

India Country Coordinating Mechanism- 77th Meeting

Subject: Minutes of 77th meeting of India CCM

Date (dd.mm.yy)	19-05-2020
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	4.30 PM
Meeting Chaired by	Secretary (H)/Chair, ICCM
Total number of participants	37
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 Country Coordinating Mechanism (CCM) Member: 14 (Physically present-4 and Virtually present-10) â- ^a Alternate member : 10 (Physically present-1, Virtually present-9) â- ^a Special Invitees : 13 (All were present physically)
Attendance list	Yes, Annexure-1

77th 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. The meeting began with a brief round of introduction of the participants. At the outset, Secretary (HFW) introduced Sh. Rajesh Bhushan who is currently the Officer on Special duty to MOHFW and will take charge as Secretary (HFW) after my superannuation in two months. She expressed gratitude to the outgoing Member Secretary /Special Secretary (MoHFW), Sh. Sanjeeva Kumar who has been appointed as Secretary, Department of Border Management, Ministry of Home Affairs and placed on record his extraordinary contribution to India CCM and various programmes which got benefitted with his stewardship.

She appreciated India CCM for its continuous efforts in making progress towards concept note development process for upcoming Global Fund grant since last CCM meeting in spite of restrictions due to nationwide lockdown for COVID-19 outbreak.

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

Agenda item no. 1

The minutes of 76th meeting of India CCM were endorsed.

Agenda item no. 2

India CCM Focal Point made a presentation to share updates on COVID-19 Response Mechanism funding request and to seek India CCM endorsement for the same. Key points from the presentation are as follows:

- The Global Fund has announced a worldwide additional assistance of **USD 500 million** to support countries in responding to the COVID-19 pandemic and mitigating its negative impact on HIV, TB, and Malaria programs and on health systems- as **COVID-19 Response Mechanism (C19RM)**.
- To avail funding under C19RM, interested countries need to submit funding request proposal to the Global Fund by **31st May 2020** through their respective CCMs. The funding under C19RM will be made available on a **rolling** basis and will be for **implementation period till June 2021**.
- As a part of key requirement for C19RM funding request, each country is eligible to avail upto **10%** of the country allocation for the period 2021-24, which will be inclusive of funding already accessed from savings/reprogramming of existing grant (for period 2018-21).
- Funding requests is to be submitted under two priority levels-
 - o **Priority 1-** should not exceed **3.25%** of the eligible allocation (**16.25 million USD for India**)
 - o **Priority 2-** which, when combined with Priority 1 and funds accessed through current grant flexibilities, should not exceed 10% i.e **6.75%** of the eligible allocation (**33.75 million USD for India**)
- Programme divisions (NACO, CTD, NVBDCP) identified the priority areas for proposal through a series of internal discussions and stakeholder's consultations. Based on the inputs gathered, three disease control programmes have drafted a combined funding request proposal under two priority levels (Priority 1 & Priority 2).

- Activities proposed under **Priority -1** are as follows:

1. Health System Strengthening :

a) Augmenting the diagnostic capacity by provisioning point of care multi-disease platform technologies capable of testing HIV, TB, Hepatitis, COVID19. This will be implemented by PR FIND India with a budget of US\$ 9,704,677.

b) Infection Prevention and Control (IPC) by provisioning PPE for at risk health care workers (Lab staff and ORWs of CSCs).

2. Community System Strengthening :

a) 100 Care and Support Centers (CSCs) for Community Outreach and Support. Points 1b and 2a will be implemented by PR-NACO and SR India HIVAIDS Alliance with a budget of US \$ 4,457,391

b) Long Lasting Insecticidal Bednets LLINs support to the community- This will be implemented by PR NVBDCP with a budget of US\$ 2,112,500

- Activities proposed under Priority -2 are as follows:

1. Health System Strengthening:

a) Strengthening of existing district level laboratory infrastructure by provisioning of BSL2 (Bio-safety Cabinet).

b) Infection Prevention and Control (IPC) - Provisioning PPE for at risk health care workers (Lab staff).

These components will be implemented by PR FIND India with a budget of US\$ 19,712,971.

2. Community System Strengthening:

a. Social media campaign and Helpline, last line delivery of drugs and other commodities, Counseling of affected communities and Research. This will be implemented by PR-NACO with a budget of US\$ 4,784,067

b. Community Engagement component will be implemented by PR-The Union with a budget of US\$ 4,956,146

3. Community Outreach and Support by provision of LLINs to at-risk population. This will be implemented by PR NVBDCP with a budget of \$ 4,387,500

Deliberations held by India CCM Members on COVID-19 funding request proposal:

- Dr. R.R. Gangakhedkar suggested that since COVID-19 is a respiratory illness, an integrated prevention effort shall be undertaken along with other respiratory infections such as TB, H1N1, pneumocystis infection within the overall ambit of lung health. This will help country to offer lung health services through a unified programme.
- Mr. Raval Pratik highlighted that under the existing lockdown situation, In Gujarat Vihaan project has been supporting PLHIVs by dispensing drugs through Outreach workers (ORW). Hence, it is important that ORWs are provided with PPE (mask, gloves etc.) to protect them against COVID-19 infection. He also suggested that measures adopted by Gujarat SACS to extend nutrition support to PLHIVs may be shared with other SACS as best practices.
- Ms. Jahanabi suggested that in the proposal along with PPE (mask, sanitizers), increased travel allowance of Outreached Workers shall also be proposed. This will be helpful in improving their efficiency and ensuring that ORWs can support more PLHIVs and support them. She stressed on the need to facilitate routine hospital services for PLHIVs as most of the existing hospitals/ facilities are being used as quarantine facilities for COVID-19 and are inaccessible.

Secretary (HFW) assured that MoHFW is making efforts to restore all non-Covid essential services and has issued advisories to states on the same. She urged members to follow up with their state/local health authorities as well to ensure that essential health services are being maintained.

- Mr. Yadavendra apprised about community kitchens being run in the state of UP to support communities in fulfilling nutrition requirements. He suggested that such community platforms shall be encouraged in all states and TIs under HIV programmes may be linked with these community kitchens which in turn can support Key populations for their nutrition requirement.

Secretary (HFW) appreciated the suggestion and advised NACO to write to all States to link vulnerable population groups with concerned departments for their social protection requirements.

- Mr. Sudeshwar Singh suggested that treatment supporters and TB champions shall also be strengthened as part of community system strengthening. DR-TB contact tracing may also be incorporated under the proposal. To mitigate the impact of COVID -19 on TB patients, he suggested providing DBT incentive of 4 months in advance.

DDG (TB) clarified that the proposed community system strengthening component under the funding request proposal incorporates TB champions and supporters. JS (NTEP) mentioned that under NTEP TB patients receive two months incentive as advance which shall be sufficient to support their nutrition requirement. Though, states may be suggested to consider increasing advance payment.

- Ms. Deepti raised issue of addressing Adverse Drug Reaction (ADR) of TB patients and provisioning medicine in advance as access to hospital has been limited. She suggested providing helpline number to assist TB patients with ADR issues. DDG (TB) informed that TB call centres are operational to aid TB patients. Moreover, CTD has directed all states to give 1-2 months medicine in advance to TB patients.
- Mr. Shridhar pandey suggested that as limited patients are turning up to health facilities due to COVID risk, TB diagnosis at community level shall be initiated. Also food security plan for TB patients shall also be in place.

JS (NTEP) apprised that states have been advised to continue with the field activities wherever possible following adequate COVID protocols. To support the nutrition requirements of TB patients, Nikshay Poshan Yojna is already in place.

- Dr. Shyamala Natraj voiced out the concern of Key Populations (TG, FSW, MSM, IDU) under HIV being worse affected due to ongoing lockdown situation pertaining to COVID-19. She mentioned that these high risk population groups are neither adequately covered under other health programmes nor their mainstreaming is happening as envisaged. It is important that basic social protection (nutrition and shelter) and non-covid health care needs of Key Populations (KPs) are catered to under the Global Fund COVID-19 assistance so as to ensure that they are retained on treatment and protected from indulging in high risk behaviour. She commented that World Bank loan of USD 1 billion which is being mobilized by Government of India for COVID-19 response, which may be used for health system strengthening and funds from COVID-19 grant may be apportioned to secure nutrition and shelter services for other KPs. She suggested engaging existing Targeted Interventions (TIs) to implement this component.

Secretary (HFW) acknowledged the concerns and informed that as part of State Disaster Relief Funding (SDRF), states have been provisioned to meet food and shelter requirements of needy population. Besides, several initiatives (like Garib Kalyan Yojna etc.) have also been

announced to support vulnerable populations which can be capitalised to fulfil their social protection requirements. AS & MD also added that SACS usually manage such issues of vulnerable groups by coordinating with other ministries/departments (housing and PDS depart.).

Joint Secretary (NACO) apprised that NACO has directed all SACS to ensure seamless access of benefits and Social Protection support to PLHIVs by tying up with concerned departments. He advised that for KPs, SACS can be approached to support/advocate for their nutrition/shelter requirements and if any issue is encountered/SACS are not supporting, it may be flagged to States (PD, SACS) or NACO (Dr. Naresh Goel).

Secretary asked Dr. Shyamala to provide, a concrete proposal on how social protection needs of KPs can be addressed with clarity on population to be covered, how the in need population will be identified, budget requirements, implementation strategy, accountability and monitoring mechanism to NACO. The same may be incorporated in the funding proposal if found to be feasible and acceptable to the Global Fund. Dr. Shyamala pointed out that a detailed proposal is not possible because of the time limitation.

- Ms. Kusum echoed the issue raised by Dr. Shyamala and requested to incorporate nutrition and shelter support component for migrant and vulnerable KPs (FSW, TG, IDU, MSM) in the funding request proposal.
- Ms. Nandini Kapoor commented that under the HIV program through the ART centres and the communities, ARVs are being delivered to people living with HIV through Multi Month Dispensing, CSCs, and door step delivery by communities. With reference to the proposed 100 CSC, she suggested that as these are being proposed during the exceptional period of COVID 19, they can be run through innovative models and may accommodate the requests being submitted by the community to include additional transport cost, nutrition etc. On the possible modality to reach key populations in need, pointed that Targeted Interventions is an existing modality under NACO.

Decision:

1. NACO to write to states to advocate with concerned Ministries/ Departments to extend social protection schemes, nutrition and access to services to all vulnerable and high risk groups under HIV.
2. Dr. Shyamala to share a concrete proposal on how social protection needs of KPs can be addressed with clarity on population to be covered, how the in need population will be identified, budget requirements, implementation strategy, accountability and monitoring mechanism to

NACO.

3. Programme divisions noted the suggestions given during the meeting. India CCM endorsed the funding request proposal under COVID 19 RM.

Agenda item no. 3

India CCM Focal Point made a presentation to seek ex post facto approval of India CCM for Non government Principal Recipient's (NGPR) shortlisted for upcoming Global Fund grant for period 2021-24. He apprised CCM on the process of NGPR selection:

- Based on the decision of India CCM during its 76th meeting, an open advertisement was floated seeking Expression of Interest (EoI) from interested organizations for Non-Government PR positions from 31st Jan- 21st Feb 2020. A total of **61 applications (30 for HIV, 23 for Tuberculosis, 8 for Malaria)** were received till closing date.
- A Screening Committee constituted under the Chairmanship of Dr. B.D. Athani (Principal Consultant DGHS) to shortlist the Non-government PRs based on submitted EoIs. The screening committee held a series of consultative meetings and shortlisted 11 organizations as NGPRS. The details of which are as follows:

HIV (5 Organizations)	TB (5 Organizations)	Malaria(1 organization)
PLAN International [India Chapter]	William J. Clinton Foundation (WJCF):	TCI Foundation
Solidarity and Action Against The HIV Infection in India [SAATHII]	Resource Group for Education and Advocacy for Community Health (REACH)	
India HIV AIDS Alliance	PLAN International (India Chapter)	
The HumsafarTrust	International Union Against Tuberculosis and Lung Disease (The Union)	
The Voluntary Health Services [VHS]	Foundation for Innovative New Diagnostics India (FIND)	

- Due to the prevailing COVID-19 situation in the country and related factors and to comply with set timelines for the proposal development and submission to the Global Fund, aforesaid Non Government PRs were finalized with the approval of Secretary (HFW)/ Chair, India

CCM and Vice Chair, India CCM. They recommended to proceed with combined proposal development process by Govt. and Non-govt. PRs and decided that an ex-post facto approval will be obtained from India CCM regarding the same.

- India CCM focal point also informed that due to current pandemic and lockdown situation in the country, proposal development could not be undertaken as planned and may be difficult to submit by 25th may 2020 window as decided during 76th meeting of India CCM. He proposed to submit India's funding request proposal to the Global Fund by next available window of **30th June 2020 [Window 2c]**. He informed if we submit within this window, it will be considered as part of submission window 2 only.

Decision:

India CCM provided an ex post facto approval of the shortlisted NGPRs and the revised submission date of 30th June 2020 for Global Fund funding request under 2020-22 allocation period.

The meeting ended with a vote of thanks to and from the Chair, India CCM.

Annexure 1

List of Participants

CCM Members

Sl. No.	Name	Designation/Organization	Physically Present
1	Smt. Preeti Sudan	Secretary (HFW)/ Chair, I-CCM	Yes
2	Ms. Vandana Gurnani	AS & MD (NHM)	Yes
3	Dr.Dharamendra Singh Gangwar	AS&FA	Yes
4	Dr.Rajiv Garg	DGHS	Yes
			Virtually Present
5	Dr.Bella Rajesh	Secretary,Tamilnadu (H)	Yes

6	Dr. Shyamala Nataraj	Executive Director, SIAAP/Vice Chair, I-CCM	Yes
7	Mr. Paul Salvaire	Embassy of France	Yes
8	Prof. Ramila Bisht	Centre of Social Medicine and Community Health, JNU	Yes
9	Mr. Sudeshwar Kumar Singh	Secretary, TB Mukta Vahini	Yes
10	Mr. Raval Pratik Anantray	Assistant Director, GIPA	Yes
11	Mr. Shridhar Pandey	Secretary & Chief Executive Officer, Gautam Buddha Jagriti Society	Yes
12	Ms. Deepti Chavan	CCM Member	Yes
13	Ms. Marietou Satin	Dy. Director, O/O Health, USAID/India	Yes
14	Mr. Paul Salvaire	Counsellor for Global issue & Health of Ambassador's Pvt. Office, French Embassy to India	Yes

Alternate Members

Sl.No.	Name	Designation/Organization	Physically Present
1	Sh. Alok Saxena	JS (GFATM)	Yes
			Virtually Present
2	Dr. R.R. Gangakhedkar	Scientist G, ICMR	Yes
3	Ms. Nandini Kapoor Dhingra	Senior Technical Adviser, UNAIDS	Yes
4	Ms. Jahnabi Goswami	President, ANPP	Yes
5	Md Hashmat Rabbani	Secretary, Gramin Samaj Kalyan Vikas Manch	Yes
6	Ms. Kusum	President, AINSW	Yes
7	Dr. Raghavan Gopa Kumar	Founder Member, Touched by TB	Yes
8	Mr. Yadavendra Singh	Chairman, Pahal Foundation	Yes
9	Mr. Ajay Ganguli	IMA	Yes
10	Dr. Ranjani Ramachandran	National Professional Officer (Labs), WHO	Yes

Special Invitees

Sl. No.	Name	Designation/Organisation	Physically Present
1	Sh.Rajesh Bhusan	OSD, MoHFW	Yes
2	Sh.Vikas Sheel	JS (TB)	Yes
3	Ms. Rekha Shukla	JS (VBD)	Yes
4	Dr.K.S.Sachdeva	DDG (TB)/Focal Point,ICCM	Yes
5	Dr.Avdhesh Kumar	Addl.Director,NVBDCP	Yes
6	Dr.Ritu Gupta	Consultant	Yes
7	Dr.Sandhya Gupta	Grant Manager,NPMU,CTD	Yes
8	Ms.Ankita Singal	Finance Manager,NPMU,CTD	Yes
9	Mr.Dinesh Kumar	Procurement Consultant, NPMU,CTD	Yes
10	Ms.Rohini Shinde	M&E, Manager, NPMU,CTD	Yes
11	Ms.Gitanjali Mohanty	Programme Officer,ICCM	Yes
12	Ms. Veena Chauhan	Administrative Assistant, I-CCM	Yes
13	Mr. Raman Sharma	LFA	Connected virtually