India Country Coordination Mechanism – 81st Meeting

Subject: Minutes of 81st meeting of India CCM

Date (dd.mm.yy)	29-10-2020
Venue of the Meeting	Room no. 155-A ,1st Floor Committee Room, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi
Meeting started	4.00 PM
Meeting adjourned	5.30 PM
Meeting Chaired by	Sh.Rajesh Bhushan, Secretary (H)/Chair, India CCM
Total number of participants	44
Did the meeting attain quorum?	Yes
Did the meeting have any conflict of interest	No, Adequate measures to mitigate Conflict of Interest were taken during the meeting.
Meeting attendance	▪ Country Coordinating Mechanism (CCM) Member :19 (Physically Present: 03 and Virtually Present : 16 ▪ Alternate member :13 (Physically Present: 01 and Virtually Present : 12) ▪ Special Invitees : 12 (Physically Present: 09 and Virtually Present : 03
Attendance list	Yes, **Annexure-1**

81st meeting of India CCM was conducted through videoconference due to prevailing COVID-19 Epidemic and its mitigation measures.

<u>Agenda Item No.1:</u> Endorsement of minutes of 80th CCM meeting.

At the outset, **Focal Point, India CCM** sought consent regarding the endorsement of minutes of 80th CCM meeting held on 16th September 2020.

- **Mr. Sudeshwar Singh** proposed that like HIV, there needs to be a similar proposal for additional grant for TB.

- Responding to his query, **JS(GFATM)** responded that it is already included as a decision point in the minutes of the 80th CCM meeting held on 16th September 2020. He said that (TB) Communities had to do advocacy and work on a proposal and submit it to the Global Fund.

- **Focal Point India CCM** also responded by saying that the additional funding proposal for TB needs to be drafted by the TB Communities in consultation with Civil Society Organizations and KP Communities after due advocacy. It may then be submitted to the Global Fund subjected to the availability of funds.

- **Mr.Shridhar Pandey** also raised the issue of additional 10 million USD grant from Global

Fund for TB communities, as discussed in the last meeting and what are the steps being taken in this regard.

- **Chair, India CCM** responded that it has been clearly recorded in the minutes of the 80th India CCM Meeting that:
    1. The current available grant amount of 10mUSD may be entirely allocated to HIV KPs
    2. Since there is a need to address the additional needs of malaria and TB KPs, a separate proposal may be drafted seeking additional funding and be subsequently submitted to the Global Fund.

- **Focal Point India CCM** said that Communities may draft the proposal in consultation with CSOs and then presented before India CCM for approval. Upon this clarification the minutes of the 80th CCM meeting were "endorsed" by ICCM.

<u>Agenda item no. 2:</u> Endorsement of funding request proposal for additional USD 10 million grant from the Global Fund for mitigating Covid-19 impact for key populations by India CCM.

DDG (NACO) made a brief presentation on the funding request proposal for additional USD 10 million grant from the Global Fund for mitigating Covid-19 impact for key populations. He said that Communities had written to Global Fund and the Global Fund had asked NACO to prepare the funding request proposal (FRP). The FRP was then developed with due consultations with Communities, CSOs and selected PRs. The key points of the discussion are as follows:

- The proposal is an outcome of advocacy by the seven-key population networks to mitigate the impact of COVID-19 on key populations at risk for HIV.
- During the 80th India CCM meeting it was decided that NACO will develop the proposal with HIV key population; The grant will be allocated entirely to HIV KP networks.
- The proposal development and partner selection process was stated along with the inclusion and exclusion criteria of beneficiaries. Types of support and services within this grant are as given below:

S.No	Activity	Mode	Amount	KPs to be reached
1	**Direct Benefit Transfer** Cash support for intended beneficiary groups	• **Direct Cash support** through Nationalised bank transfer. • Payment of essential bills (e.g. rent, electricity bills, support for cooking, school fees etc).	Amount of support INR 1500/- per beneficiary one time	~4,36,999 **(90%)**
2	**Commodity distribution** of Food and non-food essentials	• Package of food and non-food essential will be provided to those KPs who cannot be reached. This will be facilitated by issue of pre-loaded cards of Nationalised Banks so that expenditure trail is available for audit.	Amount of support INR 1500/- equivalent value **commodity support** one time	~48,555 **(10%)** Selected IDUs and OVCs

- He further said that the two selected Principle Recipients (PRs) who would be implementing the grant would be SAATHII and India HIV AIDS Alliance IHAA.
- In the previous proposal 92% was allocated to beneficiaries and 8% was allocated as management cost. He said this has now been revised to 98.4% to beneficiaries and 1.6% for logistics and M&E.
- A grant project Oversight Committee may be formed consisting of members from bilateral agencies, Community networks, CSOs, any other stakeholders nominated by I-CCM. DDG (NACO) and Focal Point India CCM suggested Dr. Nandini Kapoor Dhingra (UNAIDS), Fr. Paul Moonjley (Malaria Constituency, Member India CCM), Dr. Neeraj Dhingra (Director, NVBDCP), Dr. Sangeeta Kaul (USAID), Dr. Raghavan Gopa Kumar (TB Constituency). ICCM accepted the nomination of these officials for Project Oversight Committee of KPs grant.
- The expected outcomes include mitigating the adverse impact of Covid 19, community empowerment and financial inclusion of KPs.

Discussion related to Agenda item no. 2: Endorsement of funding request proposal for additional USD 10 million grant from the Global Fund for mitigating Covid-19 impact for key populations.

- **Dr. Sunil Kumar, DGHS: S**uggested to enlist the possible adverse impacts of Covid 19 on HIV, which are to be mitigated.

- **In response, JS (GFATM),** said that addressing the adverse impacts would be the responsibility of the selected PRs. He further mentioned that, the communities have prepared grant. The project monitoring committee can add criterion and specific indicators. It is their responsibility to see that the money reaches to the right beneficiaries.

- AS (H), said that the proposed allocation per person is Rs. 1500/- only. Thus any adverse effect, may not be mitigated but it is just a way of a support for loss of livelihood to an extent.

- DGHS, suggested that we may not use the word Mitigation, and would rather use other alternative such as reducing, diluting, supporting or addressing the issue. Chair CCM expressed that it is matter of semantics and we may consider using the word "reducing" instead of "mitigating".

- Dr. Bilali Camara, UNAIDS, congratulated NACO, KPs and CSOs on behalf of UNAIDS, for working together in developing the proposal which is simple, human, dignified and people-centric. In addition, he also applauded the efforts and support given by Chair (ICCM), Vice-Chair (ICCM) and DDG (NACO).

- Ms. Kusum, credited coming together of communities, even during the time of adversities like COVID 19. She thanked the Communities, NACO and ICCM for support provided in developing the proposal.

- Mr. Moses Zofaka, representing the HIV KP, said that the collaboration between Civil societies, Government, and bilateral and multi-lateral agencies, is historic and can go down

as one of the best practices during the pandemic. He thanked the Chair, VCs, NACO DG, UNAIDS, and all CCM members for their support.

- Vice-Chair (ICCM), also thanked Chair (ICCM), NACO, and UNAIDS and Communities for their support and developing the funding request proposal.

Decision Point: ICCM endorsed the funding request proposal for KP Grant for Covid 19 response.

Agenda item no. 3 (a) To update CCM regarding TRP comments on HIV proposal submitted earlier & the response to these comments

DDG (NACO), made a presentation on the same and said that a the TRP had suggested 5 major issues in the funding request, which need to be addressed within the grant making process or the grant implementation period. The major issues and action taken are as below:

Issue 1: Unclear complementarily and referral mechanisms between proposed new initiatives and the existing HIV prevention, testing and treatment services.

Action taken:

1. NACP is carrying out:
    - A socio-demographic mapping
    - Case-based surveillance at specific ICTCs and ART
    - Cascade analysis - identify gaps in linkages.
2. Developing a tool to predict the adherence.
3. "**Sampoorna *Suraksh****a"* The operational plan developed and is in the process of approval.

Issue 2: Missed opportunities to optimize program quality and service delivery

Action taken:

1. The mapping for coverage and integration with NHM/ RMNCH-A program is being carried out by NACP. EMTCT program works closely with RMNCH, ICDS, social support programs the upcoming Athmanirbhar Swasth Bharat Yojana (ASBY), a primary healthcare strengthening initiative and existing NHM.
2. A coordination-NACP and NTEP has been established, State/UTs working on data completion, data validation and monitoring each PLHIV for provision of TPT. NACO will work towards identification of barriers in TPT coverage as well as completion rates and resolution of issues.

Issue 3: Need for more ambitious HIV treatment cascade targets aligned with NSP

Action taken:

1. Viral Load testing : VL/ Lab optimization plan is being made by incorporating 3 major components –
    - Develop linkages for spare capacity of CBNAAT machines
    - Develop linkages for transport of sample for ART Centres to Labs

- Introduction of Dried Blood Spot (DBS) for Sample for VL linkages

2. Based on the current COVID-19 situation, the viral load testing and optimization plan is being revised. While this is a real emergency, NACP is working on a contingent plan to address the challenges arising out of this unprecedented situation.

Issue 4: Governance complexity and high program costs resulting from proposed

Action taken:

1. Optimize the transaction and program management costs: By taking up with NG PRs the management cost has been brought down by nearly USD 5 million already and further reduction will be attempted during the process of Grant making.
2. Review the PR implementation arrangements: Five PRs were selected to optimally distribute the activities both programme component and geography wise. It has been duly deliberated with the PRs and no further reduction in nos. is feasible. This stance has been seconded by Vice Chair I-CCM and other CSO/community representatives.
3. Redirect any savings: All savings will be redirected for High Impact programmatic activities during the process Grant Making.

Issue 5: Insufficient attention to human rights- and gender-related barriers and lack of metrics to monitor progress

Action taken:

1. Develops outcome indicators **:** Indicators will be shared after discussion during grant implementation process
2. Planned comprehensive HIV legal environment assessment and HIV gender assessment:
   - A number of bill and legislations in support of rights of key population and PLHIVs
   - The national program follows a community centric approach in planning and implementation.
   - Community members are part of TRGs
   - NACO– Specific programs e.g. Cognizant of the special issues WPWIDs exclusive services to address their needs.
   - Treatment Care and support program offers grievance redressal mechanisms

<u>Discussions related to agenda item no. 3 (a) To update CCM regarding TRP comments on HIV proposal submitted earlier & the response to these comments:</u>

- **Dr. Sunil Kumar (DGHS):** Suggested a whether the management cost can be reduced further, to which the Focal Point ICCM, replied that it has been agreed in principle, and can be worked out collaboratively during the grant making phase. There is a difference between the management cost for Government and Non-Government organizations and since the Non-government organizations majorly depend on the funding, their management cost is generally higher.

- **Dr. Bilali Camara**, highlighted the following points regarding human rights and gender

components.

1. Striking down of sec. 377 by the Supreme Court of India.
2. The importance and criticality of HIV/AIDS Act
3. India being the first country to recognize transgender as 3rd Gender, which was followed by Germany
4. Gender Act
5. National transgender Council
6. National Human right commission which accepts sex workers as workers and have their rights.

- **Dr. Melissa Nyendak**: Appreciated NACO for initiating the evidence based structuring, index testing and social networking models and highlighted NACO's work in collaboration with EMTCT and NHM.

Agenda item no. 3 (b) To update CCM regarding TRP comments on TB proposal submitted earlier & the response to these comments

DDG (TB), while speaking about TB-TRP recommendation apprised the house that the TB-FR had proposed 5 NGPRs. The Global Fund recommended, reducing the number of NGPRs to a more manageable level. He said that after a series of consultations with the NGPRs since the ICCM had endorsed on the five NGPRs, in their previous meeting. He further added, since the selection of each NGPRS had been through a transparent process and had been endorsed and approved earlier by the ICCM, hence the program will now go forward with all the 5 NGPRs. He further highlighted the issues raised by the TRP review and the responses being proposed therein.

Issue 1: Governance complexity and high program management costs resulting from proposed implementation arrangements.

Action taken:

1. Central TB Division facilitated two meetings of Non-Government Principal Recipients (FIND, WJCF consortium, UNION, Plan India and REACH) to rationalize the existing Non-government PR implementation arrangements by trying to reduce the overall number of PRs and thus minimizing their program management cost.
2. The NGPRs held two separate deliberations to address the issue, but could not agree on an alternate PR implementation arrangement, citing that each one of them was selected through a transparent process by India CCM based on the strength and uniqueness of their proposal developed around the NSP driven thematic areas.
3. The CTD has reiterated the concern and advised the NGPRs to work out a possible, workable solution, acceptable to all.
4. All NGPRs will work with the Global Fund Country team and LFA to scrutinize, and optimize high program management costs and redirect savings for high priorities.

Issue 2: Prioritization of large scale surveys -District level Annual Survey (DLAS) and District Level Sentinel Survey (DLSS) rather than using operational research and routine programmatic data to inform programmatic interventions

Action taken:

1. CTD after having consulted with concern stakeholders decided that:
    - Proposed DLAS and DLSS would provide more accurate measures of tuberculosis burden at district level to plan targeted strategies and to validate sub national claims of TB elimination. The finding will supplement National TB Prevalence (2019-20).
    - Hence, it will be requested to retain three District Level Sentinel Surveys (DLSS) as proposed in FR.
    - Based on TRPs observation, DLAS in 50% of districts will be done in year 1, rest 50% districts in year 2 and repeat the same in subsequent years. Thus the overall, number of districts planned each year will be reduced to half.
2. NTEP will constitute a "Data Analysis Unit" (DAU) to deliberate and identify OR priority areas and develop proposals for the same with milestones and timelines The same will be submitted to the Global Fund subsequently. Some of the key priority areas are:
    - Impact of COVID preventive measures on TB transmission dynamics
    - Impact of dual stigma of TB and COVID in health seeking behavior
    - Long term follow up for 2 years after completion of treatment of patients on Shorter MDR/RR TB regimen to assess relapse and post treatment sequel
    - To understand the factors associated with unfavorable treatment outcome in DR-TB patients
    - Post treatment follow up of DSTB cases for two years to assess the post treatment sequel
    - Operational research to assess the extent of TB related stigma in community, workplaces and health care settings and its impact on TB prevention and care

Issue 3: High mortality, challenges in MDR TB care and unambitious MDR target setting

Action taken:

1. As per the suggestions from the concerned consultants and experts, CTD has decided to revise the target for MDR treatment outcome as 54%, 58% and 62% against the proposed target of 52%, 56% and 60% for the reporting period 2021, 2022 and 2023 respectively.
2. To better understand the root causes of unfavorable outcomes of DRTB treatment, a multi-centric mix model research study will be planned by the programme which will include interviews with the patients, stakeholders, experts etc.
3. The Country has already adopted policy of all oral regimens for MDR-TB treatment and plans to rapidly transition to all oral regimens as per the absorptive capacity of states. There is no plan to procure injectables during period 2021-24.

Issue 4: Insufficient focus on human rights- and gender-related barriers

Action taken:

1. NTEP has adopted and disseminated the 'National Framework for a Gender-responsive approach to TB' and is committed to implement the key actions proposed in the gender framework. As recommended the programme has drafted an action plan on tuberculosis prevention and care with gender and rights perspectives.

2. The programme proposes to include following new outcome indicators in its performance framework:
    - Proportion of State/UTs which have conducted trainings on Gender Responsive and human-right based approach using standard training modules.
    - Proportion of State/UTs using age-sex disaggregated data for monitoring programmatic activities.

Discussions related to agenda item no. 3 (b) To update CCM regarding TRP comments on TB proposal submitted earlier & the response to these comments:

- **Dr. Sunil Kumar (DGHS):** asked that how the success rate of 62% in MDR patients was decided. DDG (TB) responded that, the global success rate in MDR is 53% and in India, it is 49%. With the introduction of Bedaquiline, the success rate has increased to 69%. He further added that 69% success rate was in stringent research mode outcome whereas it will be lesser in field conditions due to deaths and lost to follow up. Furthermore as treatment for MDR TB is for 24-27 months duration, the outcomes for patients put on treatment in first year of grant will only be available in the last year of grant. Therefore impact of grant funding will be seen much later. The outcomes committed here relate to current grant period. Considering field realities it is felt that programme may not be able to exceed favorable outcomes beyond 62%. He also said that this target is negotiable at the time of grant making.

- **Mr. Sudeshwar Singh**: raised his concern about poor treatment outcomes in case of MDR TB patients to which DDG (TB), responded that a root cause analysis and research is being carried to address the issue. He further emphasized on role of community engagement, and provision of opportunities to the competent TB survivors. DDG (TB) responded that, the issue has been covered in the grant.

Decision Point: NACO will update the response based upon suggestion from the ICCM. CTD to submit its response as presented to ICCM.

Agenda item no. 4 Proposal for reconstitution of Oversight Committee of India CCM for term 2020-22

Focal Point ICCM, made a presentation on reconstitution of Oversight Committee of ICCM for the term 2020-22. The major points from his presentations are as follow:

- As decided in the 80th India CCM meeting dated 16th September 2020 the following steps were taken for nomination of OC 2020-2022:
    - Step-1– Call for nominations was invited from interested and eligible CCM and Non-CCM Members with the approval of India CCM. The duly filled detailed CV and the Skill Matrix format were shared with India CCM Secretariat on its email id **iccmsect-mohfw@gov.in** by **30th September 2020**
    - Step-2— Total 12 nominations were received, out of which 11 Eligible nominations were included for Oversight Committee Membership.

- Step-3– Formation of the Oversight Committee with the approval of Chair and Vice Chair, India CCM

- Continuing further, he read out the names of the proposed members for the Oversight Committee for the term 2020-22.
- Further he left the decision on CCM on whether or not to consider the nomination of Dr. Nalini Vemuri. Although she has a background in research exclusively, she has neither experience of working with National Programmes nor with Global Fund projects and thus may not add any strength to the Oversight Committee.

Discussions related to agenda item no. 4 Proposal for reconstitution of Oversight Committee of India CCM for term 2020-22

- **Vice Chair, India CCM** expressed her concerns regarding no Gender expert representation in the proposed Oversight Committee. On the suggestion of Chair, India CCM, Vice Chair agreed to find out and recommend any appropriate representation for Gender Expert.

- **Dr. Sunil Kumar, DGHS** suggested that it is desirable if there is representation of any Human Rights Expert in the Oversight Committee as Global Fund lays much emphasis on Gender and Human Rights related issues.

- **Chair India CCM** responded that since it is a time bound process and that during the 80th India CCM Meeting, we had specifically requested CCM members to nominate names for Oversight Committee by the prescribed last date. He further suggested that the timeline for receiving nominations may be extended by a week and asked all the CCM members to suggest appropriate nominations which may then be incorporated in the list.

Decision points:

- The timeline for receiving nominations extended by a week and all CCM members to suggest appropriate nominations, which may then be incorporated in the list.
- Focal Point, India CCM suggested that after receiving the additional nominations, a Chair and Vice chair of the Oversight Committee need to selected who essentially have to be CCM members as per the revised CCM Oversight Plan.
- He also asked for a blanket approval from all CCM Members that since we cannot have frequent CCM Meetings, the Chair in consultation with Vice-Chair, India CCM could select and decide the Chair and Vice Chair of Oversight Committee of ICCM. The approval will be sought over email from Vice Chair and on file from Chair, India CCM.

The 81st India CCM meeting was concluded formally with a note of thanks by Chair, India CCM. He expressed his sincere gratitude to all CCM members for a very fruitful and mutually productive discussion and valuable suggestions, most of which are incorporated in the deliberation. He expressed his hope for continued support and cooperation from all constituencies.

Annexure 1
List of Participants

CCM Members

Sl. No.	Name	Designation/Organization	Physically Connected
1	Sh. Rajesh Bhushan	Secretary (HFW)/ Chair, I-CCM	Yes
2	Ms.Arti Ahuja	Addl.Secy (H)&DG(CGHS)/Member Secy, ICCM	Yes
3	Dr.Dharmendra Singh Gangwar	AS&FA	Yes
			Virtually Connected
4	Dr.Sunil Kumar	DGHS	Yes
5	Ms.Sandhya Bhullar	Director (IMF)	Yes
6	Dr.J.Radhakrishan	Secretary, Tamilnadu (H)	Yes
7	Ms.Aparna Upadhyay	MD(NHM), U.P.	Yes
8	Dr. Shyamala Nataraj	Executive Director, SIAAP/Vice Chair, I-CCM	Yes
9	Prof.Ramila Bisht	Centre of Social Med. and Community Health, JNU	
10	Mr.Shridhar Pandey	Secretary & Chief Executive Officer, GBJS	Yes
11	Fr.Paul Moonjely	Executive Director, Caritas	Yes
12	Ms.Nisha Gulur	President, NNSW	Yes
13	Ms.Deepti Chavan	Patient advocate	Ye
14	Mr.Bhakta Bihari Mishra	Secretary, NIHIDA	Yes
15	Mr.Pratik Raval	Assistant Director, GIPA	Yes
16	Mr.Sudeshwar Kumar Singh	Secretary, TB Muktvahini	Yes
17	Dr.Shubnum Singh	CII	Yes
18	Dr.Bilali Camara	Country Director, UNAIDS	Yes
19	Dr.Melissa Nyendak	Director, CDC ,Global Health	Yes

Alternate CCM Members

Sl.No.	Name	Designation/Organization	Physically Connected
1	Sh.Alok Saxena	JS, GFATM	Yes
			Virtually Connected
2	Mr.Rajeev Sridhar	Under Secretary (FB)	Yes
3	Dr.Jyotsna Upadhya	Uttar Pradesh, MoHFW	Yes
4	Ms.Kusum	President, AINSW	Yes
5	Md.Hashmat Rabbani	Secreatary, Gramin Samaj Kalyan Vikas Manch	Yes
6	Mr.Yadavendra Singh	Chairman, Pahal Foundation	Yes
7	Mr.Moses Zofaka Pachuau	President, IDUF	Yes
8	Ms.Jahnabi Goswami	President, ANPP	Yes
9	Dr.Ranjani Ramachandran	National Professional Officer (Labs)	Yes
10	Dr.Raghavan Gopa Kumar	Touched by TB	Yes
11	Dr.Sangeeta Kaul	Team Leader (A) HIV/AIDS Division, USAID	Yes
12	Ms.Nandini Kapoor Dhingra	Senior Technical Advisor, UNAIDS	Yes
13	Ms.Cecillia Costa	Team Leader	Yes

Special Invitees

Sl. No.	Name	Designation/Organisation	Physically Connected
1	Dr.K.S.Sachdeva	DDG/Focal Point,ICCM	Yes
2	Dr.Naresh Goel	DDG (NACO)	Yes
3	Dr.Shobini Rajan	ADG (NACO)	Yes
4	Dr.Bhawani Singh	Dy.Director (TI)	Yes
5	Ms.Gitanjali Mohanty	Coordinator, ICCM	Yes
6	Ms.Veena Chauhan	Admn.Asstt., ICCM	Yes
7	Ms.Ankita Singla	Consultant (NPMU),CTD	Yes
8	Mr.Dinesh Kumar	Proc.Consultant (NPMU), CTD	Yes
9	Ms.Rohini Shinde	Consultant (NPMU), CTD	Yes
			Virtually Connected
10	Dr.Avdhesh Kumar	Addl.Director (NVBDCP)	Yes
11	Dr.Jyotsna Pant	UP	Yes
12	Dr.Ritu Gupta	Consultant (SAG)	Yes