

Web Conference meeting of Caucus members of HIV Community

17th July 2018 | 2:30 pm-4:00 pm

A web conference meeting of the Caucus members of the HIV Community was held on **17th July 2018** from **2:30 pm to 4:00 pm** at UNAIDS Office, New Delhi with representatives of the Caucus attending in person or via online/ phone call, to announce the initiation of process of Elections of India CCM, and to apprise all with the criteria and requirements of the Elections.

The meeting began with a round of introduction of the participants. List of participants is placed at *Annexure-1*. Dr. K. S. Sachdeva, India CCM Focal Point welcomed the participants to the introductory meeting of the HIV Caucus members and mentioned the constituencies must follow an inclusive, fair and documented process of electing candidates for India CCM membership.

Dr. Sandhya Gupta, India CCM Coordinator gave a presentation introducing the participants to Global Fund, Country Coordinating Mechanism, Global Fund requirement for India CCM composition and reconstitution and the role of Caucus members in HIV constituencies' elections.

She expressed that as per **Eligibility Requirement # 4**, the CCM must ensure adequate representation of key affected populations and PLWD taking into account the socio-epidemiology of the three diseases – HIV, TB and Malaria. The CCM must also have balanced representation of men and women (at least 30% women representation). As per **Eligibility Requirement # 5**, members from CSO constituencies must be selected by their own constituencies based on a documented, transparent process, developed within each constituency. CCM Members should also have clearly defined processes of soliciting inputs from and providing feedback to their constituencies that selected them to represent their interests in the CCM. It was also clarified that Chair and Vice-Chair of India CCM must come from different sectors.

It was informed that the India CCM must be reconstituted by Oct 2018 for a period of 3 years term. There are four seats for HIV disease as per India CCM TORs – 2 CSOs, 1 KAP and 1 PLHIV.

Category	Key Affected Population	People Living with Disease	Civil Society Organizations	Total
HIV/AIDS	1	1	2	4
TB	1	1	1	3
Malaria	1	1	1	3
Total				10

The following criteria are to be followed for India CCM Membership as per India CCM TORs :-

- Each individual/ candidate shall represents their constituency and NOT their own organization or network.
- Must not work for any of the PRs and SRs of active grants.
- Must be able to commit to attending a minimum of 4 CCM meetings per year.
- Must agree to serve in any other smaller CCM committees, such as oversight etc , if required

- Must agree to feedback decisions and information made during CCM meetings to their constituency and establish a communication feedback loop/workplan to receive information and perspectives from within their constituency to share during CCM meetings.
- Must be willing to sign a Conflict of Interest declaration.

India CCM Coordinator informed that the Election Committee formed by India CCM held its meeting and recommended the following:

- Caucus group/existing networks and CSOs working for HIV, Malaria and TB affected populations are to be engaged for facilitating elections within their own constituency to select members for CCM.
- An advertisement should be put up on CCM/MoHFW/NACO/CTD and NVBDCP websites inviting expression of interest from CSO/KAP/PLWD for CCM membership.
- All members interested for CCM membership shall provide their letter of intent (including experience in the sector and engagement with PR/SRs under the Global Fund etc).
- Each selected member must develop constituency engagement /communication plan in consultation with their constituencies to strengthen constituency engagement in CCM functioning.

The HIV Caucus members were requested to inform respective constituencies (CSO, KAP, PLHIV) of HIV/AIDS sector about India CCM reconstitution/ election process and to steer/facilitate election of members from respective constituencies for CCM in an open, transparent and documented manner.

Mr. Manoj Pardesi alluded that the criteria where a CCM member cannot work for any of the PRs and SRs of active grants should not be valid. Mr. Firoz also added that this criteria is not valid for CCM membership in any other country except India. Ms. Sonal Mehta added that in the case where both PRs and SRs are not on the CCM, the Civil Society at CCM seems very weak and is not able to represent the constituency efficiently. She suggested that one PR must be on the CCM from any of the three diseases.

Mr. Yashwinder mentioned that in the current scenario, MSM and TG have been given a single seat. However they are very different communities with different needs and expectations. He opined that there should be 2 different seats, one each for MSM and TG.

Dr. K. S. Sachdeva, India CCM Focal Point answered that as the criteria of non inclusion of a PR and SR as CCM Members has been approved by the CCM through its TORs, the terms are unlikely to change. He also mentioned that such Conflict of Interest principles are Global Principles, not just indicated in India. He also made clear that India CCM and India CCM Secretariat are two separate entities, wherein India CCM Secretariat can only take views of the Community/ Caucus members for presentation at the CCM for their consideration. However, raising such issues is likely to delay the process of India CCM Elections. He requested that the members converge on a single thinking, may try to form their requests and submit to India CCM Secretariat for further action.

Ms. Daxa added that during the time these criteria were added to the TORs of India CCM, the community had raised their voice against it. However considering the timelines of Elections of India CCM, the community had compromised with it. She reiterated that those actively working for HIV community cannot be a part of the CCM if the criterion is valid. Ms. Nandini Kapoor replied that certain suggestions of the

community are accepted by the CCM, for example, during the Elections held in year 2015, suggestion of moving 2 CSO seats of HIV to KAP was accepted by the CCM.

Mr. Simon inquired the reason for going back to the original arrangement of 1 KAP seat and 2 CSO seats for HIV and whether any issues have arisen in the current arrangement. He also added that for the Elections of 2018, the same process as followed in 2015 should be adopted as it was a fair process. Dr. K. Sachdeva replied that India CCM Secretariat only wishes to inform the Caucus members regarding the arrangement as mentioned in the TORs. He also reiterated that the recommendation of the Caucus members will be taken to the CCM for consideration; however, any deviation from settled norms usually delays the process.

Mr. Firoz mentioned that the criteria of exclusion of SRs from CCM should not be valid which was added only in 2015. He also mentioned that Government constituency seats also have Conflict of Interest as a large share of the Global Fund grant is available for the Government programmes. Dr. Sachdeva replied that none of the Government Programme managers are on the CCM and hence does not have any conflict of interest.

Mr. Sunderaman summarized that the Caucus members will take back issues to their groups, will meet/ share their views over email and tailor its recommendations in one week and share with India CCM Secretariat. Ms. Nandini also added that one or two persons from the Caucus can lead the discussion. Ms. Sonal requested UNAIDS to organize another web conference for the group to discuss the issues relating to Elections of India CCM.

Mr. Simon inquired whether the India CCM Secretariat will be able to provide any technical or financial support for the elections. Dr. K. S. Sachdeva answered that the India CCM Secretariat has limited budget for organizing India CCM Elections in 2018 for all three disease. However, Caucus members can send their request for financial request which will be considered for approval. Efforts are being made to bring a consultant on board for technical support.

Mr. Manoj Pardesi made reference to the seat of Private organizations (CII, FICCI and ASSOCHAM) should be removed and an additional seat be added to Civil Society as representation of private organizations has been hardly observed during India CCM Meetings.

Ms. Nandini Kapoor commended the group on the fairness with which the process of elections of India CCM was followed in year 2015. She added that now the group should analyze the merits and demerits of the previous process, and build recommendations according to that. She reiterated that as proposed by the Election committee, hosting an advertisement will gather wider response from the community and make the process even fairer. Mr. Sunderaman mentioned that the group will now solicit inputs from the community as much as possible and make significant recommendations by the end of the week.

Dr. K. S. Sachdeva concluded that India CCM Secretariat is expecting final recommendations from the Caucus group by 25th July 2018. A similar meeting of TB and Malaria groups will be also held, where support of HIV group can be sought to help steer the election process within the currently unorganized TB and Malaria community. It is also expected from the HIV Caucus group that the selection of candidates is completed by September 2018.

List of Participants

Sl. No.	Name	Designation/Organization
1	Ms. Nandini Kapoor	Advisor, UNAIDS
2	Mr. Simon W.Beddoe	IDUF
3	Mr. Charanjit Sharma	IDUF, Alliance India
4	Mr. Kamal Kishore	Alliance India
5	Mr. Manitosh Ghildiyal	DNP+
6	Mr. Hari Shankar Singh	DNP+
7	Ms. Sadhna Jadon	PLHIV Constituency
8	Mr. Firoz Khan	NCPI+
9	Ms. Daxa Patel	NCPI+
10	Mr. Manoj Pardeshi	General Secretary, NCPI+
11	Ms. Sonal Mehta	Chief Executive, Alliance India
12	Dr. Sundar Sundaraman	HIV Consultant, Chennai
13	Mr. Yashwinder	Founder Member, Pahal Foundation
14	Ms. Kausalaya (Represented by Sam)	
15	Ms. Lakshmi	CEO, Ashodhaya Samiti
16	Dr. K.S.Sachdeva	DDG/Focal Point-ICCM
17	Dr. Sandhya Gupta	Coordinator, I-CCM
18	Dr. Benu Bhatia	P.O.,I-CCM