

INDIA
COUNTRY COORDINATING MECHANISM (CCM) for
The Global Fund - To Fight AIDS, Tuberculosis and Malaria

Minutes of the India Country Coordinating Mechanism (CCM) Meeting held on 27th Jan 2010

The 40th meeting of the India Country Coordinating Mechanism (India CCM) was held at 3.00 p.m. on 27th Jan 2010 at Ministry of Health & Family Welfare, Nirman Bhavan, and New Delhi. A list of India CCM members and invitees present at the meeting is annexed (Annexure-I). The meeting was chaired by Ms. K. Sujatha Rao, Secretary, Health & Family Welfare, and Government of India. She presided over the meeting until 4.30 p.m. after which Mr. Manohar Elavarthi, General Secretary, Suraksha Board, took over from her. Ms. K. Sujatha Rao, Secretary, Health & Family Welfare, welcomed all the members, briefed them on the agenda and requested them to introduce themselves as this was the 2nd meeting after the CCM Orientation for the newly elected CCM members for 2009-2011.

Agenda Item No. 1: Selection of Chair, Vice Chair and Member Secretary of India CCM.

For the new CCM, the election of the Chair and Vice Chair was conducted as per the India CCM ToR and the GFATM guidelines. As per the GFATM guidelines, the Global Fund recommends that CCMs elect a chair and vice-chair from different sectors and from domestic entities. It is suggested that the candidates for chair and vice-chair be nominated and seconded by the CCM members.

Dr. Yonas Tegegn, Scientist, WHO nominated Secretary Health, Ms. Sujatha Rao for the position of the Chair. This was seconded by other members and she was elected as the Chair of the new CCM. Swami Shantamananda, Secretary, Ramakrishna Mission nominated Mr. Manohar Elavarthi, General Secretary, Suraksha for the position of the Vice Chair. This was seconded by other members and he was elected as the Vice Chair of the new CCM. For the member Secretary's position, it was proposed by the Chair to have JS NACO, Ms. Aradhana Johri as the Member Secretary for the CCM. It was also proposed that Secretary & DG NACO, Mr. K. Chandramouli continues to represent India at the GFATM Board meetings. This was agreed upon by the CCM members.

Agenda Item No. 2: Announcement and discussion of the GFATM Board approved proposals for Round 9 and HIV RCC Round 4 & 6 with TRP clarifications.

Ms. Sujatha Rao, Secretary Health, informed CCM about the GFATM Board approvals on Round 9 and RCC 4&6. She appreciated all the hardwork that had gone into putting together the proposals by all the three program divisions and the Principal Recipients whereby all the actors came together, putting behind their personal goals for the collective good. She also congratulated the CCM for having obtained 1.4 bn US\$ funding for India in 2009.

Agenda Item No. 3: Presentation and discussion of GFATM Board decisions on new Grant architecture, Round 10 and efficiency gains. Mr. Taufique Rahman, South & West Asia Team Leader, the Global Fund.

Mr. Rahman made a presentation on the new Grant architecture. He mentioned that over the years, The Global Fund architecture was proving to be complex and difficult to scale up. Hence architecture review was undertaken to simplify the funding mechanism which would contribute to improved alignment and harmonization. The multiplicity of grants for the same PR with multiple budgets, different timeliness and indicators was hampering growth. Hence new architecture was being proposed to have a single stream of funding per PR, per disease with simplified and streamlined access to funding. This would entail program-based reviews which mean simultaneous review of all the PRs. Through a program-based approach, it proposes to strengthen performance-based funding model further.

In the new architecture, for the new grants, funding agreements for up to three years would be signed. An assessment after three years would decide future funding of a grant. This would give the PRs more time between mid-term review and start of the next funding cycle. CCMs could choose timing of commitment and review cycles. Mr. Rahman elucidated the example of Nepal where the existing grants were combined with National Strategy Applications for a single stream program and received an approval for three + three years.

The new periodic review policy would be phased into the portfolio, starting 2011. The grant consolidation could be facilitated through new requests for funding. This was Voluntary with Round 10, but required with Round 11.

This single stream of funding model proposed under the new grant architecture does not change the existing policy on Dual Track Financing (DTF). Also the GFATM recommendation that countries propose at least one government and at least one non-government PR would continue. As, the single stream of funding model is per PR per disease, CCMs would have an enhanced oversight and governance role in the new architecture where there will be more meaningful engagement of CCMs at the time of proposal submission and reviews. CCMs would need to ensure that all PRs in a disease area have their periodic performance reviews conducted at the same time. CCM would also need to present requests for new funding in a manner that shows the totality of all the GFATM funding that is being requested for a disease area in that country, including funds already approved for existing PRs.

The intention was to give everyone (CCMs, PRs, the Secretariat, etc.) a more holistic picture of the impact, the disease funding is having in a country. For Round 9 grant signings, CCM and PRs would need to collaborate with GFATM Fund Portfolio Manager to determine whether Round 9 approved proposal is a good candidate for consolidation. Thereafter, consolidated budgets, workplans, review cycles would need to be worked upon for grant signing. Also for Round 10 proposal preparation, consolidated application for funding (voluntary for Round 10) could be undertaken in the resource planning discussions. For Round 10 and later proposal preparation, CCMs would consult with in-country stakeholders (PRs, SRs, technical partners, donors) to agree upon review and commitment cycles for new single streams of funding. There would be ongoing consolidation and alignment. In case of multiple grants per PR or multiple PRs per disease, the CCM would need to work out the timelines and processes to incorporate features of the new architecture (aligned performance frameworks, aligned performance reviews, single streams of funding per PR) either now or in the future. A lot of countries have multiple PRs with different stages of Grant life cycles, varied reporting periods across different Rounds. CCM would need to assess the gaps for the country across the existing Programs and apply for new funding based on these objectives.

Discussion:

Dr. Subhashree Raghavan, President SAATHII requested Mr. Rahman to organize a workshop for all the three diseases programs in the country. Mr. Rahman agreed to organise a workshop in June. Dr. Raghavan pointed out that we should not wait until June to organise this workshop, and suggested to have a joint meeting for all the PRs across all the Rounds.

H.E. Jerome Bonnafont, The French Ambassador supported the idea of organising the workshop as it was important to have the resources and capabilities to achieve the Millennium Development Goals by 2015. Mr. Rahman mentioned that an international management team will be helping the countries in this process. Mr. Rahman stressed that CCM will have to address the role of the PRs, whether the PRs should continue and whether new PRs need to come into the new Rounds. He also mentioned that CCM needs to bring out the efficiencies.

Secretary Health, Ms. Sujatha Rao mentioned that the CCM will have to be mindful of overcoming the challenge of having one list of indicators for all the programs. As the new architecture requires having only one Program per PR.

Prof Charles Gilks, UCC UNAIDS mentioned that the oversight role of CCM would need to be clearly conceived and implemented with the new architecture.

Ms. Aradhana Johri, JS NACO questioned the process that would be followed for evaluation if for one PR, there were various programs across Rounds and one program was not performing as well as the others.

Mr. K. Chandramouli, Secretary & DG NACO, DAC clarified that in the new architecture, all components of the various programs will be integrated and may not necessarily be linked to their individual performances. He also pointed out that Round wise auditing would not exist.

Ms. Kerry Pelzman, Director USAID suggested that there should be one LFA per country and that oversight should be combined with Joint Monitoring Missions of the three diseases.

Dr. Subhashree Raghavan, President SAATHII mentioned that the role of LFA was unclear and needs to be defined clearly during the shift from the old to new architecture.

Agenda Item No. 4: Proposed India CCM budget Feb 2010- Jan 2011, Ms. Komal Khanna, India CCM Coordinator

Ms. Komal Khanna presented The CCM budget for this year. She explained that the last year's budget ended in Oct 2009 and thereafter GFATM gave a budget extension till Jan 2010.

Hence a new budget was being proposed for Feb 2010- Jan 2011 which needs CCM's endorsement as per The Global Fund guidelines. The presentation focussed on the CCM Secretariat's work plan and accordingly the requirements for the budget items. As the CCM had expanded from 33 members to 40 members and also the number of PRs in the GFTAM projects had increased to 13, CCM Secretariat requested for a higher budget this year. The budget was primarily divided into 6 broad categories. The first category were the salaries of the CCM Secretariat staff. CCM Secretariat has two staff members i.e. a Coordinator and a Communication Officer. There was a requirement of two additional staff members for Program Officer and an Administration assistant to manage the increased workload. They were proposed to be recruited by March. The second category of expense was the office

