

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

The Twenty Sixth meeting of the India Country Coordinating Mechanism (India-CCM) for the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) was held at 3.30 PM, on 29 June 2007 at Nirman Bhawan, New Delhi. A list of India-CCM members and invitees present at the meeting is enclosed. (Annexure A)

The Chair of the India-CCM, Shri. Naresh Dayal, Secretary, Health & Family Welfare, Government of India, presided over the meeting. The Chair welcomed the participants, which was followed by a round of formal introduction of the participants.

Agenda Item No. 1

Confirmation of the Proceedings of the 25th CCM Meeting

The Chair introduced the first agenda item and called for confirmation of the proceedings of the 25th ICCM meeting. It was pointed out that the discussion on the website and the list of participants who attended the meeting was also to be added. This was agreed to. The CCM thereafter agreed to confirm the proceedings.

Agenda Item No. 2

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):

Round VII proposal Preparation :

The Chair requested AS&DG, NACO to provide an overview of the current status of the Rd. VII proposals. The AS&DG reported the current status as under :

Malaria

The AS&DG stated that the program division for Malaria (NVBDPC) has communicated its decision not to include the Malaria disease component in this round. It was explained that the Malaria Division wanted to intensify efforts to improve the progress of Round IV - "*Intensified Malaria Control Project*" and prepare for Round VIII well in advance by a team consisting of experts from different fields.

The detailed note on the rationale for this decision submitted by the program division was circulated to all the CCM members and is attached. (Annexure C)

Tuberculosis

Despite the fact that the CCM did not call for proposals for the tuberculosis disease component, two proposals were received from the civil society organizations. Two proposals were reviewed by the program division which submitted its recommendations for strengthening one of the proposals, which was endorsed in

principle by the CCM. However, since the consortium could not address all the lacunae identified, it was not recommended by the program division. The submission from the program division to the CCM on this issue is attached. (Annexure D)

While endorsing the decision of the program division the CCM decided that in subsequent rounds, disease component proposals not invited by the CCM in its nationwide call for proposal, would not be reviewed.

HIV/AIDS

Regarding the HIV/AIDS proposal, the Ms Sujatha Rao, the Additional Secretary & Director General of NACO made a detailed presentation. (Annexure B). The attention of the CCM was drawn to the need to strengthen human resources to enable a quick scale up of the HIV interventions for achieving the goal of universal access. Given the critical role of nurses, counselors and the community health workers, the proposal has been formulated to strengthen the quality of training. It was also pointed out that there were 3 PR's being proposed for the Round VII – 1. The Indian Nursing Council for the component related to Nursing; 2. The Tata Institute of Social Sciences for the component related to Counselling; and 3. the NACO for the component related to Link Worker intervention to be implemented by NGO's.

The Chair enquired about the workplace intervention related proposal submitted by the Ministry of Labour. In response, the AS& DG NACO stated that the Ministry of Labour and the Confederation of Indian Industry had submitted a proposal on the public and private sector workplace interventions respectively. Both the organizations were requested to modify the proposals based on the comments of the technical review panel and the CCM and to submit a modified proposal on Monday (25 June 07), which had not been done. As it was now too late to work on the proposal, it was agreed to drop further action. Nevertheless, the focal point for the Ministry of Labour, would be contacted by the program division to discuss the strategy for submission of the proposal for Round 8.

The CCM members appreciated the effort put in by the proposal developing and drafting team for the quality of proposal submitted and in successfully incorporating the different thematic areas of the proposal.

The following comments were offered by members for strengthening the Proposal :

Nursing

Dr Thankkapan stated that institutional strengthening for capacity building of the nurses was an important area and said that it should be strengthened in order to cover both public and private sector nurses.

Some members (Dr S.J Habayab and Ms Vidhya Ganesh) stated that one of the strengths of the Indian Nursing Council as PR, was its capacity as a regulatory body. However the organization needed to be strengthened specifically for programmatic management of the proposed project.

In this regard, it was clarified that provision for a Project Management Unit has been specifically made in the proposal to address this issue, to be selected based on an open advertisement.

Counseling

Mr. F. Stephen (Search) stressed upon the quality of training that would need to be provided to the Counselors. In this regard he emphasized that the capacity building of counselors should address the field based role that the program envisages.

Ms Vidhya Ganesh mentioned that the supportive supervision mechanisms should be explicitly mentioned in the proposal. NIMHANS could play the role of a technical partner for the standardization and quality assurance aspects of the intervention with the appropriate budget allocation. It was mentioned that monitoring would also include spot checks on quality of service delivered by counselors which could be linked to their career advancement.

It was clarified that though the TATA Institute for Social Sciences (TISS) would be the PR for this component, the strength of NIMHANS would be utilized for establishing quality standards for the training, quality control and assessment of the training offered by the institutions, accreditation of the training institution and the counseling personnel. The AS & DG mentioned that in addition to quality standards, e-learning was an important training tool incorporated within the proposal.

Link Workers

The CCM in its previous meeting endorsed in principle the proposals of 15 NGO's to be considered for further discussion and to arrive at a consensus for inclusion as SR as well as a PR from among them. Since none of the short-listed NGO's was assessed to have the capacity to be the PR for this component, the Program Division (NACO) has been proposed as the PR for this component.

While appreciating the necessity of NACO being proposed as the PR, it was observed that NACO was already a PR for 4 Rounds and therefore, may be risky to consider it as the PR for the fifth time. However, considering that none of the shortlisted NGO's had the managerial or financial capability to be nominated as PR, there was little option to NACO. Besides, the lack of clarity of Global Fund in the relationship between the PR and the national program also was a factor to be kept in mind as, particularly in this case, the Link Worker Scheme was very critical to the success of the HIV /AIDS program and could not be allowed to be implemented without focus and a very close linkage to the NACP III process.

The CCM members acknowledged the difficulty of proposing multiple NGO PRs for this component given the current constraints in management and oversight mechanisms of existing steering committees and the CCM. Accordingly, the CCM took the view that NACO could be the PR, playing a programmatic and fiduciary oversight role while implementing the project through the state societies and the shortlisted NGOs, subject to their meeting the program criteria.

In response to Ms. N. Zeenat's suggestion for the formation a management committee comprising of all the 15 short-listed NGO's, it was clarified that this was not

a feasible option and the existing normative processes of NACO for the final selection of NGO's would be followed.

Ms Ganesh suggested that the proposal could be further strengthened by a comprehensive description of the region specific epidemiology of HIV, delineating the correlations between the disease trajectory and the scaling up for the link workers scheme in an appropriately incremental manner.

It was emphasized that the Link workers scheme was one of the key strategies of NACP III to be rolled out. Keeping in mind the catalytic role of the link workers, it was suggested that besides a clear role delineation and appropriate indicators for measuring performance, there was need to ensure the setting up of the management set up and to establish clear linkages with the SACS and the proposed district AIDS control units in NACP III.

The members also concurred that it was important to clearly justify that the support requested from GFATM for the link worker component is an additionality. In this context it was clarified that the districts where the link workers schemes would be supported by partners such as UNICEF, UNDP have not been included in the proposal. Dr Broun and Ms Ganesh proposed an alternative solution for the consideration of the CCM by providing information that in future rounds, the GFATM would be considering direct budgetary support for National Programs and therefore the link worker component could be considered to be included in the next round.

The CCM deliberated extensively on this issue and concluded to retain this component.

The HIV/AIDS component of the proposal was unanimously recommended by the India-CCM with NACO, Indian Nursing Council (INC) and TATA Institute of Social Sciences (TISS) as the PRs for Link workers scheme, Nursing and Counseling components respectively.

At this juncture, the Vice Chair was requested to take over the meeting as the Chair had to leave the meeting.

Agenda Item No. 3

Discussion and Decision on the Multi-Country Proposals for endorsement of the CCM:

A presentation was made by a representative from CARE, highlighting the scope of the regional migrant intervention proposal and the changes incorporated based on the recommendations made by the TRC and the CCM.

The CCM members, with respect to gaps that were needed to be addressed in the proposal, made the following comments.

Since mobile/migrant population appeared to be used interchangeably in the presentation, clear distinction between them was suggested.

Clear identification of the additional service delivery that would be put in place at the transit points and that the service delivery infrastructure set up at the intervention districts would not be a duplication of the efforts of the national program.

Dr Marc Derveeuw commented that the proposal should clearly present the evidence available for the magnitude of the problem of migration linked HIV burden.

Mr Bagra suggested that the districts bordering Bangladesh in the North Eastern states should have been included, in view of the flow of people between the two countries in that region.

The outcome of the objective addressing reduction of vulnerability of migrants and its subsequent impact on the risks faced by families of migrants would be difficult to measure as definition of 'vulnerability' is inadequate.

While acknowledging that trafficking is a serious issue which needs to be addressed, using HIV as a platform for intervention on this complex and multifaceted problem was not considered appropriate and hence the emphasis on this objective of the proposal would need to be reduced.

Clarifications on the following salient issues was requested by the members: The members wanted to know the basis of selection of the intervention districts and cities in India and whether this was based on evidence available and whether they fell in the destination/transit/source route of migration within these countries targeted in this regional proposal.

Though the members concurred that the overall design of the project could be endorsed after incorporation of the recommendations mentioned above, it was unanimously felt that the budget proposed for the program was too high.

The members decided to endorse this proposal to the GFATM, with the recommendation that the proposed interventions should conform to the strategic framework of the national program and be complementary. It should clearly abide by the 'Three Ones' principle and be accountable to the national programs of the three countries.

A presentation on the proposal 'Regional Innovations to Improve Scale-up of Prevention, Care and Support Coverage among Males who have Sex with Males (MSM) Across South Asia' – 'The Scale-Ovation Project was made by a representative from SAMHIC/PSI. The presentation largely focused on clarification of issues, based on the recommendations made by the TRC and the CCM.

Among the comments made by the CCM members, some CCM members were not convinced of the rationale for addressing this intervention on a regional scale rather than a national scale.

It was felt that such an intervention which aims at piloting, innovating and scaling up would be more appropriate at a district/state level rather than at a regional level. In response, Ms Janet Hayman expressed the opinion that 'regionality' as defined by GFATM need not be limited to cross border issues only but may also address

commonalities on issues such as stigma, cultural, social and legal backgrounds of the target groups, for which the interventions were being proposed.

Another issue that was highlighted was the fact that interventions for MSMs are covered in the NACP-III and hence, at least in India, the proposal does not address additionality or gaps in interventions.

An opinion was expressed that the Social Franchising Model being proposed seemed to be innovative and the resources being requested from the GFATM seemed commensurate with the interventions proposed in the target areas and population envisaged to be covered.

While the presentation addressed the recommendations of the Technical Review Committee and the CCM, it did not clearly detail how some of these recommendations had been addressed in the proposal and details on some of the impact measurements such as using DALYs for the communication strategy being proposed were only available in the proposal document.

Since the CCM members did not have the opportunity to read the revised proposal, it was decided that the members present would go through the electronic copies of the proposal on CD, provided by the presenters from SAMHIC.

It was decided that the CCM members would communicate their concurrence or rejection to the ICCM Secretariat by Monday, 02-07-07, 3PM for the CCM to endorse this proposal to the GFATM. The majority opinion communicated to the ICCM secretariat would determine the CCMs' decision.

Agenda Item No.4

With regards to agenda item 4, Mr. J S Habayab voiced a concern on the issue of logistic difficulty of obtaining signatures of all I-CCM Members, for the endorsement of the proposal. To overcome this difficulty, the motion for accepting the sufficiency of obtaining the signatures of two thirds of the members for the endorsement of the CCP was tabled by Mr. J.S Habayab and seconded by Mr. Broun. The motion was unanimously accepted by the members and the CCM Secretariat was instructed to incorporate this decision in the relevant sections of the TOR of the India-CCM. This decision will take effect from Round 8.

Agenda Item No.5

The CCM was informed that the South and West Asia cluster of GFATM would be organizing a regional workshop from 28 to 31 August 2007 in Dubai, United Arab Emirates. The workshop will cover the following topics:

- M&E, Data quality and M&E systems
- Procurement and Quality Assurance
- Partnerships
- CCM
- Compliance
- Global Fund Board and constituencies
- New Board policies on financing and other areas

It was conveyed to all the CCM members that a high level participation was requested.

Agenda Item No.6

Discussion on the open letter from Freedom Foundation:
The draft response was endorsed and the I-CCM Secretariat was directed to forward the response to the concerned organization. (Annexure E)

Agenda Item No.7

Discussion on strengthening of the India-CCM

Dr Reuben Samuel made a short presentation referring to previous deliberations by the CCM on various issues regarding the strengthening of the India-CCM which have been followed by several rounds of discussion between the development partners on the support that can be provided to fill the critical gap areas. A draft matrix (Annexure F) on the technical and resource assistance needed for strengthening the reconstituted CCM was circulated to the members. The matrix highlighted the areas where support has been confirmed by certain development partners and areas where support is still being considered. It also clearly identified the areas where the support of the GTZ Back-Up Initiative would be requested through a project mode proposal endorsed by the CCM.

The summary of the GTZ Back-Up Initiative project mode proposal (Annexure G) was presented. The CCM unanimously endorsed the submission of the detailed proposal to the GTZ.

Any other Item with the permission of the Chair

Discussion and Decision on Transfer of funds for technical assistance from GFATM to WHO and IUATLD, in Phase 2 of GFATM Round 4 funding round

Dr. Chauhan, DDG, CTD, briefed the members on the decision taken at the 25th ICCM meeting where the CCM members unanimously endorsed the decision to nominate IUATLD as additional PR for receipt of funds directly from GFATM and signing of an agreement with WHO following which GFATM could release the funds to WHO under the Round IV GFATM RNTCP Project.

Dr Chauhan informed the CCM that following discussion with GFATM, it had been proposed that the revised modality of transfer of funds to IUATLD, could be in accordance with similar procedure agreed for WHO. Thus, both WHO and IUATLD would be sub recipients and on the request of the program division, the funds would be released directly by GFATM to these organizations.

The CCM unanimously endorsed this decision.

Discussion relating to the signing of the program grant agreement of HIV/AIDS Alliance Under Round 6

AS & DG NACO pointed out that since the CCM had been assigned the role to ensure that the PRs were working in accordance with the national programs and 'Three Ones' Principle, it was decided by the CCM that it was necessary to have a formal governance structure and monitoring mechanism to ensure the inclusion of rules of engagement of the same in the grant agreement.

It was also acknowledged that the GFATM was committed to the principles of both alignment and harmonization, and the NACP-III was a unique example of multi-stakeholder participation.

However, it was pointed out that the issue of linkage between the PR and the national program within the context of the 3 Ones was not adequately addressed in the conditions precedent of the grant agreements and that in the existing scenario, the contract did not specify the accountability mechanisms for ensuring that the NGO PRs were working within the National Program framework.

The concerns of the CCM were communicated to the GFATM Secretariat. The CCM was briefed that the GFATM agreed to the inclusion of such accountability by making the PR participate in all coordination meetings. This was observed to be clearly inadequate as in the contractual agreement, such commitment to the principles of both alignment and harmonization, was not a binding arrangement between the PRs and the national program division.

One of the members expressed the need for a basic discipline, where the contract should clearly incorporate the necessity of participation of all PRs within the overall guidance and accountability to the respective national programs frameworks.

The consensus decision of the CCM was that the matter would be pursued with the GFATM on principle. Regarding the current issue, a resolution, drafted by the national program division, would be circulated to all CCM members and finalized after incorporating the inputs from the CCM members, following which the same would be communicated to the GFATM.

It was also decided that In order to facilitate a smooth implementation of Round 6 grant, a Joint Steering Committee as in Round 4, would be constituted and the national program division would enter into a MoU with the PR for executing the project as per the guidelines of the relevant component of the NACP-III.

The meeting concluded 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) Mr. Elango Ramachandar – President – INP+ on behalf of 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. Debasish Panda – Joint Secretary- MoH&FW, Govt. of India
- 5) Mr. R.K. Srivastava – Director General of Health Services, MoH&FW, Govt. of India
- 6) Mr. Tapa Bangra – Secretary, Health & Family Welfare - Govt. of Arunachal Pradesh
- 7) Mr. Anand Prakash - Development Commissioner & Secretary – Govt. of Goa
- 8) Mr. S.P. Sharma - Secretary – Govt. of Haryana
- 9) Dr. Denis Broun - Country Coordinator – UNAIDS
- 10) Dr. Marc Derveeuw - Representative – UNFPA
- 11) Col. A.K. Verma – Director (Health) - Armed Forces Medical Services, Ministry of Defence – on behalf of Surgeon Vice Admiral Yogendra Singh - Director General
- 12) F. Stephen – Executive Director - SEARCH
- 13) Dr. Zeenat N.– Chairperson - Society for Promotion of Youth & Masses
- 14) T. Jayaraj Devadas – Director – German Leprosy & TB Relief Association
- 15) Dr. N. Selva Kumar – Deputy Director (Senior Grade) Tuberculosis Research Centre (TRC) on behalf of Dr. P. R. Narayanan - Director
- 16) Ms. Janet Hayman – Pefpar Coordinator – USAID on behalf of Mr. Robert Clay – Director
- 17) Ms. Kumudha Aruldas- Additional Director – Population Foundation of India
- 18) Prof. A.P. Dash - Director - National Institute of Medical Research (NIMR)
- 19) Dr. Salim J. Habayeb, WHO Representative to India – WHO
- 20) Dr. Vidya R. Ganesh – Chief HIV/AIDS Section – UNICEF on behalf of Mr. Cecilio Adorna, Country Representative
- 21) Dr. Ravi Raj William - Director - Christian Council for Rural Development and Research (CCOORR)
- 22) Dr K. R. Thankappan - Professor - Achutha Menon Centre for Health Science Studies (AMCHSS)

List of Members not present in the meeting

- 1) Mr. Raghuvir Singh, Additional Secretary & Financial Adviser, MOH&FW, Govt. of India
- 2) Mr. P. Ramesh Kumar – Secretary, Health & Family Welfare – Govt. of Chattisgarh
- 3) Dr. S.D. Gupta – Director - Indian Institute of Health Management Research (IIHMR)
- 4) Ms. Purba Chatterjee, MPH, Country Director - International Training and Education Centre on HIV (I-Tech)
- 23) Ms. Silke Seco – Adviser – DFID-India

- 24) Ms. Usha Ganesh – Principal Secretary, Health & Family Welfare – Govt. of Karnataka
- 25) Dr. Sandip K. Ray – Secretary General – Indian Public Health Association
- 26) Mrs. Manjula Krishan - Secretary – Department of Women and Child Development
- 27) Ms. Suneeta Singh – Sr. Public Health Specialist – World Bank
- 28) Mr. Madhusudan Parsad - Joint Secretary (FB)– Ministry of Finance

List of Invitees

Permanent Invitees present in the meeting

- 1) Dr. L.S. Chauhan - DDG (TB), MoH&FW, Govt. of India

Permanent Invitees not present in the meeting

- 1) Mr. B. Muralidharan – UN Resident Coordinator in India
- 2) Dr. Jotna Sohkey– Additional Project Director – NACO, MoH&FW, Govt. of India
- 3) Dr G.P. S. Dhillon - Director - Directorate of National Vector Borne Diseases Control Programme, MoH&FW, Govt. of India
- 4) Mr. Ramesh Chandra – Country Coordinator – UNOPS

Special Invitees present in the meeting

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

Special Invitees not present in the meeting

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

Additional Participants

- 1) Dr. Umesh Lamba, Additional Project Director – Govt. of Haryana
- 2) Mr. Rahul Ranjan – Project Coordinator - Society for Promotion of Youth & Masses
- 3) Dr. Emi Rumi - Project Director – Govt. of Arunachal Pradesh
- 4) Ms. Malini B. Eden – Director Strategic Alliances- SEARCH
- 5) Dr. Daya Krishan Mangal – Advisor (RH & HIV/AIDS) – UNFPA
- 6) Mr. Shiv Kumar – CEO- Swasti
- 7) Dr. Angela Chaudhuri - Public Health Specialist - Swasti
- 8) Mr. Gopal Mukaerjee – Technical Specialist – CARE
- 9) Mr. Aditya Bondyopadhyay – Legal Advisor N.F.I. – Naz Foundation International
- 10) Mr. David – Asia Regional HIV Advisor – PSI