Naresh Dayal, Secretary, Health & Family Welfare, MoH&FW, GoI presided over the meeting.

**Agenda Item No. 1**

**Confirmation of the Proceedings of 23<sup>rd</sup> meeting of the CCM**

The proceedings of 23<sup>rd</sup> meeting of the India-CCM were confirmed.

**Agenda Item No. 2**

**Welcoming the new members of the India-CCM by AS& DG –NACO**

At the request of the Chair, ASDG (NACO) briefed the members on the processes followed to reconstitute the CCM to comply with the GFATM Board approved eligibility criteria for CCMs. This was followed by a formal introduction of all the members, permanent invitees, and special invitees present at the meeting. ASDG (NACO) formally welcomed the new members of the reconstituted India CCM and introduced the newly appointed National Consultant (Public Health) of the India CCM Secretariat.

**Agenda Item No. 3**

**Election of the Chair and Vice – Chair of the India CCM**

AS&DG (NACO) highlighted the need for election of Chair and the Vice Chair of the India CCM for the two year term commencing with this meeting as per the TOR of the India CCM.

Dr SJ Habayeb, WHO representative to India, proposed the name of Shri Naresh Dayal, Secretary (Health), MoH&FW, for the post of Chair, India – CCM, which was seconded by Dr. AP Dash, Director, NIMR. With the unanimous acceptance of the proposal by the CCM and the acceptance of the same by Shri Naresh Dayal, Secretary (Health), MoH&FW, he was formally elected as the Chair of the India CCM.

**Election of Vice – Chair of the India CCM**

AS&DG (NACO), proposed the name of Shri KK Abraham, General Secretary INP+, to continue as the Vice Chair for a second term, which was seconded by

Mr Rajesh Kumar, Executive Director of SPYM. With the unanimous acceptance of the proposal by the CCM and the acceptance of the same by Shri KK Abraham, General Secretary INP+, he was formally elected as the Vice- Chair of the India CCM.

#### **Agenda Item No. 4**

#### **Review, Rating and Recommendation of the request to the GFATM to continue funding the Phase II of the Round IV Grant for Malaria, being implemented by the National Vector Borne Disease Control Program**

The previous National Consultant (Public Health) briefed the new members on the process for Phase II renewal of GFATM grants.

Dr P L Joshi, Director NVBDCP made a presentation, giving an overview of the Goals, Objectives, Service Delivery Areas of the round IV Malaria project, followed by details regarding the year-wise service delivery targets achieved under each of the three objectives; status of the disbursements of funds from GFATM and the utilization of the funds received by the program up to December 2006. He also highlighted the reasons for overachievement of targets for some indicators and the constraints which resulted in under achievement of targets in certain other areas, such as distribution of bed nets. An indication of the estimated expenditure (19.7millionUSD) till the end of Phase I and the likely balance of unspent funds (10.3 million USD) was also given.

He also summarized the new initiatives such as the NRHM, and informed that the feedback from the 'In-depth Review' and the 'Joint Monitoring Mission', have been incorporated in the Phase II proposal, which are expected to overcome the constraints faced during implementation of Phase I. The key modifications proposed for Phase II and the related revised budget estimates were also presented. Following the presentation the members of the India-CCM deliberated on the performance and the implementation plan proposed for Phase II.

#### **The following issues were clarified by Dr Joshi on the request of the members:**

- ?? Dr Joshi explained the mismatch between distribution and availability of bed nets and the wide difference between the set targets and the achievements in this area by indicating problems in procurement.
- ?? He also attributed the overachievement of certain targets due to inclusion of NGOs, which were not envisaged earlier.
- ?? He mentioned that NIMR has already carried out a baseline survey and it would be entrusted with detailed evaluation of the program after three years.

**The following suggestions were offered by the members to enhance the future performance of the Grant:**

- ?? It was proposed that Best Practices in the Malaria Program should be included in Phase II of the proposal.
- ?? It was proposed that in case of linked indicators, explanatory notes should be included in order to present the complete picture.
- ?? DFID voiced its concerns regarding the development of linkages of the Malaria program with RCH II.
- ?? It was suggested that there was a need for setting more precise targets in the Action plan for Phase II.
- ?? It was suggested that stress should be laid on the quality of service delivery along with the strengthening of the surveillance system by integrating it with IDSP.
- ?? It was suggested that the Global Fund should consider transfer of technology of manufacture of LLITN (long lasting insecticide treated bed nets) in order to have several manufacturers across the world to facilitate supply.
- ?? It was suggested that the language of the work plan in the proposal for Phase II, should be suitably updated, taking into account the developments such as the launching of new programs as the National Rural Health Mission (NRHM).
- ?? It was also proposed that there was room for improvement, which could be achieved in the Phase II program through improvement in quality of service delivery as well as through improved surveillance strengthening.

The members endorsed the rating of B1 - 'Adequate'- for the overall performance and for the specific elements related to disbursements from the Principal Recipients to the Sub Recipients, achievements of intended results and information to the CCM on the progress of the grant.

The Chair, ICCM, stated that procurement is to be carried out by UNOPS, which should take care of the procurement problems outlined with reference to bed nets.

**It is expected that UNOPS would start its operations at the earliest and the decision was endorsed by the CCM.**

It was decided that the revised Malaria Phase II, Round IV proposal, incorporating the endorsed recommendations of the CCM, should be submitted to the Secretariat of the GFATM by 15<sup>th</sup> March.

**Agenda Item No. 5**

**Discussion and decision on the GFATM Round 7 - Comprehensive Country Proposal (CCP) from the India-CCM**

~~2/2~~ **GFATM has issued the formal Call for Proposals for countries to apply for Round 7, on 1<sup>st</sup> March, 2007.**

~~LS~~ **The deadline for submission of proposals by CCM to the GFATM is 4<sup>th</sup> July, 2007.**

~~LS~~ **Proposals recommended by the TRP after evaluation shall be approved by the Board at its 16<sup>th</sup> meeting in November 2007.**

AS&DG (NACO) briefed the members on the salient features for Comprehensive Country Proposal development, modalities/procedures and invited suggestions from the members regarding focus areas and types of PRs that can be invited for submitting proposals for Round 7.

The actions that have already been initiated were presented. The heads of HIV/AIDS, (NACO) and National Vector Disease Control Program (NVBDCP) divisions presented the focus areas and the type of Principal Recipients that have been identified for development of the disease component specific portions of the Comprehensive Country Proposal for GFATM Round 7 grants. The key disease component specific focus areas are given below:

#### Revised National Tuberculosis Control Program:

Dr Chauhan, DDG-(TB), informed the members that in view of the grants available from earlier rounds and current capacity of the program, there was no proposal from Central Tuberculosis Division (CTD) for Round 7.

#### National Vector Borne Disease Control Program:

Dr Joshi briefed the members on extension and enhancement of the malaria control program in Urban Areas of the country through innovative partnerships with Municipalities/Corporations and extension and enhancement of the malaria control program in Urban Areas of the country through innovative partnerships with NGOs.

It was debated whether the program should address only Malaria or adopt a broader all inclusive 'Vector Borne Disease' approach, in the new proposal. It was decided that the proposal for Round 7 be prepared for Malaria alone and the issue of 'Integrated Vector Borne Disease Control Program may be flagged to the GFATM's PSC.

After a discussion on the use and inclusion of DDT in the proposal, it was suggested by WR, WHO, that caution may be exercised and the proposal may be sent without including DDT.

#### National AIDS Control Program - III:

AS&DG (NACO) briefed the members regarding the focus areas for budgeting and funding gaps of USD \$ 250 million that could be considered:

- ?? Institutional strengthening through training of Nursing Personnel to provide care and support services
- ?? Institutional strengthening through training of 'Link workers' to provide an array of preventive/BCC services, through development of multi sectoral linkages at the district level.
- ?? Implementation of workplace policies by private sector.

**The following issues were raised by the other members:**

- ?? Incorporation of use of Second line drugs in the new proposal for Round 7.
- ?? Development of proposals by NGO sector for cross country proposals.
- ?? Expansion of the needle exchange and substitutions program for Injecting Drug Users in the North-East border-States.
- ?? Mainstreaming through income generation schemes.
- ?? Rural focus for building Technical capacity.

In response to the above, AS&DG (NACO) informed the members that a policy decision has been taken, keeping in view the experience in other countries, to provide the 1<sup>st</sup> line of ART to 100,000 persons first, before considering 2<sup>nd</sup> line ART. It was suggested that regional proposals as well as proposals for expansion of the needle exchange and substitutions program for Injecting Drug Users in the North-East border-states, could be prepared by the Non-Govt. Organizations.

The WR, WHO suggested that the proposals should closely follow the NACP III, as the document was a result of extensive and detailed discussions and the chances of proposals to be approved would be higher if they are aligned to the NACP III document.

**The following course of action was approved by the CCM to enable timely submission of the proposal.**

- ?? Preparation of brief concept notes and appropriate modification of the existing proposal format and proposal screening/review criteria by the National Programs to be placed on the India-CCM website
- ?? Country wide dissemination of the Round 7 Call for Proposals by the India-CCM as per processes followed in Round 6, seeking expression of interest and/or proposals from organizations/ institutions, for the formulation of the CCP along the CCM endorsed focus areas.
- ?? Suggestions of the CCM on the composition of Proposal Screening Committees for the different disease components are invited.
- ?? All the above mentioned processes for issuing the call for proposals completed by 31<sup>st</sup> March, 2007.
- ?? Proposals from all stakeholders to be received from 1<sup>st</sup> April to 25<sup>th</sup> May, 2007. Hence, the last date for receipt of proposals by the India-CCM Secretariat to be fixed as 5 pm on Friday, 25<sup>th</sup> May 2007.
- ?? Screening of proposals from stakeholders and drafting of Comprehensive Country Proposal would be undertaken from 28<sup>th</sup> May to 23<sup>rd</sup> June 2007.
- ?? ***The proposal to hold a CCM meeting either on 25<sup>th</sup> /26<sup>th</sup> June to approve the Country Coordinated Proposal (CCP), was endorsed by the CCM.***
- ?? This would provide the necessary time to carry out the modifications/ revision in the CCP, as proposed in the CCM, as well as allow sufficient time for printing/ binding, obtaining the necessary signatures of all CCM members, for submitting the document to the Secretariat of the GFATM before the deadline of 4<sup>th</sup> July 2007.

## **Agenda Item No. 6**

### **Strategies and actions for the strengthening of the reconstituted India-CCM**

Dr Reuben Samuel informed the members about the background of the proposal and the need to strengthen the CCM. He said that presently the arrangement for meetings etc is organized by NACO; Human Resource through WHO and the technical inputs for proposal preparation are provided by the Multilateral/bilateral agencies, since there is a felt need for a lot of inputs to be provided, currently the process is 'ad-hoc'. Though originally the Global fund Board had not approved the utilization of its funds for this purpose, however, presently it is agreeable to fill up the gap in funding if partial support is available at the country level. Thus there is a need to identify the resources available, and then draft a suitable proposal for approval by the GFATM.

He requested the USAID representative, to elaborate on the proposal, who informed that detailed discussions in this regard have been held with different partners to identify the resources available or potentially available. The members were informed that the areas of support have been mapped out and that the HR issues include Office Maintenance, Technical Assistance, CCM meetings, Program oversight and Regional meetings of member constituencies.

The members were informed by Mr. Clay that the GTZ has a 'Backup Initiative', specifically, to help strengthen global Fund initiatives. GTZ would require a proposal, following which a response from them is expected within two months.

Similarly USAID has funds for certain activities, such as program monitoring, technical assistance at state level, helping out with network of NGOs and PLWHA, which can be provided immediately. DFID may have some funds to support communications, website and support of regional meetings though EU has no resources at this point of time.

The total corpus being proposed was \$ 100,000- 200,000.

AS&DG (NACO), requested that a two three page concept note in this regard may be provided to the ICCM Secretariat, which could be emailed to all the members for their response within the next 10 days.

Thereafter the proposal could be formalized and sent to GTZ, DFID, USAID.

**The proposal was endorsed by the CCM and it was decided to take it forward quickly.**

## **Agenda Item No. 7**

**Regional Meeting on Strengthening of CCM and Round 7 Proposal Development, by GFATM in partnership with WHO/SEARO, UNDP and UNAIDS, to be held in Kathmandu, Nepal from 20<sup>th</sup> to 23<sup>rd</sup> March 2007**

AS&DG (NACO) informed the members that 5 non CCM participants from the three disease component programs have been nominated to attend the meeting.

The Chair and the Vice Chair along with two other CCM members have also been invited for this meeting.

The Chair and the Vice Chair expressed regret at their inability to attend the meeting due to prior engagements. AS&DG informed the CCM members that the last day for confirming participation was 9th March, and invited other CCM members to place their request for participation in the meeting, and inform the CCM Focal Point regarding the same.

### **Agenda Item No. 8**

#### **5 year Evaluation of GFATM**

During its 14<sup>th</sup> meeting the Global Fund Board approved the 5 year Evaluation Plan presented by the Technical Evaluation Resource Group (TERG), to review the functioning and performance of the Global Fund and identify areas of strengths and weaknesses that will lead to improving day to day operations. AS&DG informed the members that the impact evaluation is being carried out in 20 countries. 'Swasti'- a Karnataka based NGO, has been entrusted with this work in India.

Dr Reuben Samuel informed the participants regarding the same. He briefly presented the salient features of the plan in which he informed that the Global fund is undertaking a study in 20 countries as a part of this evaluation process, with in-depth primary research in 8 countries, and collection and use of secondary data in 12 countries and India has been selected to represent the South Asia region for the evaluation study. As requested by the TERG of the GFATM, UNAIDS has facilitated the constitution of a national evaluation task team consisting of nominees from the three national disease control programs and other key stakeholders. The meetings of the task team have been held and the preliminary evaluation framework with respect to the available impact/outcome indicators for the HIV/AIDS, Tuberculosis and Malaria Control programs has been drafted with the assistance of the consultants engaged by the GFATM. The GFATM has invited four of the task team members to present the framework at the "Partners in Impact Forum" being organized at Glion, Switzerland from 12<sup>th</sup> to 14<sup>th</sup> March 2007. Task team members from the 19 other countries selected for the evaluation study, the TERG, the evaluation division of the GFATM Secretariat and key technical partners of the GFATM would be participating in this Forum.

#### **The CCM took note of the issues brought out in the presentation**

### **Agenda Item No. 9**

#### **Any other item with the permission of the Chair**

AS&DG (NACO) raised the issue of requirement of extensive information at the time of proposal preparation as well as for intensive and concurrent

monitoring requirements by Global Fund, which takes a lot of time of the concerned organizations/programs. She suggested that some additional technical staff as consultants may be made available in the three disease program components, for which the Global Fund may be requested for funding, through WHO/UNAIDS. The CCM took note of the issues brought out.

It was suggested that the reporting formats may be kept simple and confined to a few key indicators. AS&DG said that these aspects would be looked into more closely, during the round 7 proposal preparation.

**The meeting ended with a vote of thanks to the Chair.**

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

- 1) Shri Naresh Dayal – Secretary, Health & Family Welfare - MoH&FW, GoI, India-CCM Chair
- 2) Shri K.K.Abraham – General Secretary – INP+, India-CCM Vice-Chair
- 3) Ms. K Sujatha Rao – AS & DG (NACO) - MoH&FW, Govt. of India
- 4) Mr. S.R. Jindal – Under Secretary – Ministry of Finance on behalf of Mr. Madhusudan Parsad, Joint Secretary (FB)
- 5) Ms. Nandita Mishra – Deputy Secretary & Economic Adviser – Department of Women and Child Development of behalf of Ms. Deepa Jain Singh, Secretary
- 6) Col. Kunal Chatterjee – Joint Director - Armed Forces Medical Services, Ministry of Defence – on behalf of Surgeon Vice Admiral V.K. Singh - Director General
- 7) Ms. Usha Ganesh – Principal Secretary, Health & Family Welfare – Govt. of Karnataka
- 8) Dr. Umesh Lamba – Additional Project Director – Govt. of Haryana on behalf of Mrs. Urvashi Gulati, Secretary
- 9) Mr. A. Amalavalan – National Coordinator - Christian Council for Rural Development and Research (CCOORR) on behalf of Dr. Ravi Raj William, Director
- 10) Ms. Malini B. Eden – Director – SEARCH on behalf of F. Stephen
- 11) Dr. Rajesh Kumar – Executive Director - Society for Promotion of Youth & Masses on behalf of Dr. Zeenat N.
- 12) T. Jayaraj Devadas – Director – German Leprosy & TB Relief Association
- 13) Dr. Mary Verghese - Project Director – Population Foundation of India – on behalf of Mr. A.R.Nanda, Executive Director
- 14) Dr. S.D. Gupta – Director - Indian Institute of Health Management Research (IIHMR)
- 15) Mr. S. Lokabiraman – Training Coordinator - International Training and Education Centre on HIV (I-Tech) on behalf of Ms. Purba Chatterjee, MPH, Country Director
- 16) Dr. Rajeswari Rama Chandran – Deputy Director, Senior Grade - Tuberculosis Research Centre (TRC) on behalf of Dr. P. R. Narayanan, Director
- 17) Prof. A.P. Dash - Director - National Institute of Medical Research (NIMR)
- 18) Dr. Biju Soman – Assistant Professor - Achutha Menon Centre for Health Science Studies (AMCHSS) on behalf of Dr K. R. Thankappan, Professor
- 19) Ms. Suneeta Singh – Sr. Public Health Specialist – World Bank
- 20) Dr. Salim J. Habayeb – WR (India) - WHO Representative to India
- 21) Dr. Vidya R. Ganesh – Chief HIV/AIDS Section – UNICEF on behalf of Mr. Cecilio Adorna, Country Representative
- 22) Mr. Venkatesh Srinivsan – Assistant Representative – UNFPA- on behalf of Ms. Sharareh Amir Khalili, Representative
- 23) Mr Robert Clay, Director- Health, USAID on behalf of Mr. George Deikun - Mission Director – USAID
- 24) Dr. Nandini Kapoor Dhingra – National Programme Officer – UNAIDS on behalf of Dr. Denis Broun, Country Coordinator
- 25) Ms. Silke Seco – Adviser – DFID-India

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

- 1) Mr. Raghuvir Singh – Additional Secretary & Financial Adviser – MOH&FW, Govt. of India
- 2) Mr. R.K. Srivastava – Director General of Health Services, MoH&FW, Govt. of India
- 3) Mr. Tapa Bangra – Secretary, Health & Family Welfare – Govt. of Arunachal Pradesh
- 4) Mr. B.L. Agarwal – Secretary, Health & Family Welfare – Govt. of Chattisgarh

- 5) Mr. Anand Prakash - Development Commissioner & Secretary – Govt. of Goa
- 6) Dr. Sandip K. Ray – Secretary General – Indian Public Health Association

### **List of Invitees**

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

- 1) Dr. Jotna Sohkey– Additional Project Director – NACO, MoH&FW, Govt. of India
- 2) Dr. P.L. Joshi - Director - Directorate of National Vector Borne Diseases Control Programme, MoH&FW, Govt. of India
- 3) Dr. L.S. Chauhan - DDG (TB), MoH&FW, Govt. of India
- 4) Mr. Ramesh Chandra – Country Coordinator – UNOPS, Local Fund Agent

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

- 1) Dr. Maxine Olson – UN Resident Coordinator in India

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

- 1) Mr. Deepak Gupta – Additional Secretary – MoH&FW, Govt. of India
- 2) Mr. Sunil Nanda – Director Programme – India HIV/AIDS Alliance on behalf of Ms. Fionna Barr, Country Director

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

- 1) Mr. S. Suresh Kumar – Director Finance – NACO, MoH&FW, Govt. of India

#### **Additional Participants**

- 1) Mr. Arun Broka – Director – Ministry of Health & Family Welfare, Govt. of India