

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 April 2009

The meeting of the India Country Coordinating Mechanism (India CCM) was held at 4.00 p.m. on 27th Apr 2009 at Ministry of Health & Family Welfare, 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 India-CCM. He presided over the meeting until 6.00 p.m. when Mr. Abraham, General Secretary, INP+, India-CCM Vice Chair took over from him. The Chair requested Ms. K. Sujatha Rao, 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. Reconstitution of the new India CCM for 2009-2011.

Ms. Komal Khanna, India CCM Coordinator presented the status on the 40 seats of the proposed elected and selected members of The India CCM for a discussion and decision on the same by The India CCM.

At the 9th Jan CCM meeting a framework for the selection & election of CCM members was outlined. This was based on a study commissioned for the reconstitution by UNAIDS in Dec. 2008. An election Sub committee was formed of UNAIDS, USAID & UNFPA in February 2009.

The guiding principles of the reconstitution was to have members selected by their own constituency. The process was to be documented, open and inclusive with clear selection criteria developed and followed. The GFATM mandate of Govt representation not to exceed 40 % and non Government representation to be at least 40 % was followed. India CCM of 2007-2009 had 33 members while it was proposed to have 40 members for 2009-2011.

I Constituency No.1: Government-

Central Government had 8 seats assigned with 5 seats from Ministry of Health & Family Welfare. The selection process followed was that MoHFW Secretary (Health) nominated four other members from MoHFW. The nominations were Secretary & DG NACO, Ms. K. Sujatha Rao (1 seat), DGHS, MOHFW, Dr. R.K. Srivastava (1 seat), AS & FA MOHFW, Shri. Naved Masood (1 seat), JS NACO, Ms. Aradhana Johri (1 seat). They have all accepted the nomination. This was endorsed by the CCM.

II Constituency No.1 Government- Central (Other Ministries)

Five Ministries were invited for 3 seats and letters of invitation were sent to the below mentioned Ministries. The allocation of seats was (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. Shri S.K. Srivastava, JS, Ministry of Labour had accepted the invitation. For the second seat, Shri Rajendra Mishra JS, Ministry of NE Region had accepted the invitation and Ministry of Tribal Affairs had sent verbal confirmation. For the third seat, the Ministry of Railways had given verbal acceptance to be a member on the CCM, while there was no response from Ministry of Panchayati Raj. For special invitees, The Ministry of Finance had accepted while response was awaited from Ministry of Defence. Based on the written confirmation by Ministry of Tribal Affairs, It was decided to take the Ministry of NE and Ministry of Tribal Affairs alongwith Ministry of Labour for the three seats.

III Constituency No. 2: Govt of States and UTs.

It was decided that instead of representation of Health Secretaries, the Mission Directors of the NRHM would be invited to be part of the India CCM from the five States. The CCM decided that the States from the five regions to be represented would be: Assam (North- East Region), Orissa (Eastern Region), Uttar Pradesh (Northern Region), Maharashtra (Western Region) and Karnataka (Southern Region). Confirmations were received from Mission Directors of UP- Shri Chanchal Kumar Tewary and Maharashtra -Shri Madhukar S. Chaudhari. Response was awaited from the Mission Directors of Assam-Dr. J. B Ekka, Orissa-Shri G. Mathivathanan and Karnataka-Shri Nilaya Mitash. This was endorsed by the CCM.

IV Constituency No. 3: Academic and Research Institutions :

For the academic, educational and research institutions constituency, 5 seats were allotted. For research/ academic institutes, members were designated as follows: (1 seat) for Malaria; (1 seat) for Tuberculosis; (1 seat) for HIV/AIDS; (1 seat) for Health System Strengthening; and (1 seat) for Gender.

For each of the three diseases, each of the program divisions had identified and written to the institutions working in the sector and recommended their nominations to the India-CCM. For Health System Strengthening Dr. Habayeb, WR , WHO and for Gender institutes, UNIFEM had recommended the nominations.

For HIV/AIDS: The recommendations were Dr. S. Paranjape (NARI)/ Dr. Rajesh Kumar (PGIMER)/ Dr. Nandan (NIHFW). Dr. S. Paranjape Director, National Aids Research Institute (NARI) was selected for this seat.

For TB, the recommendations were Dr. Behera (LRS)/ Dr. Kumaraswami (TRC). Dr. Behera (LRS) was selected for this seat.

For Malaria the recommendations were Dr. Dhiman (NIMR)/ Dr. Mahanta (RMRC)/ Dr. Jannulingam (VCRC). Dr. Dhiman, NIMR was reselected for this seat.

For Health System Strengthening, the recommendations from WHO were Prof. Reddy (FHI) and Dr. Muliya Community Health Deptt. (CMC). It was decided to select CMC for their grassroots experience and practical knowledge in Health Systems Strengthening. For the next term, PHFI could be considered as they would have gathered more experience by then.

For Gender, the recommendations from UNIFEM were Dr. Ravi Verma (ICRW) and Ms. Ramachandran (ERU). It was suggested to have a wider list of Institutes working in Gender alongwith CVs of the representatives before the next CCM meeting.

V Constituency No. 4: Private Sector

The Private sector constituency of The India CCM had 5 seats allocated. The three business associations CII, FICCI & ASSOCHAM were requested to conduct an open selection process to select one corporate company each amongst their member companies. Each of the business Associations selected one Corporate each, which fulfilled a minimum eligibility criteria for their work in the areas of HIV, TB or Malaria.

The recommendations were CII -Ms. Yashashree Gurjar Ballarpur Industries Ltd (BILT), FICCI- Ms. Harshita Pande, Apollo Tyres Limited, ASSOCHAM-Mr. Sandeep Banerjee Accor Services India. It was suggested that letters to be written to the three federations to nominate organisations which were in the Health care industry as the proposed organisations seemed to have limited experience in workplace interventions.

The remaining two private sector seats were allocated for the Private Sector Foundation and The Clinical Practitioners Association. For the Private Sector Foundation, CCM Secretariat invited 6 Foundations Mr. Alexander (BMGF), Mr. Talwar (Clinton Foundation), Mr. Cuthino (Packard Foundation), Mr. Nanda (PFI), Mr. Solnick (Ford Foundation)and Ms. Poonam Mutreja (Mc Arther Foundation). CCM received Expressions of Interest from 3 Foundations i.e. BMGF,Clinton foundation and PFI. It was decided to review this seat and invite Private Sector Foundations of Indian origin for this seat instead of international organizations.

For Clinical Practitioners Associations, nominations were received from TB division (RNTCP) for Indian Medical Association (IMA) and two nominations from NACO for Indian Academy of Paediatrics (IAP) and Association of Physicians (API). IAP was selected for this seat to bring in the child care perspective on CCM.

VI Constituency No. 6: PLWD

The PLWD constituency had 3 seats allotted, with each seat representing each of the disease component i.e HIV, TB and Malaria.

For HIV/AIDS, the constituency elected 1 representative through an open election of 22 networks of PLHIVs on 23rd Mar, 2009.

For TB and Malaria, The Program divisions identified people from the affected communities and made their recommendation. The subcommittee recommended Mr. Nirod Kumar Bhuyan due to his grassroots work in Malaria sector. The CCM endorsed Mr. Bhuyan for the Malaria seat and Mr. Chakravorty for the TB seat.

VII Constituency No. 7: Multilaterals and Bilaterals

In this constituency the allotment was made for 3 seats for bilaterals and 3 seats for multilaterals. One seat was increased for the bi-laterals as The EU was emerging as a large bi-lateral in India. From the multi-laterals, WHO had a special standing in the health sector so needed to be represented in the CCM. It was suggested that World Bank could opt out and be a special invitee at the CCM.

The nominations from the bilaterals were DFID, Ms. Barnes, USAID, Ms. Pelzman, GTZ , Mr. Steinmann. Discussion was undertaken on the seat recommended for GTZ and it was suggested that the bilateral constituency rework the nomination of the third bilateral which had a larger involvement in the three diseases in India.

The nominations from the multilaterals were UNAIDS- Prof. Gilks, WHO- Dr. Habayeb, UN Resident Coordinator. This was endorsed by the CCM.

VIII Constituency No. 8: Civil Society Organizations

Work was undertaken to conduct elections for the eight seats allotted to the civil society since January.

A registration drive was initiated on the CCM website and over 3000 organisations were contacted. An election subcommittee comprising of UNAIDS, USAID & UNFPA was formed in January. In February, a plan of action was formulated where a TOR for an election Management Agency and the eligibility criteria for various subsectors were finalized by the sub committee. Thereafter 5 sub committee meetings had been organised through Feb-Apr for the roll out the election plan.. Around 10 Agencies were invited to bid for the election Management Agency and through a competitive bidding process, MAMTA was selected to conduct the Civil Society elections. An election for 8 seats was held on 7th, 8th, 9th April. The CSO election process for the CCM was managed by an independent agency (MAMTA) working in close coordination with The CCM Secretariat, duly supervised by the election subcommittee.

Mr. Pawan Varma and Ms. Francesca Barolo from MAMTA presented the process of implementation of the CSO elections.

In order to undertake a fair, transparent and open election process, an election website was launched with the url <http://www.indiaccm-elections.org.in> on 9th Mar 2009. All the election related information was available on the website i.e. election schedule, generic information on Election, Registration for elections, verified organisations list, eligibility criteria for contestants, voting nos. and voting process was put up on the website for the CSOs. Weblinks to the elections were carried on the NACO, RNTCP, NVBDCP websites alongwith all the 6 networks of MAMTA. Various helplines were put up, and telecalling was undertaken to mobilize CSOs to vote and contest for the elections.

Around 4000 CSOs were contacted to participate in elections out of which 1636 registered to vote for the elections. 547 registered to contest the elections out of which 102 organisations submitted their documents based on the eligibility criteria for each constituency.

Finally 32 candidates were found eligible to contest for 8 seats for HIV/AIDS, child development & rights, sexual minorities, gender, TB and Malaria seats on the India-CCM. There were 4 cases of reappeal out of which 1 i.e. SURAKSHA was found eligible to contest and the remaining were found ineligible. 567 organisations casted their votes electronically for these elections on 7th, 8th and 9th April 2009.

The winners for the various constituencies were as follows:

HIV/AIDS: India HIV/AIDS Alliance -63 votes

SAATHI – 53 votes

Tuberculosis : Swiss Emmaus Leprosy Relief Work India – 12 votes

Ramakrishna Mission – 12 votes

Malaria: Caritas India-14 votes

Gender: Society for Social Uplift Through Rural Action (SUTRA)-14 votes

Sexual Minorities: Suraksha WRHCP- 69 votes

Child Rights & Development: Vasavya Mahila Mandali- 52 votes

Although the results were to be announced on the website on the 13th Apr, CCM endorsement was necessary before their announcement. Hence the announcement of the results was delayed. The CCM endorsed the CSO results which were put up on the election website on 1st May 2009.

Agenda Item No. 5: Revision of physical targets and budget for Global Fund Round 6, Phase-2

Discussion:

Dr. Damodar Bachani, Dy. Director General, NACO made a brief presentation on the current status of GFATM Round 6 and the progress made till P6 (December 2008). Revised physical targets including number of adults and children receiving ART and no of facilities set up under Rd.6 were proposed to be revised. These were based on the progress made in phase-1 and current trends of enrolment of PLHA on ART. Prof. Charles Gilks, Country Coordinator, UNAIDS wanted to know the basis of reduction for target of no. of children on ART from 40,000 to 30,000. Dr. Bachani replied that the revised estimates were based on estimated no. of children with HIV, estimated number of children that may require ART and current trends of enrolment of children for ART. Prof. Gilks mentioned that as efforts were being made for early infant diagnosis, the number of children requiring ART may increase. Dr. Bachani replied that coverage under PPTCT programme was likely to increase and therefore the incidence of children infected with HIV was likely to decrease. However he mentioned that if the no. of children requiring ART exceeds 30,000, the programme will cover them.

Revised budget was mainly based on revised exchange (US\$ equivalent to INR 47.50 in place of INR 44.50) and reduction in cost of ARV drugs and other goods).

Decision:

After discussion, the CCM approved the revised physical targets and revised budget for GFATM Rd.6, phase-2 for years 3,4 and 5.

Agenda No. 6: Standardization of the exchange rate for future proposals.

Discussion:

Prof Gilks, UCC, UNAIDS raised the issue of standardization of the exchange rate for future proposals. It was been observed that USD conversion rate had shown wide fluctuations in the past years . As a consequence of these variations, it was felt that there would be a significant impact on the actual funds available (in INR) for the project activities. It was proposed that instead of taking the current conversion rate for approving the budget, an average of the conversion rates over the last two years may be taken.

Decision:

The decision was to go with the advice from the LFA on using USD 47.5 as the exchange rate. This would provide a cushion for the projects to fall upon in case of decrease in the dollar value.

Agenda Item No. 7 Discussion on Regional HIV Proposal- MSM & TG. Prof Gilks, UCC, UNAIDS

The South Asia MSM and AIDS network GFATM Regional HIV proposal which was rejected in Round 8 and was proposed to be submitted in Round 9 was discussed by Prof. Gilks.

It was felt that India CCM did not have adequate information in terms of what value addition to India's National Programs was this proposal making and how it was aligned with the same. Also the changes vis a vis the earlier proposal and the TRP comments on the earlier proposal

which was rejected was not available. The CCM wanted to know how have these been addressed in the proposal. Also India's role in this proposal was not clear. It was decided to ask Naz Foundation to submit a 1-2 page summary for the India CCM to revert on the proposal alongwith the above clarifications.

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

Shri Naresh Dayal
Secretary (Health)
Ministry of Health & Family Welfare

