

India Country Co-ordinating Mechanism – 80th Meeting

Subject: Minutes of 80th meeting of India CCM

Date (dd.mm.yy)	16-09-2020
Venue of the Meeting	Room no. 155-A ,1 st Floor Committee Room, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi
Meeting started	3.00 PM
Meeting adjourned	5.00 PM
Meeting Chaired by	Sh.Rajesh Bhushan,Secretary (H)/Chair, India CCM
Total number of participants	45
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	<ul style="list-style-type: none">▪ Country Coordinating Mechanism (CCM) Member : 17 (Physically Present: 3 and Virtually Present : 14)▪ Alternate member : 14 (Physically Present: 01 and Virtually Present : 13)▪ Special Invitees : 14 (Physically Present: 09 and Virtually Present : 05)
Attendance list	Yes, Annexure-1

80th meeting of India CCM was conducted through video conference due to prevailing travel restrictions imposed within the country to contain the spread of COVID-19 outbreak.

Agenda Item No.1 : Endorsement of minutes of 80th CCM meeting.

At the outset, **Focal Point, India CCM** sought consent regarding the endorsement of minutes of 79th CCM meeting held on 28th July 2020. As there were no inputs from any of the members, the minutes were considered to be “endorsed”.

Agenda item no. 2: Discussion on funding request development process for additional USD 10 million grant from the Global Fund for mitigating Covid-19 impact.

Focal Point, India CCM gave a concise introduction and background information regarding the additional USD 10 million grant from the Global Fund for mitigating Covid-19 impact:

- Global Fund Country Team has indicated USD 10 Million additional funding for Covid 19.
- India CCM had earlier submitted a proposal for US\$ 50 million to Global Fund to seek support for its COVID-19 response and to mitigate its negative impact on HIV, TB, and malaria programmes on 31st May 2020. USD 20 million grant have already been awarded to India in response to the Covid funding application.
- Secretary (HFW) in his letter to the Global Fund Board leadership sought their guidance on rational use of additional 10 million USD grant for mitigating the impact of COVID-19 on three diseases- HIV, TB and Malaria.
- In response to the letter of Secretary (HFW), the Global Fund Senior Fund Portfolio Manager has categorically stated that it is solely the prerogative of India CCM to decide what activities, disease wise split and vulnerable groups are to be prioritized to mitigate COVID impact and how the accountability of proposed activities will be ensured.
- Global Fund Senior Fund Portfolio Manager also categorically mentioned that since substantial time has passed since the submission of the previous C19RM Funding request proposal, India CCM is required to submit a new funding proposal to the Global Fund to avail USD 10 million COVID-19 grant.

The points of discussion regarding the above said topic were as follows:

1. Whether the USD 10 million grant to be implemented through Government PRs or Non government PRs/ CSOs (directly)?
2. What should be the split of USD 10 million for government and CSO PRs and for three diseases -HIV, TB and Malaria?
3. If the grant is to be channelized through communities/CSOs, what should be the modality and oversight mechanism?
4. What priorities/ activities to be proposed under funding request to mitigate Covid-19 impact or strengthen country's response?
5. If inclusion of social protection services/component is considered, how the process/ways to map vulnerable populations/social protection needs, process of selecting principal recipients, development of concrete proposal with feasible interventions and robust accountability, financial and technical monitoring mechanisms will be decided.

Some of the members wanted to speak and give their inputs on the same. Vice Chair requested Chair India CCM for a brief presentation to be made by Sowmya Gupta representing HIV key Populations [KP]. The Chair said that the members may speak after hearing the presentation and asked Ms. Sowmya to make the said presentation related to Agenda-2 of the meeting.

Presentation of HIV Key Populations on funding request for additional USD 10 million grant from the Global Fund for mitigating Covid-19 impact.

Salient points of the presentation are as follows:

- Ms. Sowmya said that the concept note has been developed by the efforts of seven KP networks namely AINSW, ANP+, IDUF, INFOSEM, NNSW, NTTKHA and TAARAS Coalition.
- Due to extremely unstable network connection from Ms. Sowmya's end, the presentation was continued by Vice Chair, Dr. Shyamala Natraj.
- She said that the entire amount of the grant [10 million USD] should go to HIV KPs as they are a marginalized group and the impact of COVID-19 among them is disproportional, severe, and multi-faceted. The networks held extensive pan India consultations to identify emergency needs and transition support by linking to government schemes for past three months. She said that as per the White paper of NACO there are an estimated 25 lakhs KPs in India. But due to the limited amount of the grant, they will be able to reach only 4.5 lakhs KPs [18%]. She thus requested that the entire amount of the grant to be allocated to HIV KPs.
- She described the type of support, delivery and operational plan under the following 3 heads:
 1. Procuring and distributing food and non-food essentials (e.g. sanitary pads). A committee formed by the CBO, for the identified KPs, procures and distributes essential food and medicines worth USD 20 per person for the eligible population. The food and non-food essentials will be delivered at the doorstep for each eligible KPs.
 2. Emergency support through vouchers- medicine bills, cooking gas bills- This will be done by the CBOs in close supervision by the networks and the PRs.
 3. Accelerated access to social protection schemes through helpdesk- The CBOs/ TIs focal points will support the KPs to access the eligible schemes. The support will cover information and liaison support.
- Next she described the proposed Monitoring and Implementation mechanism: To map out the geographical areas of different community groups serving a typology of KPs. Ensure no there is overlap and geographical delineation resorted.
- Plan are available to prevent duplications and double counting of KPs organizations
- Internal coordination mechanism between PRs and the seven networks to share data across networks will be established.
- She then spoke about the 2 preferred principal recipients (PRs) for implementation of the additional grant namely SAATHII and India HIV AIDS Alliance (both of which are current existing PRs). She proposed that 4 of the HIV KP networks will work work as SRs with SAATHII and 3 with IHAA.

- The budgetary division of the grant was discussed as follows:

Criteria/ Activity	Coverage	Unit Cost in USD	Total Cost in USD	% of Budget
Direct benefit to Key Population	461,921 KPs	20	9,238,420	92.38
Accelerated support to access governmental social protection schemes and CSR supports	1500 (geographic locations)	15 (\$5 x 3 months)	22,500	0.22
Logistics support for delivering food ration for key population beneficiaries	461,921 KPs	1.4	6,46,689	6.46
M&E support for project			92, 384	0.92
Total			99,99,994	100

- She concluded her presentation with the following points-- Key Population is disproportionately affected by the COVID-19 pandemic and that this funding request is critical to address the desperate situation of KPs. She requested funding of USD 10 million to the KPs which is bare minimum, but will provide critical support to the KPs to leverage efforts for their well being. She then thanked NACO and GFATM for their unwavering support.
- As both the audio and video were not clear due to network issues, JS Sh. Alok Saxena at the end summarized the whole presentation and opened the House for discussions.

Discussion related to Agenda No.2-- funding request development process for additional USD 10 million grant from the Global Fund for mitigating Covid-19 impact.

- **Mr. Sudheshwar Singh** gave his opinion that:
 - i) The entire amount of the grant should not be given to HIV KPs alone. It should rather be distributed in the same proportion as the existing grant of 500 mUSD of Global Fund.
 - ii) He also said that as the grant amount was small, it would be better if no PRs or SRs are involved. Rather it would be more efficient if the implementation is done through networks or CBOs.
 - iii) He expressed his concerns regarding the vulnerabilities and needs of DR-TB patients. They said that Dr TB patients require nutritional and economical support for minimum 3-6months and hence a part of the grant should be shared with the other 2 diseases as well.

- **Mr. Bhakta Bihari Mishra** from Malaria Constituency said that Covid-19 had impacted both malaria and TB key Populations along with HIV KPs and hence the additional grant of 10mUSD should be shared between the three diseases.
- **Dr. Bilali Camara, UNAIDS** appreciated the efforts put in by the HIV KP networks. He reiterated the support of UNAIDS with HIV KPs and was in favour of allocating the full amount of 10 mUSD to the HIV KP Constituency.
- **Ms. Nandini Kapoor, UNAIDS**, extended support to HIV KPs and said that UNAIDS will work in collaboration with NACO. She referred to the KP petition to the Global Fund which included 10,000 signatures from KPs and the response of the Global Fund regarding the additional grant for covid impact benefit.
- **Prof. Ramila Bisht** opined that since the grant amount is less, it would neither be equitable nor efficient if shared with malaria and TB Constituencies. She said that since HIV KPs are the most marginalized, the whole amount should be given to them otherwise it will prove to be programmatically inefficient.
- **Rudrani Chettri** said that all the HIV KP networks have worked together in shaping the concept note. She further said that there are about 25 lakhs HIV KPs in India but due to the small nature of the grant, we will be able to reach only 18% of the KP population. Since each KP will get about Rs.1,500 only, she said that the entire amount should be allocated to the HIV KPs.
- **Ms. Jahnabi Goswami** expressed her concerns that HIV KPs are one of the most vulnerable groups in the world. She disagreed that the grant amount should be shared between the three diseases because she said that both TB and Malaria are short term diseases and can be cured by taking appropriate medicines. She moreover said that the TB patients are already receiving financial help from the Govt. She thus said that the entire amount to be given to HIV KPs.
- **Ms. Kusum** also supported that the entire amount should be given to HIV KPs as they are the most marginalized and have bore the brunt of covid 19 the most. She said that although both malaria and TB KPs have also their needs, they should write a fresh proposal seeking grant from the Global Fund.
- **Mr. Sridhar Pandey** gave his opinion that:
 - i) The entire amount of the grant should not be given to HIV KPs alone. It should rather be distributed in the same proportion as the existing grant of 500 mUSD of Global Fund.
 - ii) They also said that as the grant amount was small, it would be better if no PRs or SRs are involved. Rather it would be more efficient if the implementation is done through networks or CBOs.

- **Dr. Raghavan Gopa Kumar** said that there should be equal consideration for TB patients especially MDR TB patients. He expressed his concerns regarding the long treatment duration of MDR TB patients. He said that they are heavily impacted especially in the times of covid 19 pandemic when they have lost their means of livelihood and cannot travel to get medicines or nutritional support. He further said that the death rates are also going up as they are able to access health care facilities or nutritional support. He said that as per the forecast of STOP TB partnership, there will be an additional 6 lakhs TB cases by 2024. He also requested to keep in mind the End TB by 2025 goal and that due to the covid pandemic the TB burden is increasing.
He gave his opinion that although the entire amount of this grant may be given to HIV KPs, another proposal should be made to Global Fund requesting allocation of additional funds to TB KPs too.
- **Ms. Nisha Gulur** expressed that the additional grant amount of 10mUSD is not ample or adequate and thus should not be split amongst the three diseases. She suggested that a separate proposal may be submitted for Malaria and TB KPs.
- **Mr. Moses Zofaka Pachuau** reiterated that HIV KPs are the most marginalized having little or no access to social support in comparison to other vulnerable groups. Thus the whole amount should be allocated to HIV KPs.
- **Dr. Melissa Nyendak** said that although all Constituencies have been impacted, HIV KP Constituency has been hit the hardest. She also spoke about the scope of convergence and linkages.
- **Mr. Pratik Raval** also said that the entire 10 mUSD should be allocated to HIV KP Constituency. He suggested that some amount may be allocated to TB and Malaria Constituencies from either the 50 mUSD C-19RM grant or from the unspent budget from programmes.

JS Sh Alok Saxena summarized the whole discussion in a very crisp and concise manner. He clarified that the Global Fund in their response letter had clearly mentioned that it is an additional 10 mUSD grant for Covid relief and is not intended to be specifically aimed at any one of the three disease HIV, TB and Malaria or any one of their disease specific community groups. Further he said, they had clarified in their response letter that it is entirely the decision and prerogative of India CCM to decide how to utilize the additional 10 mUSD grant for Covid relief. He further said that the modalities need to be finalized with the concerned programmes at the earliest. He urged the Programmes to work on and finalize the Grant Proposal at the earliest before the next CCM Meeting which can then be sent to the Global Fund for approval.

Secretary (HFW)/Chair- India CCM sought the opinion of TB and Malaria Constituencies as they had divergent views regarding the allocation of the entire 10 mUSD

to HIV KPs. He asked them would they like to reconsider as to whether this entire grant should be allocated to HIV KPs or split between the three diseases.

Responses received:

- **Mr. Bhakta Bihari Mishra** again stated that 18 districts of Odisha including the tribal belt have been badly affected by malaria especially in the times of Covid 19 pandemic. He requested that some amount may be allocated for those affected with malaria especially in the states of Odisha, Jharkhand and Chhattisgarh.
- **Dr. Raghavan Gopa Kumar** said that although he agrees that to allocate the entire grant money of 10mUSD to HIV KP Constituency, yet a separate proposal should be submitted to the Global Fund for Malaria and TB Constituencies.
- **Mr. Shridhar Pandey** reiterated the fact that special consideration should be given to MDR TB patients who are especially vulnerable and are suffering badly due to loss of livelihood, no nutritional support and lesser access to healthcare facilities.

Decision points: **Chair, India CCM** after hearing all the deliberations proposed the following decision points:

- 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.
- 3) Programme Division (NACO) to finalize the said Grant proposal and pose it for consideration in the next CCM meeting. Once approved, it can be submitted to the Global Fund.

Agenda item no. 3: Reconstitution of Oversight Committee of India CCM for term 2020-22

- India CCM Focal Point made a presentation on reconstitution of Oversight Committee of India CCM for term 2020-22. He apprised the House that the tenure for the current OC was till **April 2020**. Consequently, a new OC needs to be reconstituted. He also said that as per the Oversight Committee Plan, the term of OC Members is **2 years** and that in the reconstituted Oversight Committee; at least **1/3rd of the members must be new**.
- He also spoke about the role of the Oversight Committee and the OC composition requirements as follows:
 - 1) As per Oversight Committee Plan, the term of OC Members is **2 years**.
 - 2) Members of the OC shall not be representatives of PRs or SRs
 - 3) Non CCM Members may be invited to be a part of the committee.

- 4) The Oversight Committee shall be appointed by the ICCM, and shall consist of a Chair, a Vice Chair, and at least five additional members representing various constituencies.
- 5) OC Members who are Non-CCM members will be required to complete the same conflict of interest declaration form.
- 6) As per ICCM Oversight Plan, at least 1/3rd of the members must be new.

- The expertise requirements for OC are as follows:

- 1) ***Disease specific expertise (HIV/AIDs, TB and Malaria)***: understanding of national health & disease strategies and GF programs;
- 2) ***Financial Management Expertise***: exposure to national health sector spending, issues & challenges and results of programs, including those funded by the GF.
- 3) ***PSM Expertise***: Understanding of procurement/storage and supply chain of health products.
- 4) ***Program Management Expertise***: knowledge & expertise in national health program management; harmonization and alignment of national program.
- 5) ***Representative(s) of PLWD & KAP***: having national level exposure with enabling leadership experience.

- Nominations were invited for the reconstitution of Oversight Committee from interested and eligible CCM and Non CCM Members. Steps are as follows:

- 1) Step-1– Call for nominations are invited from interested and eligible CCM and Non-CCM Members with the approval of India CCM. The detailed CV and the Skill Matrix format to be duly filled up and shared with India CCM Secretariat on its email id **iccmsect-mohfw@gov.in** by 25th September
- 2) Step-2—Eligible nominations will be included for Oversight Committee Membership.
- 3) Step-3– A Committee may also be formed for shortlisting of nominations if more number of applications are received.
- 4) Step-4– Formation of the Oversight Committee with the approval of Chair and Vice Chair, India CCM

- He said that interested CCM Members may submit their detailed CV and the Skill Matrix [both clearly specifying your area of expertise] format duly filled up which should be submitted to India CCM Secretariat on its email id **iccmsect-mohfw@gov.in** by 25th **September 2020**. They may also nominate interested and eligible non CCM members who also have to follow the same procedure.

- **Dr. Shubnum Singh** requested the date of submission to be extended to 30th September 2020 so that there is ample time for relevant and quality nominations.

Decision: It was decided unanimously by the House to extend the date of receiving nominations for reconstitution of Oversight Committee for India CCM for the term 2020-22 till **30th September 2020**.

Agenda item no. 4: Concurrence of reprogramming proposal of NACO to utilize savings under current grant (2018-21) amidst the COVID-19 situation.

- **Dr. Naresh Goel, DDG-NACO** made a presentation on the reprogramming proposal of NACO to utilize savings under current grant (2018-21) amidst the COVID-19 situation.
- He said that out of the current grant of 155 mUSD, the anticipated savings is around 30.05 mUSD which have to be utilized in the next 6 months i.e by 31st March 2021. The savings are mostly on account of Foreign exchange gains and procurement of drugs at a more reasonable rate.
- He further said that the reprogrammed budget will be utilized for following two components:
 - i) **TI Intervention**—with a proposed budget of 28.42 mUSD. Till June 2020, TI Project was funded under World Bank support. Global Fund support proposed for a part of TI project for a period of 6 months. From FY 2021-22, these activities will be supported by domestic budget. Interventions for FSWs, MSMs, TG-Hijras, Migrants, Truckers and IDUs will be supported.
 - ii) **Procurement of Computers for TIs**—with a proposed budget of 1.63 mUSD. There is a proposal to procure computers for 1698 TIs and LWS. Procurement to be done by respective SACS.

Discussions related to reprogramming proposal of NACO to utilize savings under current grant (2018-21) amidst the COVID-19 situation

- **Vice Chair** Dr. Shyamala Natraj expressed her concerns that the current requirements in context of the prevalent Covid-19 situation, may be different from the regular TI activities and suggested that the amount may be provided to TIs for Covid relief for KPs after thorough review of the TIs.
- **JS (Sh. Alok Saxena)** clarified that the repurposed amount of 30mUSD is a part of the current existing grant and not a part of additional funding. The savings are mostly on account of Foreign exchange gains and procurement of drugs at a more reasonable rate. This grant has to be utilized by 31st march 2021 for already approved purposes.

Decision: Vice Chair agreed with the suggestions proposed and CCM concurred with the reprogramming proposal of NACO to utilize 30 mUSD savings under current grant (2018-21) amidst the COVID-19 situation.

The meeting concluded with a note of thanks from **JS Sh. Alok Saxena** who appreciated the efforts of all and described this as a shining example of how Public Health works in tandem with communities in India.

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.Arati 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	Dr. Shyamala Nataraj	Executive Director, SIAAP/Vice Chair, I-CCM	Yes
6	Prof.Ramila Bisht	Centre of Social Medicine and Community Health, JNU	Yes
7	Mr.Shridhar Pandey	Secretary & Chief Executive Officer,GBJS	Yes
8	Mr.Bhakta Bihari Mishra	Secretary, NIHIDA	Yes
9	Mr.Pratik Raval	Assistant Director, GIPA	Yes
10	Mr.Sudeshwar Kumar Singh	Secretary, TB Muktvahini	Yes
11	Ms.Nisha Gulur	President, NNSW	Yes
12	Fr.Paul Moonjely	Executive Director, Caritas	Yes
13	Ms.Rudrani Chettri	Managing Director, Mitr Trust	Yes

14	Ms.Deepti Chavan	Patient Advocate	Yes
15	Dr.Shubnum Singh	CII	Yes
16	Dr.Bilali Camara	Country Director, UNAIDS	Yes
17	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	Dr.Samiran Panda	Scientsit 'G' and Head ECD, ICMR	Yes
3	Dr.K.Senthil Raj	MD (NHM), Tamilnadu	Yes
4	Dr.Jyotsna Upadhya	Uttar Pradesh, MoHFW	Yes
5	Rajeev Sridhar	Under Secretary (FB)	Yes
6	Ms.Kusum	President, AINSW	Yes
7	Md.Hashmat Rabbani	Secreatary, Gramin Samaj Kalyan Vikas Manch	Yes
8	Ms.Jahnabi Goswami	President, ANPP	Yes
9	Mr.Moses Zofaka Pachuau	President, IDUF	Yes
10	Dr.Ranjani Ramachandran	National Professional Officer (Labs)	Yes
11	Dr.Raghavan Gopa Kumar	Touched by TB	Yes
12	Dr.Sangeeta Kaul	Team Leader (A) HIV/AIDS Division, USAID	Yes
13	Ms.Nandini Kapoor Dhingra	Senior Technical Advisor, UNAIDS	Yes
14	Ms.Cecillia Costa	Team Leader	Yes

Special Invitees

Sl. No.	Name	Designation/Organisation	Physically Connected
1	Ms. Rekha Shukla	JS (VBD)	Yes
2	Dr.K.S.Sachdeva	DDG/Focal Point,ICCM	Yes
3	Dr.Naresh Goel	DDG (NACO)	Yes
4	Dr.Bhawani Singh	Dy.Director (TI)	Yes
5	Dr.Shobini Rajan	ADG (NACO)	Yes
6	Ms.Gitanjali Mohanty	Coordinator, ICCM	Yes
7	Dr.Sandhya Gupta	Grant Manager (NPMU), CTD	Yes
8	Mr.Dinesh Kumar	Proc.Consultant (NPMU), CTD	Yes
9	Ms.Veena Chauhan	Admn.Asstt., ICCM	Yes
			Virtually Connected
10	Sh.Vikas Sheel	JS (TB)	Yes
11	Dr.Avdhesh Kumar	Addl.Director (NVBDGP)	Yes
12	Mr.Raman Sharma	PWC (LFA)	Yes
13	Dr.Benu Bhatia	Consultant (NACO)	Yes
14	Ms.Soumya Gupta	TG Constituency	Yes