

India Country Coordinating Mechanism- 76th Meeting

Subject: Minutes of 76th meeting of India CCM

Date (dd.mm.yy)	17-01-2020
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	10.30 AM
Meeting adjourned	1.00 PM
Meeting Chaired by	Smt. Preeti Sudan, Secretary(HFW)/Chair, India CCM
Total number of participants	48
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	â ^{-a} CCM Member : 14 â ^{-a} CCM Alternate member : 13 â ^{-a} Special Invitees : 21
Attendance list	Yes, Annexure-1

76th meeting began with welcome address by Secretary (HFW)/ Chair, India CCM, followed by a brief round of introduction of the members.

At the outset, Secretary (HFW) introduced Mr. Richard Cunliffe, Fund Portfolio Manager and Dr. Bertha Simwaka, Disease Fund Manager from the Global Fund Country Team to India who were present to interact and apprise India CCM about next cycle allocation decision and funding request submission.

Mr. Richard informed that the Global Fund has sent allocation of USD 500 million with disease wise split indication to India CCM for next funding cycle 2021-24. His team is in India to discuss preparations related to funding request development with programme divisions (CTD, NVBDCP and NACO) and officials from Ministry of Health and Finance. He mentioned that India CCM is invited to submit its funding application through dialogue with country level stakeholders, civil society and key affected populations preferably by 25th May 2020 window. Upon submission, Global Fund will review the applications by July and by September 2020 grant may be signed for next implementation period. He highlighted that in case grant making process and approval level slippage happens, there will still be sufficient time for new grant signing and initiation from April, 2020 if funding applications are submitted during May 2020 window.

He apprised that considering the maturity of India fund portfolio, the Global Fund wishes to enter into new funding modality of "Payment for

Results” based funding for government PRs, which will reduce the transactions costs, will involve less fiduciary controls and will allow more effective fund flow. However for Non-government Principal Recipients, Global Fund will continue with tradition input based funding approach.

Following remarks/questions were put across by CCM members to the Global Fund Country team:

- Dr. Shyamala Natraj praised the uniqueness of India CCM platform which offers avenues for partnership and engagement in real sense to CSO/KAP and PLWD communities. She urged:
 - To involve community system strengthening component in funding applications to be submitted for next grant cycle.
 - Suggested to focus on prevention of infection among young populations especially women beyond traditional KAPs and thus to create real impact on new infection rates of HIV.
 - She stressed that to meet additional funding requirement for community strengthening component, above allocation funding shall be tapped.
- Mr. Sudheshwar Singh requested to include strategies to measure and address side effects of DR-TB patients in funding proposal. This will have definite outcome in improving treatment adherence for such patients. Secretary (HFW) considered it as important suggestion and recommended to adopt innovative strategies to ensure quality care like sending SMS messages to DR-TB patients on treatment and side effect related counselling.
- Mr. Raval Pratik requested to focus on enhancing community engagement and capacity building of communities from all HIV, TB and Malaria.
- Mr. Yadavendra Singh urged to increase focus and engagement with vulnerable high risk groups under HIV like MSM, TG and IDU. He further highlighted drawing focus towards newer interventions including component of PrEP and developing new IEC/BCC material. He raised concern of misleading advertisements related to PrEP on social media platforms which needs immediate attention. Secretary (HFW) recommended to inform JS (NACO) of such advertisements for urgent action at their level.
- Secretary (HFW) suggested utilizing expertise and resources of ICMR for strong research proposals if they can't be covered by the Global Fund grant. She emphasised for the need to develop updated IEC/ BCC material in form of small impactful messages/ video clips/ self composed SMS message with help of development partners. Communities can be engaged to spread awareness and dissemination of such messages through whatsapp/social media etc. Dr. Bilali Camara assured to support the programmes and CCM for the same.

- Dr. Shubnum Singh informed that CII is developing a film on health issues to sensitize/ orient its partner organizations. She sought inputs/ suggestions for the same from India CCM.

Mr. Richard clarified that there is no prospect of increasing country allocation from what Global Fund has already decided and communicated. Prioritized above allocation funding may be available at later stage during the grant depending upon availability of fund with the Global fund to meet unfunded quality demands of the country.

Mr. Richard and Ms. Bertha excused themselves from CCM meeting after their interaction with CCM members.

The following agenda items were then taken up by India CCM:

Agenda item no. 1

The minutes of 75th meeting of India CCM were endorsed with acceptance of corrections suggested by Mr. Raval Pratik.

Agenda item no. 2

India CCM Focal Point made a brief presentation on country allocation for next Global Fund grant cycle (2021-24), disease wise split, PR/SR selection process, priority/gap areas for developing funding applications, proposed concept note development processes and timelines. Key points from the presentation are as follows:

- The Global Fund has decided an allocation amount of \$500 million for India (April, 2021-March, 2024 period). Disease wise allocation for HIV, TB and Malaria is \$155 million, \$280 million and \$65 million respectively. The Global Fund has indicated to move for “Payment for Result based funding modality” in next grant cycle for Government PRs.
- Country level funding proposals tailored for National strategic plan has been invited for HIV and TB. For Malaria, country level full review funding proposal has been invited by the Global Fund.
- Three windows for proposal submission available to India CCM are- 23rd March, 2020; 25th May 2020 and 31st August, 2020. 2nd window of 25th May 2020 seems more feasible timeline as indicated by Global Fund Country team and suggested during stakeholders consultation.
- Under current grant 2018-21, the funding received by Non Government PRs/SRs is 34% under HIV, 30% under TB and 2% under Malaria. For next funding cycle (2021-24), funding split for non-government PRs will be kept on the same lines.
- Selection of non-government Principal Recipients (for next grant 2021-24) will be undertaken in a transparent and documented manner as per the Eligibility Requirement 2 of the Global Fund and the process will be as follows:

- Disease specific priority/gap areas identification by Programme divisions based on National Strategic Plan and inputs from stakeholders.
 - Expression of Interest (EOI) for short listing of Non Govt. PRs who will subsequently develop Concept notes based on identified priority areas in consultation with National Programmes will be floated on India CCM and MoHFW websites. Draft EoI template was shown during the meeting.
 - Non-Govt PRs will be selected by Screening Committee and will be finalized with endorsement of India CCM
 - SRs selection will be undertaken by PRs through an open and transparent process.
- Screening committee will be formed with involvement of CCM members and Ministry officials to shortlist non government PRs for HIV, TB and Malaria based on submitted EoIs. Subsequently, Disease Specific Technical Committees will be constituted to review combined funding proposals developed by government and non-govt. PRs. Each committee shall have members from CCM constituencies, national disease control programme, development partners that are not applying for funding, and academia having the requisite technical expertise.
 - Priority areas for HIV, TB and Malaria identified by National Programmes (NACO, CTD & NVBDCP) in consultation with wide range of stakeholders were shared with CCM members for inputs:

Priority Areas as listed by Programme Divisions with inputs from Stakeholders	
HIV	
Priority Areas for NACO <ul style="list-style-type: none"> • Prevention of new infections • Testing • Refurbishment of ART centres • Scale up of viral load testing • Communication • Research/ Evidence Generation • Procurement of ARV drugs 	Priority Areas for Non-Government PRs <ul style="list-style-type: none"> • Elimination of Mother to Child Transmission • Care and Support Centres • Private sector engagement • Development of robust IT systems • Supply Chain Management • Capacity Building
Tuberculosis	

- TB Prevention
- Increasing access to high sensitivity Diagnostics
- Strengthening of Surveillance Systems
- Community Engagement, Advocacy and Communication
- Institutional Strengthening & Capacity Building
- Quality Assurance - Lab, Services
- Digital Interventions
- Supply Chain Management Strengthening
- Drug Resistance TB
- Patient Support Systems-DBT, adherence Systems
- Workplace Intervention and Multi- Sectoral Engagement

Malaria

- Strengthening of surveillance - *State, district, block and at community level and support for software and hardware for HMIS for Malaria.*
- Human Resource Support- *at National, State & District*
- Technical support at Department of NVBDCP-*Malaria Elimination Cell*
- *Capacity Building- Training Agency, training of manpower for proper implementation of anti-malaria interventions*
- Community awareness, involvement & participation-*IEC/BCC Agency*
- LLINs Support- *to replenish the stock supplied in earlier GF projects*
- Mobility Support- *vehicles at state/district level, support of POL and Motor bikes for MTS*
- Strengthen Diagnosis & management -*good quality microscopes*
- Miscellaneous- *Performance awards, ASHA Kit etc*

- Timelines for the concept note process were also shared with the CCM Members for their approval. They are as follows:

S#	ACTIVITY	DEADLINE
1	Call for EOI from NGO/ CSOs /Private sector for short listing as Non Government PRs for GFATM grant (2021-24)	27 th Jan- 17 th Feb, 2020
2	Screening of EOIs and selection of Non-govt. PRs by screening committee	18 th Feb- 9 th March, 2020
3	Endorsement of Non- government PRs by India CCM	9 th March 2020
4	Development of combined funding proposal by govt. and non-govt. PRs	15 th March- 15 th April 2020
5	Review of combined proposal by Disease specific technical committees	15 th -25 th April, 2020

6	Revision of proposal by PRs and submission of final proposal for MOHFW approval	26 th April - 5 th May 2020
7	Formal endorsement of the Funding proposal by India CCM	10 th May 2020
8	Submission of Funding proposal to the Global Fund by India CCM	15 th May, 2020

Inputs of India CCM Members on concept note development process:

- Mr. Yadavendra Singh made suggestion to include Prevention of HIV infection among KAPs as one of the priority areas for HIV. He also suggested including innovation component for non-government PRs.
- With respect to EMTCT component under HIV, Dr. Shyamala Natraj highlighted that mostly EMTCT intervention revolves around testing and treatment of HIV infection and often the focus pertaining to prevention around EMTCT is diluted which is equally important and it must be ensured under new grant. She reiterated including community system strengthening and prevention of infection of among young adults and emerging high risk populations. She also enquired about the rationale of disease wise funding split. India CCM Focal Point apprised that this is based on calculations of disease burden and funding gap within the country undertaken by the Global Fund.
- Ms. Rudrani Chhetri recommended incorporating stigma and discrimination related measures under proposal. Dr. Shyamala mentioned that it is inherent part of communications and community system strengthening which have been suggested as broad priority areas.
- SS & DG suggested adding Differentiated Care Model for providing HIV treatment services. This model has potential to run effectively with support of community.
- With respect to TB priority areas, Mr. Sidheshwar Singh suggested it must be ensured that under such patient support schemes like DBT, benefits are provided on time. He mentioned at field patients usually do not get DBT benefits with initiation of treatment. JS (NTEP) responded that this was the issue when we rolled out the scheme, but now we are overcoming this gap with many new interventions. Collaboration with India Postal services is one of such strategies to ease the benefit transfer to patients.
- With respect to SR and SSR selection by PRs, Mr. Hashmat Rabbani suggested to prioritize local organizations which are based in states/districts to be designated for project implementation.
- AS & FA, recommended having cross cutting interventions for all three programmes

- Joint Secretary (NACO) pointed out that we shall focus on priority areas/ proposals which can be assessed and can utilize the funds within grant period.

Decision:

It was acknowledged that priority areas of HIV, TB and Malaria are broad which can have many subareas as suggested by India CCM members. India CCM provided its endorsement for the following:

- Disease wise allocation split indicated by the Global Fund
- Priority areas for HIV, TB and Malaria funding proposals identified by national programmes in consultation with stakeholders
- Non-government PR & SR selection process(including EoI template for Non-govt. PR selection)
- Agreed to 25th May 2020 Window for Funding Proposal submission to the Global Fund for all three diseases
- Timelines related to Concept Note development and final submission to the Global Fund

Agenda item no. 3

India CCM was apprised about the Global Fund requirement of undertaking India CCM performance assessment for year 2018-2019 by using Light Eligibility and Performance Assessment (Light EPA) strategy to evaluate its compliance with Eligibility Requirements 3 - 6 in order to be eligible to apply for new allocation funding. The Light EPA which is a CCM-led simplified process requires (i) a Self-assessment and (ii) the development and endorsement of an Improvement Plan by India CCM and submission to the Global Fund. A brief presentation on EPA compliance of India CCM was shared:

ER Principal	Eligibility Requirements/Minimum standard to be met by India CCM	Compliance assessment
ER Oversight	3 <ul style="list-style-type: none"> • India CCM has a detailed Oversight plan, a permanent oversight body with adequate sets of skills and expertise • Oversight body or CCM seeks feedback from non members esp. people living with or affected with communities • The oversight body conducts oversight activities to discuss challenges with each PR and identifies problems, potential reprogramming. 	Fully compliant

	<ul style="list-style-type: none"> The CCM takes decisions and corrective action whenever problems and challenges are identified 	
	<ul style="list-style-type: none"> OC/ CCM shares oversight results with the Global Fund and in-country stakeholders quarterly through the process defined in its Oversight Plan. In the past 6 months, oversight minutes/reports were circulated widely in a timely manner within 1 month of visit. 	Intermediate compliance
ER 4 Oversight	<ul style="list-style-type: none"> India CCM ensures adequate representation of key affected populations, PLWD of three diseases with balance representation of men and women within CCM 	Fully compliant
ER 5 Process of election of Non govt. CCM members	<ul style="list-style-type: none"> All non-governmental constituencies represented on the CCM selected their representative(s) on their own, through a transparent and documented process and have minimum 40% representation in India CCM. The CCM elects its Chair and Vice-Chair(s) from different sectors. 	Fully compliant
	<ul style="list-style-type: none"> Civil Society/KAP/PLWD constituencies of CCM have clearly defined processes of soliciting inputs from and providing feedback to their constituencies that selected them to represent their interests in the CCM. (7 out of 12 constituencies have shared endorsement over common workplan prepared by Dr. Shyamala Natraj) 	Intermediate compliance
ER 6 Management of Conflict of Interest	<ul style="list-style-type: none"> India CCM has a conflict of interest (CoI) policy and it is followed in its procedures to prevent, manage and mitigate CoI and is well documented in minutes. India CCM ensures that the number of members in the CCM with CoI does not exceed 1 person per constituency. 	Fully compliant
	<ul style="list-style-type: none"> All CCM members and alternate members have signed CoI declaration form 	Intermediate compliance
	<ul style="list-style-type: none"> India CCM has adopted and endorsed Code of Ethical Conduct. Code of Ethical compliance declaration is signed by all 	Non Compliant

	<p>CCM members and alternates. CCM appoints an Ethics Focal Point.</p> <ul style="list-style-type: none"> All CCM members, alternates, CCM secretariat staff undertake Ethics training. 	
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Following Improvement plan of India CCM to fulfil gaps identified through EPA assessment was proposed:

Thematic areas	Improvement Plan of India CCM-Activities proposed	Proposed Timeline
Oversight	To develop work plan of Oversight committee for year Jan - Dec 2020 by OC members	1 st Feb 2020
	To reconstitute Oversight committee for next two years term upon end of current term in April 2020	1 st May 2020
	Capacity building of new Oversight committee upon its reconstitution	1 st June 2020
Membership/constituency engagement	To develop and share endorsed workplans of all CSO/KAP/PLWD constituencies with CCM Hub/Global Fund	1 st March, 2020
Structures (capacity building)	Orientation / Training of new staff of India CCM Secretariat -CCM Coordinator and Programme officer	1 st April 2020
Conflict of Interest and code of Ethical Conduct	<ul style="list-style-type: none"> Signing of COI declaration by all members and alternate members. Signing of Code of Ethical conduct compliance declaration forms by all CCM members/alternates. Formation of ethics focal point or creation of Ethics committee 	1 st Feb 2020
Structures (Capacity building)	Orientation of India CCM & Secretariat staff on Code of	1 st April 2020

	Ethical Conduct policy by the Global Fund/CCM Hub	
Implementation of Communication plan	Better compliance to communication plan of India CCM. Sharing of reports/minutes within one month of meeting/visit	Jan 2020

Decision: India CCM agreed to its EPA assessment and endorsed the improvement plan.

Agenda item no. 4

India CCM focal point apprised CCM members about the Code of Ethical Conduct which is a new eligibility requirement set up by the Global Fund board for all CCMs as part of Eligibility requirement 6. It requires all CCM members, alternates and CCM Secretariat staff to certify having read, understood and committed to comply with the Code of Ethical Conduct.

Following key ethical values around which the Global Fund principles of Country Ownership, Partnership, Transparency & Performance are based, were presented before India CCM:

- Duty of Care
- Accountability
- Integrity
- Dignity and Respect

Decision:

1. The Global Fund Code of Ethical Conduct was adopted, endorsed and signed by all CCM members, alternates and CCM Secretariat staff present during the 76th CCM meeting
2. Training to be conducted on the Ethical Code of Conduct by the Global Fund.
3. Chair of the Oversight Committee to be designated as the Focal point for the Ethical Committee.

Agenda item no.5:

As per Global Fund requirements, India CCM Secretariat Performance is to be assessed annually by CCM members. Rating Performa was circulated during the meeting to seek feedback on India CCM Secretariat performance for year 2019. Overall, India CCM rated Secretariat performance as “Exceptional”.

Agenda item no. 6: Any other matter to be discussed

1. India CCM Focal Point brought to the notice of India CCM that Mr.

Simon Beddoe, alternate member from KAP-IDU constituency under HIV has been removed from his forum IDUF as president, which nominated him for India CCM membership. Views of India CCM were sought on retaining his membership with India CCM.

Decision: India CCM decided that members/alternate member at India CCM are representatives of their larger constituencies and have come through a process of nomination/ election by their respective constituencies. In that case, if constituency/forum has removed the nominated member, we shall seek nomination of a new representative from the constituency (IDUF) for alternate KAP (IDU) position. It must be ensured that nomination is made through a transparent and well documented process by the larger constituency.

2. Mr. Raval Pratik requested to sustain funding of Care and Support Centres of Gujarat being run by state NHM funding. Secretary (HFW) advised him to share the matter with Joint Secretary (Policy) for necessary action.

The meeting ended with a vote of thanks to and from Chair.

List of Participants**CCM Members**

Sl. No.	Name	Designation/Organization
1	Smt. Preeti Sudan	Secretary (HFW)/ Chair, I-CCM
2	Sh. Sanjeeva Kumar	Special Secretary (Health) & DG (CGHS)/Member Secretary, I-CCM
3	Prof. Balram Bharrgava	Secretary (DHR) and DG, ICMR/ Vice Chair, I-CCM
4	Dr. Dharmendra Singh Gangwar	AS&FA, MoHFW
5	Dr. Shyamala Nataraj	Executive Director, SIAAP/Vice Chair, I-CCM
6	Mr. Paul Salvaire	Embassy of France
7	Prof. Ramila Bisht	Centre of Social Medicine and Community Health, JNU
8	Mr. Pratik A. Raval	Assistant Director, GIPA
9	Mr. Sudeshwar Kumar Singh	Secretary, Tb Muktvahini
10	Mr. Bhakta Bihar Mishra	Secretary, NIHIDA
11	Dr. Shubnum Singh	Health Advisor, CII
12	Mr. Bilali Camara	Country Director, UNAIDS
13	Fr. Paul Moonjely	Executive Director, Caritas
14	Rudrani Chettri	Managing Director, Mitr Trust, CBO Member-Infosem Network

Alternate Members

Sl.No.	Name	Designation/Organization
1	Sh.Alok Saxena	JS (GFATM)
2	Dr.R.R.Gangakhedkr	Scientist 'G' and Head-ECD, ICMR
3	Dr.K.Senthil Raj	MD (NHM), Tamilnadu
4	Mr.Yadavendra Singh	Chairman, Pahal Foundation
5	Ms Nandini Kapoor Dhingra	Senior Technical Adviser, UNAIDS
6	Mr.Raghavan Gopa Kumar	Founder Member, Tech. Advisory Committee Member (Interim Governing Board), Touched by TB
7	Dr.R.V.Asokan	Honorary Secretary General, IMA & Chairman, IMA and TB Initiative
8	Ms.Kusum	President, AINSW
9	Ms.Rekha Verma	ASHA Worker
10	Dr.Ranjani Ramachandran	National Professional Officer (Labs) , WHO
11	Dr.Melissa Nyendak	Director-CDC, Global Health
12	Md.Hashmat Rabbani	Secretary, GSKVM
13	Mr.Prasant Kumar Sahoo	Project Coordinator, NIHIDA

Special Invitees

Sl. No.	Name	Designation/Organisation
1	Sh.Vikas Sheel	JS(TB)
2	Dr.K.S.Sachdeva	DDG (TB)/Focal Point, ICCM
3	Dr.Neeraj Dhingra	Director, NVBDCP
4	Dr.Avdhesh Kumar	Addl.Director,NVBDCP
5	Dr.A.K.Puri	DDG, NACO
6	Dr.Bhawani Singh	DD, NACO
7	Dr.Ritu Gupta	Consultant, SAG
8	Mr.Rajeev	US,Dept.of Economic Affairs, Ministry of Finance

9	Mr.Raman Sharma	LFA, PWC
10	Dr.Sandhya Gupta	Grant Manager,NPMU(GF),CTD
11	Ms.Rohini Shinde	Consultant CTD
12	Mr.Dinesh Kumar	Proc.Consultant, NPMU(GF),CTD
13	Ms.Ankita Singal	Finance Manager, NPMU (GF),CTD
14	Ms.Veena Kumra	Technical Consultant, CTD
15	Mr.Veeraiah S.Hiremath	Consultant, WHO-CTD
16	Mr.Richard Cunliffe	Global Fund
17	Ms.Bertha Simwaka	Global Fund
18	Dr.Benu Bhatia	M&E Manager, NPMU,NACO
19	Mr.Arindam Moitra	Grant Program Manager, NPMU,NACO
20	Ms.Gitanjali Mohanty	Programme Officer, ICCM
21	Ms.Veena Chauhan	Admn.Asstt.,ICCM