

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 9th Jan 2009

The meeting of the India Country Coordinating Mechanism (India CCM) was held at 3.00 p.m., on 9th Jan 2009 at Ministry of Health, Nirman Bhawan, New Delhi. A list of India CCM members and invitees present at the meeting is annexed (Annexure-I). The meeting was chaired by Shri Naresh Dayal, Secretary, Health & Family, Welfare, Government of India and Chair of the CCM. He presided over the meeting until 4.30 pm when Mr. K.K Abraham, President of the INP+ and Vice Chair of the CCM took over from him. The Chair requested Ms. K. Sujatha Rao, Special Secretary and Director General NACO to brief the members on the agenda items. She welcomed all the members and gave an overview of the meeting Agenda.

Agenda Item No. 1: Finalization and Endorsement of Minutes of the India CCM Meeting held on 17th October 2008.

Shri Naresh Dayal, Chair of the I-CCM initiated the discussion by seeking comments if any, on the minutes of the meeting held on 17 October 2008; the draft had already been shared with all the members. **As there were no comments, the minutes were endorsed.**

Agenda Item No. 4: Endorsement of RCC Bridge funding proposal for Round 2 for HIV/AIDS (IDA – 202 – GO2 – H).

Discussion

Dr Suresh Mohammad, NPO, ICTC, NACO presented the achievements of the Round 2 grant. The project was started in 2004 and would end in April 2009. To maintain the activities in 2009, till the next phase of the proposal is developed and starts from Jan 2010, endorsement was sought from the CCM to submit a Bridge funding proposal for the interim period of 8 months from May-Dec 2009 for 16.5 mn US \$. The bridge funding will enable the continuity of the project to provide PPTCT services to pregnant women through a network of ICTCs in 6 high prevalence states, pediatric care for children infected by HIV by establishing centres of excellence and providing ART to PLHIVs. The bridge funding will be a part of the NACP III. SS & DG shared a concern on the overall program sustainability of the Round 2 activities at the current scale, at which the program is being implemented and mentioned that the team is working with UNICEF so as to develop strategies in coordination with NRHM.

Decision

The CCM unanimously endorsed the RCC Bridge funding proposal for Round 2 for HIV/AIDS (IDA – 202 – GO2 – H).

Agenda Item No. 2: Action plan for resubmission of Round 8 proposal for Round 9

Discussion

SS & DG informed that at the GFATM Board meeting in November 2008, Round 10 could not be announced due to shortage of resources and the past commitments on the earlier allotted grants. She also stated that the India proposal was too large and unwieldy. DG reiterated that even if one component was inconsistent, the entire proposal gets rejected.

She also stated that with the current economic scenario, a request of 750 mn US\$ could be considered high. Hence, she suggested that careful planning needs to be undertaken. She invited the PRs to briefly present their proposals. The Chair stressed that each component must be addressed carefully and the proposal should be compliant with NACP III.

Mr. Luke Sampson from Sharan presented the IDU component for building capacity and quality of Harm Reduction Services for IDUs with a budget of 33 mn US \$. Mr. Alexander Matheou from India HIV/AIDS Alliance presented the case for strengthening the community systems for MSM, Hijra and Transgender communities. A budget of 31 mn US \$ was tabled. Ms. Indrani Gupta from Ministry of Labour mentioned that they will rework on their component for the informal labour sector.

USAID commented that there was a need to remove all the internal inconsistencies from the proposal. They also asked for guidance on the final budget for the proposal which should be put together by April so that corrections could be made well in time. SAATHI proposed a technical subcommittee to get the PRs together to move forward on the resubmission.

Dr. Chauhan, DDG TB gave a brief on their proposal and stressed on coordination between the two PRs to strengthen the proposal.

UNAIDS inquired about the CCM guidance on the budget reduction required in the resubmitted proposal. The Chair mentioned that keeping in mind the global downturn, the budget should be between 350-400 mn US \$ and stated that an overall cut of 40% should be made in the budget. The remaining amount could be phased out over the next 3 Rounds. He also mentioned that we should see whether all the components of the proposal were required, if not, 1-2 components could be sacrificed.

Decision

The Chair agreed that a technical subcommittee for the resubmission should be formed and the CCM members were invited to volunteer for the technical subcommittee to review all the three components of the proposal related to HIV/AIDS, TB and Malaria. It was also suggested that the PRs should cut management costs by making three scenarios with 10%, 15% and 20% budget cuts in the resubmission.

Agenda Item No.3: Presentation by PFI for Grant Assessment for RCC qualification of the grant IDA- 405-G05-H Round 4, Phase – 2

Discussion:

Dr. Mary Verghese, Project Director, PFI, made a brief presentation on the ACT program led by PFI in 6 high prevalence states in coordination with NACO which is in its 2nd phase of implementation ending in Mar 2010. She stated that till Sep 2008, the grant performance has been successively rated “A” by The Global Fund. She shared the targets vs. achievements where they have provided care and support to 133% more no. of PLHIVs than the anticipated number. Also significant improvement was made in care and acceptability of PLHIVs in the communities. Free ART has been made available in the 6 high prevalence states. Integration with NRHM to ensure sustainability at policy level is being undertaken and capacity of CBOs has been enhanced.

SS& DG mentioned that the achievement indicators were of the total NACO project. It was necessary that the information on impact and outcome indicators specific to this project should be provided. There was also a discussion on the role of the Counsellors being placed in the ART centres supported through this grant. SS & DG stated that based on a recent assessment undertaken by NACO, it was found that people who test HIV positive were found to be reaching the ART centres late; drop out rates continued to be high calling for drug adherence and patient literacy amongst the PLHAs. For this reason, SS& DG reiterated the request made to PFI over a year ago to either relocate or ensure that the TCC counsellors at the ART centres take up and focus more on regular home visits and patient literacy among district level networks. The representative of PFI stated that this was not possible. As per their agreement with The Global Fund, counsellors had to be located within the ART centers. It was felt that this matter could then be reviewed as interventions of all the programs being implemented should be complimentary and not duplicate efforts.

Decision:

The CCM approved the PFI’s proposal related to Grant assessment for RCC qualification to be sent to The Global Fund for their consideration.

Agenda Item 5: Presentation followed by discussion on the India- CCM elections to be held in March 2009.

Ms. Komal Khanna, the Country Coordinator of the India CCM made a presentation on the CCM election processes. She shared that the term of the present CCM members is ending in March 2009 and the new CCM is to be re-constituted by April 2009. In response to the request raised in the last CCM meeting on 17th Oct. 2008, UNAIDS had commissioned a study and a strategic paper was shared with the CCM members by e-mail for their inputs. Also, comments on the Civil Society Election process were sought through the Solution Exchange e-forum, which brought in inputs from the Civil Society members.

The presentation started with a discussion on the increase in the number of CCM seats from 33 to 39 and as per the revised ToR, there was scope to increase the number of CCM seats to 40 members.

Constituency wise discussions followed.

Constituency No.1: For the Central Government Constituency, eight seats are allotted. Of the eight seats, five seats were allotted for members from the Ministry of Health and Family Welfare. The selection procedure for the MoHFW seats in the earlier rounds was that Secretary Health (MoHFW) nominates four members. The CCM endorsed that the same selection procedure to be continued for the MoHFW members.

Three other Central Government Ministries that were represented on the CCM were - Ministry of Defence; Ministry of Finance; and Ministry of Women and Child Development. A concern was raised on the low interest and participation levels of these three ministries. Suggestions were made that opportunities be given to other ministries that would benefit from being part of the CCM. It was agreed that the CCM should be represented by Ministries that would be interested to participate in the CCM and would benefit from the GFATM. It was also decided that all the potential ministries that could be stakeholders on the GFATM do not have to be voting members on the CCM but could be special invitees to the CCM meetings where decisions related to any specific ministries area of work is taken up.

SAATHI suggested inviting the Ministry of Women and Child Development. However, the challenges faced on engaging with this Ministry were discussed and it was decided that this Ministry be dropped from the CCM. Dr Chauhan mentioned that Ministry of Railways was a potential Ministry to be represented on the CCM as they are a large employer and have an effective health service delivery system. The Ministry of Panchayati Raj was also mentioned to be a potential Ministry.

Decision: The CCM endorsed the following seats for (1 seat) The Ministry of Labour and (1 seat) The Ministry of Tribal Affairs or Ministry of Development of North Eastern Region (one amongst these) and thirdly (1 seat) for Ministry of Railways or Ministry of Panchayati Raj be invited to be represented on the CCM. Decision taken was that 'letters of invitation' which clearly explain the GFATM with the roles and responsibilities of the CCM members to be sent to the above mentioned Ministries. The Ministry which shows interest and responds within the stipulated time of two weeks be taken in as a voting member on the CCM. The Ministry of Finance and Ministry of Defence will be provided the opportunity to be special invitees on the CCM.

Constituency No. 2 : Govt of States and UTs.

For this constituency, regional representation is made from five selected States/ Union Territories. The selection process followed for the previous rounds was that the Country is divided into five regions and the state/UT in the region next in line (alphabetically) in each of the five regions would be conveying their nominee for representation of the region at the CCM. The challenge was the low level of participation on the CCM.

Possibilities for improving the participation of the State Governments in the CCM were discussed. The limitation found was the rotation system of states, as this does not bring in the states of priority, which have a high burden of HIV, Tuberculosis or Malaria. It was shared that states that have benefited from the GFATM grants, especially where projects supported by the GFATM are being implemented should be invited to be CCM members. Another challenge was that the State Governments mostly nominated their Health Secretarys to represent their region on the CCM and the Health Secretarys find it difficult to leave their State to participate in the CCM meetings.

Decision: Instead of seeking representation of Health Secretarys, the Managing Directors of the NRHM would be nominated to the CCM from the five States. The CCM decided that the States from the five regions to be represented include: Assam (North- East Region), Orissa (Eastern Region), Uttar Pradesh (Northern Region), Maharashtra (Western Region) and Karnataka (Southern Region).

Constituency No. 3: Academic and Research Institutions

For this constituency, five seats were allotted. The selection process followed was that a Search Committee comprising of Director General ICMR–Chair, Public Health Administrator, WHO India – Member, Deputy Director General (Medical), DGHS, Secretary Health-Member and others; identified the organizations from a list of premium institutions in the Country to be represented on the CCM. However, the challenge was that the participation of the selected representatives from the Academic and Research Constituency was found to be low.

The CCM members agreed that the organizations identified by the Search Committee were the best in the country, but this would not ensure their participation. NIMR shared that the Heads of Institutions are generally tied down to their day-to-day institutional management work and find it difficult to participate in meetings called at short-notice. She suggested that the nominated person does not have to be the head of the institute but someone who is a subject expert. Discussions also touched upon the value addition expected from Academic and Research Institutes on the CCM. It was envisaged that the selected agency should have programmatic experience and members from this constituency contribute in the proposal development processes by providing technical inputs. They could also be seen as playing the role of the TRP.

Decision: Categorization of the five seats were done as follows: (1 seat) for a research/ academic institute working in the area of Malaria; (1 seat) for a research/ academic institute working in the area of Tuberculosis; (1 seat) for a research/ academic institute working in the area of HIV/AIDS; (1 seat) for a research/ academic institute with expertise in the area of Health System Strengthening; and (1 seat) for a research/ academic institute with expertise in gender. It was decided that the Program Divisions would identify and write (alongwith TORs for CCM members) to the different agencies. The responses received thereafter would be shared and a joint decision taken in the following CCM meetings.

Constituency No. 4: Civil Society Organizations

The proposed election process was discussed and an Action Plan was shared. SS & DG requested more clarity on Global Funds position on whether a PR can be represented as a voting member on the CCM.

The key challenge identified was increasing the size of the electorate as only 600 CSO's participated in the earlier election process. The suggestion of state level consultations was discussed in detail and it was found to be a difficult task as covering all the states in a short span of three months would not be feasible. Also limiting the state-level consultations to only 15 high prevalence states, would be unjust to the other states. The large costs involved when planning state level consultations was seen as another key constraint.

Dr. Shubha Raghavan sought clarity on how the 8 members would be selected. It was clarified that when an agency registers to be part of the CCM election process, there would be

lead questions asking for ‘what is the priority area of work ?’ and for which constituency of the eight seats the agency would want to vote.

Each CSO would be given a chance to cast only one vote. The organizational profile of each candidate standing for election could be put up on the website so that the voters get to know more about the election candidates and their contribution in the area for which they seek to represent the CSOs.

Discussions were also undertaken on the eligibility criteria for the NGOs which was Rs. 50 lacs in 2006 and brought down to Rs. 5 lacs in 2007.

Decision: An election committee was formed from within the CCM members which include: USAID, UNAIDS and UNFPA. The suggested approach to reach out to the CSOs include: advertisements in state/ district/ vernacular dailies, reaching out to the e-forum members and tapping into existing data bases of NIC, NRHM, NACO, Bi-laterals, NGOs and others.

It was decided that the election process would be outsourced to a neutral agency for conducting the elections electronically. Agencies would be invited and requested to send their expressions of interest. The CCM would decide on the requested budget following appropriate procurement practices, where one agency would be short-listed to carry-out this task. It was also decided that the eligibility criteria for NGOs standing for elections would be Rs. 25 lacs of Program disbursement over 3 years. It was also agreed that the CCM Secretariat would examine the guidelines issued by The Global Fund regarding matters related to the selection/formation of CCM membership including conflicts of interest and brief the CCM members at the next meeting.

Constituency No. 5: Private Sector

The seats allotted for the private sector include: (1 seat) representative from the Business Association, (2seats) from two corporate companies, (1 seat) one Professional Association and (1 seat) Association of Medical Practitioners. The number of seats have been increased from three positions to five positions.

The key constraint faced was that the Business Association seats could not be filled in the last election. The CCM deliberated on different selection approaches for getting the private sector to participate in the CCM.

Decision: The process of getting the business associations to select one amongst them to represent the sector on the CCM did not work earlier. Hence, it was decided that the three business associations CII, FICCI & ASSOCHAM should be requested to conduct an open election process to select one corporate company each amongst their member companies. This corporate should be doing work in the areas of HIV, TB or Malaria. The process of selection followed should be shared by the business association with the CCM. So, it was envisaged that there will be three corporate companies representing the private business sector on the CCM. The remaining two private sector seats should be allotted to the private Health Sector. One seat was to be for the clinical practitioners association and the other was for the Public Health Association.

Constituency No. 6: PLWD

Discussion was undertaken for the 3 CCM seats for People living/ affected with diseases constituency. One seat for each of the disease component was allotted as per the revised ToR to this constituency. The challenge was how to identify and select people who are living/ affected with malaria and TB.

Decision: It was decided that the CCM still continues with the three seats. The Program divisions of TB and malaria would identify people from the affected communities. For TB, it was easier to identify a person who has been treated and is currently volunteering as a DOTS provider. It was decided that a CCM sub-committee would select a representative from CV's obtained. For representation of malaria, it was decided that a representative of people affected from the high malaria endemic regions could be identified. The representative could be from a CSO from the region. The malaria programme division was requested to work on the selection criteria and ensure representation from this sector.

Constituency No. 7: Multilaterals and Bilaterals

For the multi-lateral/bi-lateral sector constituency, the number of seats allotted was reduced from seven to five. Multi-lateral organizations had four seats and the bi-laterals were allotted two seats. Bi-laterals requested for increase of the number of seats being allotted from two to three as they have been proactive in participating in the CCM. Also the bi-laterals have been contributing resources to the GFATM from their HQs. The EU is emerging as a large bi-lateral in India. From the multi-laterals, WHO had a special standing in the health sector so needs to be represented in the CCM. It was suggested that World Bank could opt out and be a special invitee at the CCM.

Decision: Decision was taken on 3 seats for bilaterals and 3 seats for multilaterals. One seat to be increased for the bi-laterals but this would be possible only if one of the seats allotted to the multi-lateral sector was reduced. The members from the multi-lateral sector said that they would work out their representation amongst themselves based on the three seats allotted and would get back by the next CCM meeting.

A mention was made of the new revamped CCM website to be launched on 15th Jan which was supported by GTZ.

The co-chair thanked the members for their participation and the meeting came to a close.

ANNEXURE - I

List of CCM Members present in the meeting:

1. Mr. Naresh Dayal, Secretary, Health & Family Welfare, MoH&FW, Govt. of India, India-CCM Chair
2. Ms. K. Sujatha Rao, SS & DG (NACO), MoH&FW, Govt. of India
3. Dr. R.S. Shukla ,Joint Secretary, Ministry of Health and Family Welfare
4. Dr. Charles Gilks,UCC,UNAIDS and Ms. Asa Andersson,Officer in charge,UNAIDS
5. Dr. Rakesh Chaudhary,Haryana SACS/APD and Mr. P.L Bagari,Haryana SACS
6. Dr. Vandana. P. Bhatia, National Programme Officer (HIV/AIDS) UNFPA and Dr. Marc Derveeuw, Representative, UNFPA
7. Ms. Kerry Pelzman,Director, USAID and Ms. Janet Hayman,Coordinator, USAID
8. Ms. Sabina Bindra Barnes, Human Development Advisor,DFID
9. Mr. K K Abraham, General Secretary, Indian Network of People Living with HIV/AIDS, India-CCM Vice Chair
10. Dr. Sai Subhasree Raghavan, President, Solidarity and Action Against the HIV Infection in India,SAATHII
11. Mr. Amalavalan, Christian Council for Rural Development and Research (CCOORR)
12. Mr. John George, Director,German Leprosy & TB Relief Association
13. Dr. Kumudha Aruldas, Additional Director and Dr Mary Verghese Population Foundation of India.
14. Dr. Neena Valecha, Deputy Director, NIMR
15. Dr. Ivonne Camaroni ,UNICEF
16. Ms. Anne Bossuyt, Human Development Specialist, World Bank
17. Ms. Kavita Chandok Country Director and Dr Purohit, I-TECH

List of Members not present in the meeting:

1. Mr. R.K. Srivastava, Director General of Health Services, MoH&FW, Govt. of India
2. Mr. Madhusudan Prasad, Joint Secretary (FB), Ministry of Finance, Department of Economic Affairs, Govt. of India
3. Lt. General Yogender Singh, Director General, Armed Forces Medical Services, Ministry of Defence, Govt. of India
4. Mr. Anshu Prakash, Secretary, Health & Family Welfare ,Govt. of Arunachal Pradesh
5. Mr. Vishwakarma, Secretary, Health & Family Welfare, Govt. of Chattisgarh
6. Mr Madan Gopal, Principal Secretary, Health & Family Welfare, Govt. of Karnataka
7. Mr. Naved Masood, Additional Secretary & Financial Adviser, MoHFW
8. Dr. V. Kumaraswami , Director, Tuberculosis Research Centre (TRC)
9. Dr. K. R. Thankappan, Professor, Achutha Menon Centre for Health Science Studies (AMCHSS)
10. Mrs. Manjula Krishan, Economic Adviser and Joint Secretary, Department of women and child development.
11. Mr. Anand Prakash, Development Commissioner & Secretary, Health and Family Welfare- Goa-Secretariat
12. Dr. S.D. Gupta, Director, Indian Institute of Health Management and Research (IIHMR), Jaipur.
13. Mr. F.Stephen, Executive Director, SEARCH
14. Dr. Zeenat. N, Chairperson, SPYM
15. Dr. Madhumita Dobe, Secretary General, IPHA
16. Dr. Salim J. Habayeb, WR (India), WHO

List of Invitees

Permanent Invitees present in the meeting

1. Dr. L.S. Chauhan, DDG (TB) MoH&FW, Govt. of India
2. Dr. G.P. S. Dhillon, Director, Directorate of National Vector Borne Diseases Control Programme (NVBDCP, MoH&FW, Govt. of India)

Special Invitees present in the meeting

1. Mr. Alexander Matheou-Country Director and Mr Rajan Mani, Director (Finance & Administration), India HIV/AIDS Alliance

Additional Participants

1. Dr.G. S .Sonal, Joint Director, NVBDCP
2. Dr. Geetanjali, RNTCP consultant
3. Ms. Neeta Vinay, National Program Officer, Donor Coordination, NACO
4. Dr. Vineet Bhatia, Consultant,IUALTD
5. Dr. Gunasekhar, NPO (Malaria and VBD), WHO India
6. Dr. Suresh Mohammad, NPO, NACO
7. Dr. Santosh Mathew,Executive Director, EHA
8. Dr. Prabha Arora, NVBDCP
9. Fr. Fredrick D'Souza, CARITAS INDIA
10. Mr. Rody Gangte, CARITAS INDIA
11. Dr. John Tharakan ,CARITAS INDIA
12. Mr. S Vijaykumar, PFI
13. Mr. S Mohanty ,PFI
14. Mr. Luke Lanson ,SHARAN
15. Mr .Manjunath, ILO
16. Ms. Indrani, ILO