Report on India CCM Reconstitution for term 2018-2021

Background:

India CCM is a 26 member body with representation from Government (Centre and State), Civil Society Organizations (CSO), Key Affected Populations (KP/KAP), People Affected With Disease (PLHIV/PLWD), Private Sector and Bilateral and Multilateral development partners. As per the mandate of the Global Fund, India CCM was established as a governing body in 2002. The objective of the committee is to ensure access of Global Fund grant by the country, ensure that those funds are being well-coordinated within the national response, and to provide national oversight and ownership of grant implementation.

India Country Coordinating Mechanism (I-CCM) for the term 2015-2018 completed its tenure in November 2018 and is to be reconstituted for new term of Dec,2018-Nov,21.

The break-up of 26 seats of India CCM as per its Terms of Reference is as given under:

Constituency	No of Seat
Government: (Ministry of Health and Family Welfare	5
Other Union Ministries and Governments of States and Union	3
Territories	
Civil Society Organizations	4
HIV/AIDS 2	
TB and Malaria 1 each	
Key Affected Population (1 for each disease)	3
People living with or previously living with HIV/AIDS, TB, and	3
malaria, 1 seat each	
Private sector	2
Academic/ educational/research institutions	2
Bilateral development partners	2
Multilateral development partners	2
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The Global Fund Guidelines and Terms of reference of India CCM specify that the nominations for CCM membership must be conducted by the respective constituencies in transparent and well documented manner.

Process of reconstitution of India CCM for term 2018-21

The planning/process for the reconstitution of the India CCM for 2018-2021 was initiated as per directions of India CCM during its 72nd held on 21.03.2018. An Election Committee (EC) was formed with approval of Secretary (HFW)/ Chair, India CCM to guide the India CCM reconstitution/ election process. Based on EC recommendations, India CCM decided to create a robust process of Civil Society (including CSO, KAP, PLWD) constituency nomination by putting open advertisement for showing interest in CCM membership. To manage and oversee the entire Civil Society constituency election/nomination process, UNAIDS was recommended by India CCM during its 73rd CCM meeting (6th Sept 2018). A technical consultant was assigned to support UNAIDS in the process.

<u>Details of constituency wise nomination process and final nominations are as</u> follows:

1. Government Sector

As per ToRs of India CCM, Secretary (HFW)/Chair, India CCM makes nominations for government seats. The members and alternates members for the 8 seats of Government constituency nominated by Secretary ((HFW)/Chair, India CCM are as under:

Representative from MoHFW- 5 Seats			
Primary Member		Alternate Member	
Position	Name	Position	Name
Secretary, HFW	-	Secretary, HFW	F
AS & MD (NHM)	-	AS & MD (NHM)	-
Spl. Secretary & FA	Director (IFD)	FA	JS (IFD)
AS (H)	JS (TB)	AS (H)	JS (TB)
Spl. DGHS	Advisor (PH)	DGHS	Advisor (PH)
Representative from other central ministries 1 Seat			
Primary Member		Alternate Member	
Position	Name	Position	Name
JS (Rev.), Ministry of Finance	Director (MI)	AS/ JS (DEA)	Director (FB& ABD)
Representative fromState Government 3 Seat			
Primary Member		Alternate Member	
Position	Name	Position	Name
DHS, Arunachal	Jt. DHS (P & D),	Secretary, Tamil	MD (NHM), Tamil
Pradesh	Arunachal	Nadu	Nadu

		Pradesh		
DHS,	Andhra	Additional Director	MD (NHM), Uttar	DHS, Uttar Pradesh
Pradesh		(DCP), Andhra Pradesh	Pradesh	

2. Academic/ Research/ Educational Institutions

As per India CCM ToRs, two seats of India-CCM are designated to Academic/ Research/ Educational Institutions (Government or Government-affiliated) representing Gender and Health Systems Strengthening. As these seats belong to Government or Government-affiliated institutions, Secretary (HFW)/ Chair, decided the nomination from this constituency. A list of reputed and experienced institutions working in the field of Gender and Health Systems Strengthening in India was prepared. Based on the capacity and experience the following institutes were selected to represent the Academic/ educational/research institutions constituency of India-CCM:

	Table 2. CCM Members of Academic/Research/Educational institutions			
S.No.	CCM Members 2015-18		Proposed list of C	CM Members for tern
			2018-21	
	Main member	Alternate member	Main member	Alternate member
1.	Director,	Scientist and	Secretary (DHR)	Dr. R.R.
	NITRD;	Director, NIE	and DG, ICMR	Gangakhedkar,
	previously			Scientist G
	Secretary			
	(DHR)			
2.	Professor,	Dean, School of	Prof. Ramila Bisht,	Prof. Rama V. Baru,
	Centre for	Human Ecology,	Centre of Social	Centre of Social
	Disability	TISS	Medicine and	Medicine and
	Studies and		Community Health,	Community Health,
	Action, TISS		JNU	JNU

3. <u>Civil Society Seats:</u>

- To orient the civil society regarding CCM reconstitution I-CCM Secretariat with assistance from UNAIDS, held meetings with HIV Caucus group for on 17th July 2018 (Annexure 1) and CSOs working in TB and Malaria on 4th September 2018 (Annexure 2).
- A HIV Caucus group has been active for many years. On similar lines, google groups consisting of CSO/KP/PLWDs were created by UNAIDS for TB and Malaria constituency (Annexure 3).
- An EOI was published on 25th September 2018 (Annexure 4) at CCM/MoHFW/NACO/CTD and NVBDCP websites. The last date for submission of EOIs was 3th October 2018. A request for extension of the EOI date was submitted by several members of the HIV Caucus, TB and Malaria constituency. This was forwarded to the

India CCM Secretariat and the date for submission of EOI was extended to 15th October 2018. By the end date total of 43 EOIs were received for HIV/TB and Malaria by UNAIDS.

Details on Number of EOIs Received

	PLHIV/PLWD	KAP	CSO	Total
HIV	8	15	7	30
ТВ	1	5	3	9
Malaria	0	1	3	4

A) Nominations for HIV seats:

CSO-KP seats- Given the number of applicants a meeting was called on the 23rd of October in Delhi, of all those who had submitted EOIs to build consensus and identify the final nominees to the CCM. Ms. Sujatha Rao (Former Sec. MHFW) facilitated the discussion. The meeting was coordinated by UNAIDS with funding from India CCM. During the meeting, seven names were recommended, instead of six as no consensus was reached on one of the seats. The decision on who among the two names (from FSW constituency) proposed for one seat should be the final nominee was left to the CCM for consideration. The minutes are placed at Annexure 5.

Final Nominations suggested from among the HIV Applicants for CSO-KAP seats		
Constituency	Member	Alternate Member
CSO	Dr Shyamala Natraj (CSO)	Mina Bhosale (CSO)
KAP	Rudrani Chettri (TG)	Yadavendra Singh (MSM)
KAP*	 Nisha Gular (SW) Kusum (SW) 	Simon W Beddoe (PWID)

^{*}Names in bold indicate the seats that remained undecided.

PLHIV Seat (One member and alternate each):

A meeting with the PLHIV constituency was organised on the 31st of October, 2018 Delhi inviting representation from across the country and representing the known networks. Ms. Sujatha Rao (Former Sec. MHFW) facilitated the discussion. The meeting was coordinated by UNAIDS with funding from India CCM. Of the 8 applicants who applied (one member and one alternate member seats), there was no consensus for the two (2) names therefore the four names as Option 1 and Option 2 were proposed. The Option 1 included a candidate who is employed by the Gujarat State AIDS Society and a second candidate working with a sub-recipient for TB. As it was unclear if these two candidates will be accepted, the group proposed an Option 2 with two more names. The group left it to the CCM to decide. The minutes are presented in **Annexure 6.** The four names proposed were as follows:

Option 1	Option 2
Raval Pratik Anantray	Sadhna Jadon
Daisy David	Jahnabi Goswami

B) Nominations for TB and Malaria Seat:

Similar to the HIV – CSO seat meeting, a combined meeting of all TB and Malaria applicants was held at Delhi on the 23^{rd} of October 2018. (Minutes of the meeting are presented in **Annexure 7**).

For the TB seats, following group discussion among applicants the group recommended 7 names, with 2 persons for 'alternate' member seat for KAP. Both these applicants had originally applied for PLWD seat. Following a lengthy discussion the group decided to leave this 'alternate' seat nomination decision to the CCM.

Final Nominations suggested from among the TB Applicants			
Constituency	Member	Alternate Member	
CSO	Mr. Shridhar Pandey	Mr. Md. Hashmat Rabbani	
KP*	Ms. Deepti Chavan	 Ms. Rekha Verma Ms.Sangeeta Vijay Bhende 	
PLWD	Mr. Sudeshwar Kumar Singh	Dr. Raghavan Gopa Kumar	

^{*}Names in bold indicate the seats that remained undecided.

C) Nomination for Malaria constituency seats:

Of the four applications received, only one application was received for PLWD seat. One candidate who had applied for CSO seat chose to propose himself for KAP 'primary' seat. Two candidates proposed themselves as 'primary' members for CSO. Decision on the CSO seat was left to the CCM. Given there were only 4 applicants in all, no 'alternate' member was proposed for any of the 3 seats.

Final Nominations	suggested from among	the Malaria Applicants	
Constituencies (CSO, KP, PLWD)			
Constituency	Member	Alternate Member	
CSO	1. Fr. Paul Moonjely	No Nominations	
	2. Mr NikhileshMaity		
KP	Mr. Bhakta Bihari Mishra		
PLWD	Mr. NatthuramRajak		

^{*} Names in bold indicate the seats that remained undecided.

As for the seats, consensus was not built, and community members recommended CCM to take final decision. Chair, India CCM /Secretary (HFW) suggested a CCM reconstitution Committee, to review the above and make final recommendations to India CCM. Following members were approved for India CCM reconstitution committee —

- 1. Sh. Vikas Sheel, Joint Secretary (GFATM)-Government Constituency
- 2. Swami Shantatmananda -Civil Society Constituency
- 3. Ms Marietou Satin, USAID -Bilateral Constituency
- 4. Dr. Nicole Seguy, WHO -Multilateral Constituency

A meeting of this committee was held on the 28th of November 2018. The committee members discussed the above recommendations made by all the groups and finalised the recommendations from the committee based on an agreed criterion. Detailed minutes of the same are presented in **Annex 8**.

4. Private Sector Constituency

To seek private sector representation in India CCM, two seats are allocated to this constituency: One seat to Private Business Association and one to Private Medical Practitioner's Association

Private Business Association:

The Federation on India Chambers of Commerce and Industry (FICCI), Confederation of Indian Industry (CII) and Association Chamber of Commerce and Industry (ASSOCHAM) are the three main private business associations working in India. In order to acquire, a transparent, fair and inclusive representation from Private business association for one

seat, India-CCM ToR's recommends offering its membership on rotation basis to one of the these associations.

FICCI and ASSOCHAM were selected for India-CCM membership for the term 2012-2015 and 2015-2018. Hence for term 2018-2021 CII was offered India CCM membership.

Private Medical Practitioners Association —There is one seat for private medical practitioner's association. India Medical Association (IMA) being the largest national level voluntary organization/association of doctors of modern scientific system of medicine was offered the seat of **Private Medical Practitioners Association** for term 2018-21. Following are the nominations for Private Sector Constituency:

Constituency	Member	Alternate member
CII	Dr Shubnum Singh, Max Healthcare, Health Sector Skills Council (HSSC), CII	Dr Anupam Sibal, Indraprastha Apollo Hospitals
IMA	Dr Ravi S Wankhedkar, President	Dr R.N. Tandon, Secretary General

5. Multilateral and Bilateral Development Partners

The Multilateral and Bilateral development partners constituency undertook their own nomination process and sent final nominations after a consultative process with documentary evidence (**Annexed at 9**).

Nominations forwarded for the 2 Multilateral Representatives on the CCM are:

Primary Member	Alternate Member
1. Resident Representative, WHO (on	1. Senior Technical Adviser, WHO (on
behalf of the UN system)	behalf of the UN system)
2. Country Director, UNAIDS (on behalf of	2. Senior Technical Adviser, UNAIDS (on
the UN system)	behalf of the UN system)

Nominations forwarded by Bilateral development Partners are:

Primary Member	Alternate Member
1. Timothy Holtz, CDC	1. Marietou Satin, USAID
2. Paul Salvaire, French Embassy	2. Cecilia Costa, Delegation of European
	Union to India

Final list of India CCM members and alternate members for term 2018-21 endorsed by Chair, India CCM is placed at **Annexed 10.**

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	People Living with	Civil Society	Total
	Population	Disease	Organizations	
HIV/AIDS	1	1	2	4
ТВ	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

Annex-1

- 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

Annex-1

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.

Annexure 1

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

HIV Netw	rork	
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Meeting of TB and Malaria Constituency for CCM Elections 4th September 2018 | 2:00 pm-4:00 pm

A of the TB and Malaria Community including CSOs, KAPs and PLWDs was held on 4th September 2018 from 2:00 pm to 4:00 pm at Hotel Park Inn, New Delhi 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*. Ms. Smrity from REACH welcomed all for the meeting. Dr. K. S. Sachdeva, India CCM Focal Point introduced the CCM Secretariat, Technical consultant hired for CCM elections- Ms. Rohini Ramamurthy, Senior Advisor, UNAIDS – Ms. Nandini Kapoor and Vice Chair, India CCM- Dr. Nerges Mistry. He elaborated the need for India CCM reconstitution and the community should choose to select a representative from their constituency who is vocal and understands the needs of TB/ Malaria Community at all levels. He also mentioned the constituencies must follow an inclusive, fair and documented process of electing candidates for India CCM membership. He informed the members that the HIV Constituency has already been informed regarding the initiation of election process of India CCM.

Dr. Nerges Mistry and Ms. Nandini Kapoor spoke to the participants giving importance, roles and responsibilities of the CCM Members.

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 TB and Malaria 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 three seats each for TB and Malaria disease as per India CCM TORs -1 CSO, 1 KAP and 1 PLWD.

Category	Key Affected	People Living with	Civil S	ociety	Total
	Population	Disease	Organizations		
HIV/AIDS	1	1	2		4
ТВ	1	1	1		3
Malaria	1	1	1		3
Total					

Annexure - 2

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

- Each individual/ candidate shall represent 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 participants were requested to inform respective constituencies (CSO, KAP, PLWD) of TB and Malaria 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.

A participant from TB Mukt Vahini questioned about the process of involving affected communities which are not very active in current networks. CCM Coordinator answered with an example that a state can select one representative from all vulnerable population for a seat and similarly other states can select their representative. An election can be held among those representatives.

Ms. Nandini Kapoor was asked to bring forth the process adopted by HIV Constituency in the Elections of 2015. She mentioned that the HIV Community has well developed networks, and it has taken a long time for them to come at this stage. In the year 2015, the communities of HIV followed different processes by all KAPs and PLHIV – consensus, electronic voting or physical elections.

Ms. Blessina inquired about who will be leading the process of India CCM Elections. She mentioned that as CCM has funds for bringing constituencies together, if it is possible to bring a larger group together to inform them about the CCM reconstitution as she believes that there is low representation of TB community in CCM, either the right people are not selected or their capacities are not built. Dr. Sachdeva, India CCM Focal Point answered that UNAIDS will be leading the process of India CCM Elections for 2018 for all diseases with support from technical consultant, Ms. Rohini Ramamurthy. He also informed that CCM

Annexume - 2

Secretariat has limited budget for CCM Elections and big meetings for all constituencies may not be possible.

Dr. K. S. Sachdeva also introduced Sh. Vikas Sheel, JS (TB/ NVBDCP/ GFATM). Sh. Vikas Sheel addressed the participants during the meeting. He explained to the participants the developments of the Government concerned with TB and Malaria. He stressed on the importance of community involvement in TB and Malaria control, and the importance of network formation in TB. He also mentioned that as far as possible, for the reconstitution of CCM for 2018, the constituencies should opt for consensus building and elections should be avoided.

Mr. Shampa, Consultant Caritas requested if an additional meeting of Malaria constituency can be arranged separately as there was low representation from the constituency in the current meeting.

Ms. Blessi from Touch by TB and offered to lead the process of TB Election process in order to make it more transparent as there are many stalwarts in the TB constituency who are not part of the current meeting and would like to be a part of the Election process. India CCM Focal Point mentioned that it is not the mandate of CCM Secretariat to select an organization to lead the process. The constituency may decide among themselves the organization and natural leadership may emerge.

Ms. Nandini Kapoor concluded the meeting mentioning that UNAIDS will be a facilitating body for India CCM Elections. A common email will be formed and through that the communication regarding the reconstitution will be conveyed to all participants. In case of any doubts regarding Global Fund and CCM, technical consultant, UNAIDS or CCM Secretariat can be referred to. The constituency should as far as possible arrive at a consensus and elections should be avoided.

Ms. Blessi also reiterated that the group needs to communicate/ discuss among themselves as to what process should be followed by the constituency. Ms. Nandini Kapoor suggested that a Google group can be formed for such discussions. Webex calls can also be arranged with help of UNAIDS.

Mr. Rohini Ramamurthy, Technical consultant also assured of support to the community to ensure a transparent and fair process of reconstitution of India CCM. She also reiterated that the present group is a medium to go back and discuss the news with their constituency. An Advertisement will also be hosted to reach wider audience.

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Malaria -CSO/NGOs (Delhi based participants)

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5	Indian Society for Malaria and other communicable diseases (ISMOCD):	Dr. A C Dhariwal (Secretary)	dracdhariwal@gmail.com

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Expression of Interest

Register for Nomination- India CCM-CSO/ Key Population/People living with or previously living with HIV/AIDS, TB and Malaria (2018-2021 term)

Date of Issue: 25th September, 2018

Last date of submission: 3rd October, 2018

India Country Coordinating Mechanism (I-CCM) for the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is scheduled to be reconstituted for the term 2018-2021. For more information regarding the Global Fund and India CCM refer to India CCM website http://india-ccm.in/

This EOI is to invite candidates to be nominated to the CCM, for position of members and alternate members, for each constituency as presented in the table below:

	Total		er of seats constituenc	
	HIV	TB	Malaria	Total
Civil society organizations (including NGO/CBO/faith-based organizations)	2	1	1	4
Key affected populations	1	1	1	3
People living with or previously living with HIV/AIDS, TB, and malaria	1	1	1	3

The process of nomination should be community lead, ensure representation of the larger number of people from the constituency they are applying for. The final representative from among those submitting interest should be endorsed by the community. The entire process of identifying the nominee should be documented in detail by the community and submitted to the CCM.

As per CCM guidelines, the nominee cannot be a part of the PR or SR of Global Fund Grants in India.

All Civil Society Organisation applying to be nominated should be registered with Darpan portal of Niti Aayog. CSOs nominated to the CCM must submit a copy of registration certificate with annual reports.

All nominated members – CSOs. KP. PLWs should:

- 1. Provide evidence of working in the TB/HIV/Malaria field in India for at least 5 years. Give details of implementing related project/programmes.
- 2. Be willing to sign a Conflict of Interest Declaration of India-CCM.
- 3. Be willing to be an active member of India-CCM Member for a term of 3 years and participate in at least four meetings in a year.
- 4. Demonstrate capacity to represent the CSO/ KP/ PLWD constituency in India-CCM.
- 5. Provide a detailed understanding of how the nominee will establish a communication mechanism from community to CCM and reverse.
- Be willing to serve in other sub committees and technical advisory committees of India-CCM.

Interested candidates may be sent their application by 3rd October, 2018 through email indiaccm2018@gmail.com. Indicate in the subject line the position they are applying for.

Format for submission

Expression of Interest to be Nominated to the CCM

Constituency applying for	CSO/ KP/ PLWs
Application for which disease component	HIV/TB/Malaria
Name of the Candidate	
Name of organization/ network with which	
candidate is employed/ associated	
Current position held in the organization/	
network	
Contact details with phone number and	
email id	
If the application For CSO Position-	Yes/No
Is the CSO/NGO registered with Darpan	
Portal of Niti Ayog.	
Attach registration certificate and three	
years annual report.	
How many years of experience do you	
have in HIV/TB/Malaria give starting date	
Provide evidence of working in the	
TB/HIV/Malaria field in India for at least 5	
years. Give details of implementing related	
project/programmes.	
Are you currently receiving grants or	
donor funding?	
If yes from whom?	
Describe what will your contribution be to	
the CCM.	
If selected how do you propose to engage	
your constituency and link and create a	
communication mechanism between the	
community and CCM.	
If selected will you be willing to sign	Yes/No
Conflict of Interest Declaration of India-	
ССМ.	

अभिरूचि की अभिव्यक्ति

नामांकन के लिए पंजीकरण-भारत सीसीएम-सीएसओ/प्रमुख जनसंख्या/एचआईवी/एड्स, टीबी और मलेरिया से वर्तमान में या विगत में ग्रस्त व्यक्ति (2018-2021 की समयावधि)

जारी करने की तारीख : 25 सितंबर, 2018

प्रस्तुत करने की अंतिम तारीख 3 अक्टूबर, 2018

एड्स, क्षय रोग (ट्यूबरक्यूलोसिस) और मलेरिया से लड़ने के लिए वैश्विक निधि (जीएफएटीएम) के लिए भारत कंट्री कोऑर्डिनेटिंग मैकनिज्म (आई-सीसीएम) को वर्ष 2018-2021 की अवधि के लिए पुन: गठित किए जाने की योजना है। वैश्विक निधि और भारत सीसीएम से संबंधित और अधिक जानकारी के लिए भारत सीसीएम की वेबसाइट http://india-ccm.in/ देखें।

इस अभिरूचि की अभिव्यक्ति (ईओआई) में नीचे सारणी में दिए अनुसार प्रत्येक क्षेत्र के लिए सदस्यों और विकल्पी सदस्यों की तैनाती के लिए सीसीएम को नामित किए जाने वाले उम्मीदवारों को आमंत्रित किया गया है:

R	ति क्षेत्र सीर्स	ोएम में ग	सीटों की कु	ल संख्या
	एचआईवी	टीबी	मलेरिया	कुल
सिविल सोसायटी संगठन (एनजीओ/सीबीओ/श्रद्धा आधारित	2	1	1	4
संगठनों सहित)				
प्रमुख प्रभावित जनसंख्या (केपी)	1	1	1	3
एचआईवी/एड्स, टीबी और मलेरिया से वर्तमान में या विगत में	1	1	1	3
ग्रस्त व्यक्ति				

नामांकन की प्रक्रिया समुदाय के नेतृत्व में होनी चाहिए, उम्मीदवार जिस क्षेत्र (सीएसओ/प्रमुख जनसंख्याा/एचआईवी/एड्स, टीबी और मलेरिया से वर्तमान में या विगत में ग्रस्त व्यक्ति) के लिए आवेदन कर रहे हैं, उससे बड़ी संख्या में लोगों का प्रतिनिधित्व सुनिश्चित करें। अंततः अपनी अभिरूचि देने वाले व्यक्तियों में से उनके अंतिम प्रतिनिधित्व को अंतिम रूप देकर इसकी समुदाय द्वारा पृष्टि कराई जानी चाहिए। नामिती की पहचान की समूची प्रक्रिया समुदाय द्वारा विस्तार से प्रलेखित करके सीसीएम के पास भेजी जानी चाहिए।

सीसीएम के दिशानिर्देशों के अनुसार, नामिती भारत में वैश्विक निधि अनुदानों का पीआर या एसआर का भाग नहीं हो सकता। नामित होने के लिए आवेदन करने वाले सभी सिविल सोसायटी संगठनों (सीएसओ) को नीति आयोग के दर्पण पोर्टल में पंजीकृत होना चाहिए। सीसीएम में नामित सीएसओ को वार्षिक रिपोर्टों के साथ पंजीकरण प्रमाण पत्र की प्रति अनिवार्य रूप से प्रस्तुत करनी चाहिए।

सभी नामित सदस्य-सीएसओ, प्रमुख जनसंख्या (केपी) एड्स, टीबी, मलेरिया से ग्रस्त व्यक्तियों (पीएलडब्ल्यू) को :

- 1. भारत में कम से कम 5 वर्षों के लिए टीबी/एचआईवी/मलेरिया के क्षेत्र में कार्य करने का साक्ष्य देना चाहिए। इससे संबंधित परियोजना/कार्यक्रमों को क्रियान्वित करने का ब्यौरा देना चाहिए।
- 2. भारत सीसीएम की हितों का टकराव नामक घोषणा पत्र पर हस्ताक्षर करने का इच्छुक होना चाहिए।
- 3. 3 वर्ष की अवधि के लिए भारत सीसीएम का सक्रिय सदस्य बनने का इच्छुक होना चाहिए और एक वर्ष में कम से कम चार बैठकों में भाग लेने का इच्छुक होना चाहिए।
- 4. भारत-सीसीएम में सिविल सोसायटी संगठन (सीएसओ)/ प्रमुख जनसंख्याएं (केपी)/ रोग से ग्रस्त जीवित व्यक्ति (पीएलडब्ल्यूडी) क्षेत्र का प्रतिनिधित्व करने की योग्यता का प्रदर्शन करना चाहिए।
- 5. इस बात की विस्तृत समझ प्रदान करनी चाहिए कि नामिती किस प्रकार समुदाय से सीसीएम और सीसीएम से समुदाय के बीच संचार तंत्र स्थापित करेगा।
- 6. भारत-सीसीएम की अन्य उप समितियों और तकनीकी परामर्श समितियों में सेवा करने का इच्छुक होना चाहिए।

इच्छुक उम्मीदवार अपने आवेदन ई-मेल <u>indiaccm2018@gmail.com</u> के माध्यम से 3 अक्टूबर, 2018 तक भेज सकते हैं। विषय पंक्ति में जिस स्थिति के लिए आवेदन कर रहे हैं, उसे लिखें।

जमा करने के लिए प्रारूप सीसीएम के नामांकन के लिए रूचि की अभिव्यक्ति

आवेदन किया जाने वाला निर्वाचन क्षेत्र	सीएसओ / केपी / पीएलडब्ल्यू
किस रोग घटक के लिए आवेदन है	एचआईवी /क्षय रोग / मलेरिया
अभ्यर्थी का नाम	
संगठन/ नेटवर्क का नाम जहां उम्मीदवार कार्यरत/ संबंधी	
है	
संगठन/ नेटवर्क में मौजूदा धारित पदनाम	
फोन नंबर और ईमेल आईडी के साथ संपर्क विवरण	
यदि आवेदन सीएसओ पद के लिए है-	हां/ नही
तो क्या सीएसओ/एनजीओ नीति आयोग के दर्पण पोर्टल में	
पंजीकृत है।	
पंजीकरण प्रमाणपत्र और तीन साल की वार्षिक रिपोर्ट	
संलग्न करें।	
एचआईवी / क्षय रोग / मलेरिया के क्षेत्र में आपके पास	
कितने साल का अनुभव है, आरंभिक तारीख दें	
कम से कम 5 वर्षों का भारत में क्षय रोग / एचआईवी /	
मलेरिया के क्षेत्र में काम करने के साक्ष्य प्रदान करें।	
कार्यान्वयन संबंधित परियोजना / कार्यक्रमों का विवरण दें	
क्या आप वर्तमान में अनुदान या दाता वित्तपोषण प्राप्त कर	
रहे हैं ?	
यदि हां तो किससे?	
बताएं कि सीसीएम बनने पर आपका क्या योगदान होगा।	
यदि आपको चुना गया तो आप अपने निर्वाचन क्षेत्र को	
जोड़ने और समुदाय और सीसीएम के बीच संचार तंत्र	
बनाने का कैसा प्रस्ताव देंगे।	
यदि चुना गया तो क्या आप भारत-सीसीएम-हित का	हां/नही
टकराव नामक घोषणा पत्र पर हस्ताक्षर करने के इच्छुक	
होंगे।	

Meeting to finalize Nominations for CSO-KP seats (HIV) to the India Country Coordinating Mechanism (CCM)

23rd October 2018, 9.30 a.m. to 2.00 p.m.

Background

The Country Coordinating Mechanism (CCM) in India for the Global Fund on AIDS, Tuberculosis and Malaria (GFATM) is being reconstituted for the next three years 2019 - 2021.

To widely disseminate CCM reconstitution information an Expression of Interest (EOI) was published on CCM/MoHFW/NACO/CTD and NVBDCP websites inviting expression of interest. The last date for submission of EOIs was 3th October 2018. The EOI form included the criteria for submission and noted that the process for nomination should be a community led process. A request for extension of the EOI date was submitted by several members of the HIV Caucus. This was forwarded to the CCM secretariat and the date for submission of EOI was extended to 15th October 2018 and final nominations to the CCM by 26th October 2018.

A meeting was called on the 23rd of October in Delhi, of all those who had submitted EOIs to build consensus and identify the final nominees to the CCM. List of participants who attended the meeting is presented in annexure 1.

 One applicant Viji (TG-KP) from Tamil Nadu did not attend the meeting. Through reminders were sent seeking confirmation on her participation, no communication was received from her. A total of 22 EOIs were received for the 2 CSO and 1 KP seat with the following breakup:

- 7 EOIs for the 2 CSO seats and 2 alternates
- 15 EOIs for the 1 KP seat and 1 alternate

(1 EOI was dropped as the candidate was a government employee)

- One KP-IDU applicant, Mr Abou Mere, had written expression he cannot attend the meeting due to personal commitment. He authorised Mr Simon from his network, who was attending the meeting to take decision on his behalf.
- Two applicants had withdrawn their EOI
 - Swasti Health Catalyst, Bangalore
 - o Tayappa, who sent an email, "I am supporting to Nishagulur CCM =KP".

Ms. Sujatha Rao (Former Sec. MHFW) facilitated the discussion. The meeting was coordinated by UNAIDS with funding from India CCM.

Ms Nandini Kapoor (UNAIDS) introduced the overall objective of the meeting, giving participants an update on the process followed so far. Ms Nandini sought the permission of the participants to share the names of applicants with the CSO Caucus, to which the participants agreed. She also reiterated that building consensus to identify the final nominee would be a good way to go forward. She empathised that the participants should not look at it as 4 CSO seats and 2 KP seats.

Ms. Sujatha Rao, gave an overview of the requirements of a CCM members and emphasised that the CCM member is a representative of a larger community and not an organisation. She highlighted the conflict of interest issue and noted that for this reason the India CCM has defined in the criteria that a PR or SR cannot be a CCM member. She also recommended that the CCM should look inviting both 'primary' and 'alternate' member to the CCM meetings. Based on their knowledge and skill sets on the subject, they could contribute to the meeting.

Dr Sandhya Gupta (CCM coordinator) made a brief presentation on the CCM, roles and responsibilities of the member.

Each participant was given the opportunity to present their nomination to the wider group. Participants were given three minutes each to present their nomination, based on the EOI they submitted. The emphasis was on specifying the seat they had applied for, explaining who nominated them and process followed for their nomination.

Ms Geetanjali wanted to know if she could change her seat in the application from KP to CSO. Ms Nandini explained that this group does not have the authority to allow change the constituency applied for in the EOI. However in terms of seat distribution between CSOs and KPs, the group can recommend offering CSO seat to KPs.

Participants were divided into three groups and asked to work out a consensus on who's name they would like to put forward as the CCM nominee:

- 1. Participants applying for CSO
- 2. Participants applying for KP-FSW seat
- 3. Participants applying for IDU, MSM, TG seat.

The groups were decided based on number of applications for each seat. Given the number of FSW applicants, they were asked to discuss as a separate group.

For CSO seat:

- During the small group discussion Ms. Meena Bhosle and Dr Ajeet Prasad expressed they would withdraw their interest at this stage. The CSO group decided, from the applicants still wanting to be nominated, these two will identify the final two nominees for the CSO seat. Based on an internal discussion, the CSO group initially recommended Dr Shyamala Natraj and Mr Biswas as primary and alternate member. Mr Biswas felt east India not receiving adequate representation, he is a deserving candidate. Even thoughhis process document was not submitted with the EOI.
- During the course of discussion Mr Duleep Patil recommended Ms Meena Bhosle as
 the alternate member instead of Mr Biswas. Except Mr Biswas, other members in the
 CSO group did not object to this change. It was pointed out to Mr. Patil that Ms Bhosle
 too did not have a process document. However, she felt she had all the documents
 needed to prove her candidature. Hence, she should be considered.
- Thus, the nomination of Dr Shyamala Natraj as Primary member and Ms Bhosle as
 the Alternate was submitted by the group. The CSO group expressed that they would
 like to give up the 2nd CSO seat- one Primary and one Alternate to the KP group. since
 CSO group offered 1 member and 1 alternate seat to KP group, KP group could now
 nominate 2 members and 2 alternate (from TG, PWID, MSM and FSW applications).

KP (PWD, MSM, TG)

- The group discussed the EOIs submitted for the three constituencies. As only one seat per constituency was possible, the group agree to the names of Simon (PWID), Yadavendra (MSM) and Rudrani (TG).
- However all three members recommended wanted to be a Primary Member, where as it was only possible to have 2 primary and 2 alternate between the four constituencies (SW, TG, MSM PWID).
- Though Mx Rudrani and Mr Yadavendra Singh came from the same organization INFOSEM, they felt TGs and MSM both need to be represented at the CCM and hence both should be nominated.
- Simon was vocal about the GFATM issues and expressed his frustration on implementation, therefore wanted to keep his candidature for the Primary seat.
- After much discussion amongst them and the larger group, Yadvendra and Simon agreed to take the alternate seat, and leave the Primary seats for the TG and SW constituency.

KP (SW):

- Following a discussion in the group Kusum from AINSW was nominated and Nisha from NNSW was nominated.
- As per agreement by all groups, one main member KP seat was offered to FSW group.
 NNSW and AINSW both felt they should be the representative at the CCM as Primary members. AINSW expressed they had 90 CBOs working with them. They were the older group and had over 2 lakh members. NNSW expressed as they had support of 112 CBO/NGOs and that had over 1 lack registered members, they were eligible for this nomination.
- NNSW that as AINSW had been given a chance earlier they should be nominated this time. Yadavendra Singh of INFOSEM candidate supported this idea.
- Dr Shyamala, felt to ensure fairness in the process, AINSW's documents relating to support, should be shared with the group. This was not agreed, as all other candidates information was accepted on self-disclosure. AINSW should also be considered on self-disclosure.
- Dil Faraz from the CSO group suggested that as Ms Shaymala has also come with the backing for NNSW, which she shared in the group discussion, she may represent NNSW network at CCM as part of CSO and hence AINSW may be given the KP seat. However, Dr Shyamala denied this position and confirmed that she is representing CSOs and not NNSW.
- The larger group and the facilitators discussed this with AINSW and NNSW on the
 possibility of one stepping down however both the members were firm on their
 candidature.
- No agreement was reached on who of NNSW and AINSW should go forward. Hence both names- Kusum and Nisha were proposed for the primary member for the KP seat.
 Both agreed to leave it to the CCM to decide who is to be nominated to the CCM.

Decision points:

- 1. The group of 6 CSOs recommended that of the 2 CSO seats, 1 seat (member and alternate) be given to the KP group to enable representation of all our KPs.
- 2. Six (6) nominations were to be finalised 3 member and 3 alternates, however seven (7) names were proposed and recommended the decision be taken by the CCM.
- 3. The group agreed that the nominee names and their documentation be shared with the CCM for final decision.

	inations suggested from ar constituencies (CSO, TG, M	
Constituency	Primary Member	Alternate Member
CSO	Dr Shyamala Natraj (CSO)	Mina Bhosale (CSO)
KP	Rudrani Chettri	Yadavendra Singh (MSM)
KP	1.Nisha Gular (NNSW) 2.Kusum (AINSW)	Simon W Beddoe (PWID)

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Meeting to finalize Nominations for PLHIV seat (HIV) to the India Country Coordinating Mechanism (CCM)

31st October 2018; 2.00 pm To 7.00 pm

Background

The Country Coordinating Mechanism (CCM) in India for the Global Fund on AIDS, Tuberculosis and Malaria (GFATM) is being constituted for the period 2018 - 2021.

The 1 seat available for PLHIV constituency is 1 'Primary' member and 1 'Alternate' member.

Process

- a. Based on the decision of 72nd CCM meeting held on 21st March 2018, UNAIDS was requested to rollout and manage the process and an election committee was formulated to oversee the process.
- b. In the 73rd meeting of the CCM held on 6th Sep 2018, the CCM recommended that an announcement to submit an Expression of Interest (EoI) be published on CCM/MoHFW/NACO/CTD and NVBDCP websites.
- c. The EoI was published on the websites (last date for submission was 3rd Oct 2018). The EoI form included the criteria for submission, stating that submissions should follow a well-documented community led process. EoI could be submitted for both the primary seat as well as the alternate member. Upon the request made by several members of the HIV Caucus, last date of submission was extended to 15th Oct 2018.
- d. 7 EOIs were received for PLHIV seat by COB 15th October 2018. 1 EOI (Ms. Sadhna Jadon) was forwarded on 24th October. This had been previously sent to a wrong email id and was later submitted.
- e. All those who had submitted EoIs were invited to a meeting on 31st Oct2018 in Delhi. The purpose of the meeting was to identify final nominees for the 2 PLHIV seats on the CCM (primary/alternate). Ms. Sujatha Rao (Former Sec. MoH&FW and Nandini Kapoor facilitated the discussion. Anandi Yuvraj was also invited for the meeting on request of the community. The meeting was coordinated by UNAIDS with funding from India CCM.
- f. One applicant Jahnabi Goswami could not attend in person due to ill-health. She connected for part of the meeting through phone.

List of Eol's submitted

S.no	Name of Candidate	Network/Organization they represent	
1	Sharad Chand Jaiswal	Gorakhpur Nework for people living with HIV/AIDS society ,Gorakhpur,UP	
2	Manisha Bimal Patel	Association of the persons living with HIV and AIDS, Vadodara, Gujarat.	
3	Raval Pratik Anantray	GSACS, Gujarat	
4	Hari Singh	Global Alliance for Human Right [GAHR]	
5	Daisy David	Tamilnadu Networking People with HIV/AIDS (TNNP+)	
6	Amruta Alpesh Soni	Bihar Network of Positive people; Tweet Foundation	
7	Jahnabi Goswami	Assam Network of Positive people	
8	Sadhna Jadon	Madhya Pradesh Network of positive people	

Invitees to the meeting

- a. NCPI provided a list of 17 participants from different district and state level networks which were regarded as a representative sample of PLHIVs. It was stated that, 'each state chapter is separate legal entity and working independently and they have understanding to work with the NCPI+'. Hence according to NCPI+ they cannot be regarded as all NCPI+ representation. Of the 17 names three were EoI applicants.
- b. Apart from the above UNAIDS also invited DNP+, Community member organizations for KPs- AINSW, NNSW, IDUF and INFOSEM representatives to represent PLHIV amongst key populations.
- c. PWN+ provided names of 5 representatives for the meeting.
- d. The organisations/networks of the individuals who submitted an EoI were not invited for the meeting, as they were the ones to nominate.
- e. To ensure representation of children Anjali Gopalan, Naz Foundation, Delhi and Fr. Mathew of Sneha Charitable Trust Bangalore were invited. However, both regretted and did not attend.

Proceedings of the meeting:

- Ms. Nandini Kapoor (UNAIDS) introduced the overall objective of the meeting. She
 requested each participant to introduce themselves. She briefly described the process so
 far and how other constituencies had completed the process. She noted that civil society
 and community have demonstrated that they through a community led process can
 nominate their representatives.
- 2. Ms. Sujatha Rao (Former Sec MOHFW), in her introductory comments highlighted the roles and responsibilities of a CCM members and stressed that the identified member is a representative of a larger community. She emphasised the importance for networks to

be united and build consensus. She recommended that the CCM should consider inviting both 'primary' and 'alternate' member to the CCM meetings, even though the voting right rests with the 'primary member' and in his/her absence with the 'alternate' member. It was also suggested that the 'primary' and 'alternate' member could share the responsibility of attending the CCM meetings. She also expressed the importance of building capacity of networks as a continuous process.

3. Anandi Yuvraj, in her opening comments shared her experience in the Global Fund Board. She emphasised on a collective position which was critical for voices to be heard. She also stressed on the need for the CCM members to have effective communication to be able to communicate with the larger community.

Comments from the participants:

- a. Ganesh Acharya (Humsafar Trust), noted that in the 1990s, the community was very united, however now there are divisions based on the area of work and focus.
- b. Firoz Khan (NCPI), expressed his concern about SR/PR not being allowed to be nominated to CCM. He also felt that rather than having organizations working for PLHIV or in the filed of HIV be given seats in the CCM, these seats should go to PLHIVs. He felt this was unfair to the PLHIVs. He also felt by placing an expression of interest and giving many people the opportunity to apply was not exactly a community led process.
- c. Kousalya Periasamy expressed that she supported the idea that PR/SRs should not be part of CCM. She also expressed any one receiving a salary from global fund should be excluded. She stressed the need for those nominated to understand regional issues. She emphasised the need for a focus on women's issues. She also tabled the need for support for community members on the CCM as it is a lot of work and not always easy to understand the requirements of GFATM processes.
- d. Loon Gangte stressed the need to nominate an active representative and not a community member to fill the seat. He also stressed the need for two-way communication and consultations within the constituency.
- e. Anandi Yuvraj added that when she was part of the Ethical Committee of the global fund board, the policy of conflict of interest was developed. Her own organization did not apply for grants as she was part of the board.

Nandini Kapoor clarified that the PR/SR are not eligible for the CCM was not specific to PLHIVs, but to all seats. Nandini Kapoor committed UNAIDS support for communities who will be nominated for the CCM.

The process was initiated with each EOI applicant given few minutes to present their candidature, through 3 questions:

- Which network they represent?
- What according to them are the key issues faced by PLHIV?
- how will they ensure that voices of the community reach the CCM and information form the CCM shared with the constituency?

After the eight (8) candidates had presented their candidature, it was proposed that the group be divided in two and the eight EoIs be considered and 2 names be proposed through consensus. The candidates who had submitted their EoIs be given an opportunity to withdraw or support another candidate, however no one relented.

The group decided to sit in one large group for the discussion and the seven (1 on phone) candidates separately to discuss amongst themselves.

Daxa Patel suggested that rather than discussion, the group could vote for the two candidates to be nominated. Ms Sujatha Rao and Nandini Kapoor requested building a consensus and not go for voting, which received majority support in the room.

The group discussed the various options and the main discussion points were as follows:

- Of the 8 applicants, the group felt they would not like to take four names forward –
 Amruta Soni, Hari Singh, Manisha Patel and Sharad Chand Jaiswal.
- From the remaining four, the first name agreed unanimously was of Daisy David, however on clarifying with the CCM Secretariat that as Daisy works with World Vision who are SR for TB, it was not clear if her name will be accepted by the CCM.
- The other names proposed by Firoz Khan and Daxa Patel were Raval Pratik, Sadhna Jadon and by Loon and Kousalya, it was Jahnabi Goswami to bring in geographic balance. Both the proposals had divided support from the group.
- The issue of Raval Pratik working with GSACS as a Consultant too was raised by Kousalya Periasamy however Firoz Khan and Daxa Patel supported his candidature with the supporting argument that he represents the community and there is no rule in the TOR to say SACS cannot be nominated.
- The group support was divided on the proposal for Sadhna Jadon and Jahnabi Goswami. Either sides did not relent and were not willing to withdraw the names.
- Through further discussion and participation of the members in the room, a proposal was made by Firoz Khan to give three names – Raval Pratik, Daisy David, Sadhna Jadon. In an eventuality that either of the first two names are not cleared by the CCM a third name is there.

Lanu Aier suggested that either it should be 2 names or 4 names, in case the one or two are not accepted there are options given by the community.

Naresh Yadav and Joseph Mathew suggested that they send only two names.

Daxa Patel was not in favour of the candidature of Jahnabi Goswami and Kousalya Periasamy was not in the favour of Sadhna Jadon.

As it was a stalemate the Ms Sujatha Rao made the proposal to the group to suggest two names as option 1 and in case either or both are not accepted due to the CCM criteria, there are 2 other names proposed by the community.

Annexure-6

Firoz Khan suggested an order of priority as follows -

Option 1 – Raval Pratik/ Daisy David

Option 2- Sadhna Jadon/ Jahnabi Goswami

However, there was no consensus on the order priority or for the primary/alternate candidates.

Decision:

The four names proposed were as follows, with no consensus on order of priority.

Option 1

- Raval Pratik Anantray
- Daisy David

Option 2

- Sadhna Jadon
- Jahnabi Goswami

Consultation Meeting for finalizing PLHIV nominations to India CCM Wednesday, 31 October 2018 **REGISTRATION FORM** Contact Sign **Email ID Designation/Organisation** Name S.no Number The Humsafer Tonst Csanjeeroni pun sum) Ganesh Achanya(2) thanesahara Egmailia 9619954104 1 9836499 Durbar Tokoley Tabasi Koley (1) 2 Keema. Mitra - Reema(2) Mit trust clo sin kurk 1100410 gmad. Car 7508664593 3 arandiy@hotmail.com 9650549844 Independent Consollent An andi Yuvsay 4 See) Commity premer Controp sharadybets wood of 6 of mellio 998628 7650 Sharred Chand Jacks wal 5 UNP+ region. Sadhang Jedon sodhua fadon @ gmail. (on 93>0352988 6 d chemaidaizee@ 3mail-wo 9677065444 Daisy David TNNP+ 7 aunite 6 Souil quila >>>1000020 Amrita Somi MCPI+ 8 APT, vadodrer. momnupated 1230 Dynison (198655289) IMDEVIDURE / THEVITETURE LAVEL peter Coychoo 9725015963 PARIVAPTRIV FOUNDATION Manisher Portel

Prutik RAVAL

	Consultation	Meeting for finalizing P Wednesday, 31 Octoor REGISTRATIO	ctober 2018	to India CCI	M
S.no	Name	Designation/Organisation	Email ID	Contact Number	Sign
1	Thamil (1)	Dreetor, NPT+	notoms e tenos co.in	9942258549	84
2	Pawan Bhardway	Secendary UKNP+	UKPOSITIVE net Obje	4 9368106193	facy
3	Daxa Patel (1)	Rusidad, NCPIA	laxancpi Ogmil.co	99280 mh4907	Russes
4	Rama Pandiar(2)	Vice Prégilent NCPI+ Founder, TNP+, Tamil Nada	Enpluz@ywhoo.com		Mesery
5	Paul Lhungdim(1)	DNPY	paulthungdim	98108692	A
6	Asha Jaat (1)	SPWN+ Raysthan	aymer wrong mail.com		ZURU
7	Secta Yadav(2)	PWMI VMS.	Sectar Phun & grain.	945-03872 Com 50	See
8	Surita (1)	PWN+ NajpurmH	rumteke Synita@yahood	um 9588680977	S-B-Raimteke
9	Vanlalzuati(2)	Pari Myseur	ruali 777@ smail.com	9856829873	486
10	kousalyer(1)	PWN+	P/Lousalyang	944403520	8 Holy
			mail. Com		

	Consultation	Meeting for finalizing P	LHIV nominations	to India CCN	M
		Wednesday, 31 Oc REGISTRATIO			
S.no	Name	Designation/Organisation	Email ID	Contact Number	Sign
1	LOON GANGIE	Founder/DNP+	tuckchapa@gmail.	a 987102981	1 1
2	Lovely yadav	UNATOS	Yadan. luly 19 Egneiles		
3	Nandini kapoor	ONADS		9811852 271	
4	KSvjata Rao		Rsujedharra @ onkrohrun	986825700	-
5	Benu Bhatia	Programme Offices, 1-	dr. benubhatia@ gmai	8586899765	Benn
6	Rohini			981983169	
7	Hari Singh	Consellor DSACS	hobal Alliquel	989126355	The state of the s
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9	,				
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Meeting to finalize Nominations for TB and Malaria seats to the India Country Coordinating Mechanism (CCM) 23rd October 2018; 2.00 p.m. to 5.00 p.m.

Background

The Country Coordinating Mechanism (CCM) in India for the Global Fund on AIDS, Tuberculosis and Malaria (GFATM) is being constituted for the period 2018 - 2021.

The 3 seats each available for **TB** and **Malaria** are as follows:

PLWD - 1 Primary and 1 Alternate

Key Population – 1 Primary and 1 Alternate

Civil Society organisations - 1 Primary and 1 Alternate

Process:

Based on the decision of 72nd CCM meeting held on 21st March 2018, UNAIDS was requested to rollout and manage the process and an election committee was formulated to oversee the process.

- a) In the 73rd meeting of the CCM held on 6th Sep 2018, the CCM recommended that anannouncement to submit an Expression of Interest (EoI) be published on CCM/MoHFW/NACO/CTD and NVBDCP websites.
- b) The EoI was published on the websites (last date for submission was 3 Oct 2018). The EoI form included the criteria for submission, stating that submissions should follow a well-documented community led process. EoI could be submitted for both the primary seat as well as the alternate member.
- c) Last date of submission was extended to 15th Oct 2018, upon the request made by several members of the HIV Caucus. Accordingly, the date for sending final nominations was extended till 26th October 2018.
- d) By COB 15 October, 2018, the CCM secretariat received EOI as follows:

Constituency	ТВ	Malaria
КР	1	0
PLWD	5	1
CSO	3	3

- e) 1 TB Eol was dropped as the candidate only sent an email and no EOl
- f) Since there were more EoIs than available seats, all those who had submitted EoIs were invited to a meeting on 23rd Oct, 2018 in Delhi. The purpose of the meeting

was to identify final nominees. The meeting was facilitated by UNAIDS with funding from India CCM.

- g) 3 participants from TB could not attend. Of these 2 participants, Mr. Saurabh Rane (PLWD applicant) and Ms. Deepti Chavan (KP applicant) informed through email they were at the lung conference
- h) 1 participant, Dr Ajay Kumar Singh, had written expression he cannot attend the meeting however authorised Mr. Nikhilesh Maity who was a CSO- Malaria applicant, who was attending the meeting to take decision on his behalf.

Proceedings of the meeting:

- a) Ms Nandini Kapoor (UNAIDS) introduced the overall objective of the meeting, giving participants an update on the process followed so far. She also reitierated that building consensus to identify the final nominee would be a good way to go forward.
- b) Dr Sandhya Gupta (CCM coordinator) made a brief presentation on the CCM, roles and responsibilities of the member.
- c) Following this the TB and Malaria applicants sat separately and discussed their nominations among themselves.

Group Discussion for TB Constituency:

- a) Given there was only one KAP application, Deepti Chavan was the unopposed choice for the 'primary' member.
- b) For the PWD seat, Mr. Sudeshwar Kumar Singh and Dr Raghavan Gopa Kumar both expressed their desire to 'primary' members. Following the group discussion –they agreed on Mr. Sudeshwar Kumar Singh for 'primary' member and Dr Raghavan Gopa Kumar as 'alternate' member.
- c) For the 'alternate' KAP seat, 2 candidates who had applied for PLWD (Ms. Rekha Verma and Ms. Sangeeta Vijay Bhende) and they expressed that they should be considered as the 'alternate '-member KAP. No -consensus was reached on whose nomination should be taken forward. As there was no agreement reached, the group recommended that both names be forwarded and the CCM may decide who to take forward.
- d) For the CSO sea, Mr Md. Hashmat Rabbani and Mr. Shridhar Pandey both expressed their desire to be 'primary' member for CSO seat. Since Mr. Md. Hashmat Rabbani is current CCM member, other group members opined that Mr. Shridhar Pandey may be given chance to represent CSO constituency. Following some discussion Mr. Md. Hahmat Rabbani agreed to become 'alternate' member.

The decision taken by the group is as below:

Name	Eol submitted for	Status
Mr. Shridhar Pandey	CSO	'Primary' Member
Mr. Md. Hashmat Rabbani	CSO	'Alternate' Member
Ms. Deepti Chavan	KAP	'Primary' Member
Ms. Rekha Verma	PLWD	'Alternate' Member - KP
Ms. Sangeeta Vijay Bhende	PLWD	'Alternate member -KP
Mr. Sudeshwar Kumar Singh	PLWD	'Primary' Member
Dr. Raghavan Gopa Kumar	PLWD	'Alternate member

Group Discussion for Malaria Constituency:

- a) There was only one application for PLWD Mr. Natthu Ram Rajak. Hence, he was the choice as 'primary' member PLWD.
- b) No EOI for KP constituency was received. Mr Bhakta Bihari Mishra, (NIHIDA) had submitted EOI for CSO constituency. He decided to opt for KAP malaria instead of CSO seat. The group supported it.
- c) For the CSO seat and alternate, Fr. Paul Moonjely of CARITAS and Mr Nikhilesh Maity of Vikas Bharti felt they should be the 'primary' member and neither of them agreed to give up the 'primary' seat and go for the 'alternate' seat. As no consensus was reached the group recommended that both names be forwarded and the CCM may decide who to take forward as primary member and alternate member.
- d) There were only 4 applications in Malaria of which two wanted to be 'primary' member CSO, there were no recommendations for alternate members for this constituency.

Name	Eol submitted for	Status
Paul Moonjely	CSO	'Primary' Member
Mr Nikhilesh Maity	CSO	'Primary' Member
Bhakta Bihari Mishra	CSO	'Primary' Member -KP
Natthuram Rajak	PLWD	'Primary' Member

Decision points:

For the TB Constituency:

 Of the 2 applicants, Rekha Verma and Sangeeta Bhende who had filed for PLWD seat have requested be considered for 'alternate' member KP, 1 needs to be nominated.

For the Malaria Constituency:

- 1. Two applicants have requested for 'primary' member for CSO seat. 1 candidate needs to move to the 'alternate seat'.
- 2. One applicant who had applied for CSO malaria seat decided to opt for KAP malaria seat.
- 3. No recommendations have been received for alternate seat all three categories-CSO, KP and PLWD. Therefore, they are vacant due to limited EoIs received.

The group agreed that the nominee names and their documentation be shared with the CCM for next steps and decision.

A recommendation will be made to the CCM on permitting the 'primary' and 'alternate' members to attend the CCM meetings.

Meeting of the Malaria Constituency for CCM-India

		Tuesday, 23 Oct			
S.no	Name	Designation/Organisation	Email ID	Contact Number	Sign
	-12/2/2/2014	or Gorall 1 121 a 3/3		916557318	28 0119/2181
2	Bhakta Bihari Mishra	National Integrated Human 3 Industrial Development Agency NIHIDA, www. nicideorg. in	ni hidavo@gmail.com	9337459541	389009
3	DR SHAMPANAG	Control	disherfa & ghila		
4	Nikhilosh Maily	Vikas bhardi, Bishurpun	mikhilesh mait & gonail.	8987463854	Topig
5	Paul Hoon july	Director / Caritas Endia.	paule caritas indigora	9899877826	Clamp
6		,			
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Meeting of the TB Constituency for CCM-India

		Tuesday, 23 Oct			
S.no	Name	Designation/Organisation	Email ID	Contact Number	Sign
1	Sudeshialar Kr.	Secretar, TB MUKT Valini - Bila	Sudeshing-Singh @ Yaha. Com	9472885864	S. K. Simpl
2	Relation restrict	TB. AGT TEJ.	Sqheyer Brekna 8534	7033669/08 SUM	Reporterna
3	shi dhat Pandry	Secretary, GBJS UP	Spagnitiogneil co	m 962/0091/4	9
4	Sangeeta Bhende	SAIHARA, TB pune Mahaters	to 3 bhonde 26 to grait	con 7507028955	Sporde,
5	Dy. R. Cropakumai	Roard Momber Touched By 7B.	dr. r. gopalamod@gmoijl.	9811557590	The state of the s
6	With Marty	VIKASBHARA	nikhilash maitakilas	8987463854	Charles of the control of the contro
7	Md. Hashmat Robbani	Secretary, Gramin Samey Kalyan Vikus Manch	emailhashmat p gmail.com	n 73729626 49	Affiles
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Meeting to Finalise CCM Nomination 28th November, 2018 11.00 AM

Room. No- 244-A, Nirman Bhawan, New Delhi.

India CCM is scheduled to be reconstituted in the year 2018 for a term of three years 2018-2021. In this reference, India CCM (during 73rd CCM meeting) recommended UNAIDS to manage and oversee the entire process of Civil Society/KAP/PLWD Constituency s(e)lection for CCM membership.

UNAIDS facilitated a transparent process of nominations from all CSO/KAP/PLWD constituency. Through community consultations, for most of the seats consensus was reached. For seats where consensus was not built, community members recommended CCM to take final decision. In view of the above, Chair, India CCM /Secretary (HFW) formed CCM reconstitution Committee to review the above and make final recommendation to India CCM. Following members were approved for India CCM reconstitution committee –

- 1. Sh. Vikas Sheel, Joint Secretary (GFATM)-Government Constituency
- 2. Swami Shantatmananda -Civil Society Constituency
- 3. Ms. Marietou Satin, USAID -Bilateral Constituency
- 4. Dr. Nicole Seguy, WHO -Multilateral Constituency

A meeting of this committee was held on the 28th of November 2018. Ms. Marietou Satin nominated Ms. Sangeeta Kaul from USAID to attend the meeting on her behalf.

To give the committee members an understanding, Ms. Nandini Kapoor (UNAIDS) shared the process and documentation followed so far.

The names of those recommended by community consultation are as below:

Nominations recommended from Community consultations (CSO, TG, MSM, SW, PWID, PLWD - HIV)			
Constituency	Member	Alternate Member	Remarks
CSO	Dr Shyamala Natraj (CSO)	Ms. Mina Bhosale (CSO)	
KP	Mx. Rudrani Chettri (TG)	Mr. Yadavendra Singh (MSM)	
KP	1. Mx. Nisha Gular (SW) 2. Ms. Kusum (SW)	Mr. Simon W Beddoe (PWID)	 Consensus not reached for KP member seat. Decision is left to CCM.
PLWD	Option 1 - Mr. Raval Pratik Anantray - Ms. Daisy David		Final decision of CCM is requested for main member and alternate member seat for PLHIV seat from four names suggested (option 1 & 2)

Mr. Vikas Sheel

Dr. Sangeeta Kaul

Dr. Nicole Simone

Seguy

Swami

	Option 2 - Ms. Sadhna Jadon - Ms. Jahnabi Goswami No decision was made on who can be designated as primary		
	and alternate.		
	Nominations recomme	nded from Community (Consultations
	(CSO, KI	P, PLWD - Tuberculosis))
Constituency	Member	Alternate Member	Remark
CSO	Mr. Shridhar Pandey	Mr. Md. Hashmat Rabbani	
KP	Ms. Deepti Chavan	 Ms. Rekha Verma Ms. Sangeeta Vijay Bhende 	 No consensus built for KP alternate seat. Final decision left for CCM.
PLWD	Mr. Sudeshwar Kumar Singh	Dr. Raghavan Gopa Kumar	
		ended from Community KP, PLWD - Malaria)	
Constituency	Member	Alternate Member	Remark
CSO	Fr. Paul Moonjely Mr. Nikhilesh Maity		 Consensus was not made for CSO primary seat. Requested CCM to take decision.
KP	Mr. Bhakta Bihari Mishra		EOI sent for CSO seat but final proposal for KP seat
PLWD	Mr. Natthuram Rajak		

No proposal was made for alternate positions for Malaria seats

The committee members discussed the above recommendation received. Following are the decisions taken by the committee:

1. The committee agreed that the criteria as per the EOI be followed and members nominated should be on principle of rotation.

2. For the HIV seats:

- a. For the KP seat: Given that AINSW was the primary member in the last CCM, it was recommended that NNSW should be given the chance to be a primary member. Hence Mx. Nisha Gulur will be considered as 'primary' member.
- b. For the CSO alternate seat: Ms. Mina Bhosale was not considered for 'alternate' seat (CSO) due to insufficient documentation and it was recommended that Ms. Kusum from AINSW will be considered as 'Alternate' member in the CSO seat as AINSW did hold the 'primary' seat in the current CCMs. Ws. Kusum does have

c. For the PLHIV seat- it was felt that a PLHIV being a contract staff with the SACS, should not be considered as conflict of interest. As the CCM Guidelines, specified

Mr. Vikas Sheel

Dr. Sangeeta Kaul

Dr. Nicole Simone

Seguy

Swami

PR/SRs cannot be considered, Ms. Daisy David, working with World vision, which is a SR for TB grants, cannot be considered. The committee recommended Ms. Jahnabi Goswami, should be considered 'alternate' member, as Ms. Sadhna Jadon is the current member, following the policy of rotation.

3. For the TB Seat:

a. For KP Seat: Given Ms. Rekha Verma had supporting documents, she was considered for 'alternate' seat KP constituency. Ms. Sangeeta Bhende was not considered as her supporting documentation was insufficient.

4. For Malaria Seat:

- a. For CSO seat- Keeping the principle of rotation in mind, Fr. Paul Moonjely (CARITAS) will be considered the 'primary' member and Mr. Nikhilesh Maity will be the 'alternate' member.
- b. For the vacant seats, it was recommended that the 'primary' member should recommend an 'alternate' member, which will be approved by the Chair CCM.
- 5. The committee endorsed the CSO/community recommendation, of allowing both primary and alternate member to attend the CCM meeting.
- 6. The final recommendation of the committed are:

C	Constituencies (CSO, TG, MSM, SW, PW	VID, PLHIV)
Constituency	Member	Alternate Member
CSO	Dr. Shyamala Natraj (CSO)	Ms. Kusum (SW)
KP	Mx. Rudrani Chettri (TG)	Ms. Yadavendra Singh (MSM)
KP	Mx. Nisha Gular (SW)	Mr. Simon W Beddoe (PWID)
PLWD	Mr. Raval Pratik Anantray	Ms. Jahnabi Goswami

Mr. Vikas Sheel

Dr. Sangeeta Kaul

Dr. Nicole Simone

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No	minations Confirmed from among the T	B Applicants				
Constituencies (CSO, KP, PLWD) Constituency Member Alternate Member CSO Mr. Shridhar Pandey Mr. Md. Hashmat Rabbani KP Ms. Deepti Chavan Ms. Rekha Verma						
Constituency	Member	Alternate Member				
CSO	Mr. Shridhar Pandey	Mr. Md. Hashmat Rabbani				
KP	Ms. Deepti Chavan	Ms. Rekha Verma				
PLWD	Mr. Sudeshwar Kumar Singh	Dr. Raghavan Gopa Kumar				

Nomi	nations Confirmed from among the Ma	alaria Applicants
Constituencies (CSO, KP, PLWD) Constituency Member Alternate Member CSO Fr. Paul Moonjely Mr. NikhileshMaity KP Mr. Bhakta Bihari Mishra Vacant		
Constituency	Member	Alternate Member
CSO	Fr. Paul Moonjely	Mr. NikhileshMaity
KP	Mr. Bhakta Bihari Mishra	Vacant
PLWD	Mr. Natthuram Rajak	Vacant

Mr. Vikas Sheel

Staul Dr. Sangeeta Kaul

Dr. Nicole Simone

Seguy

Swami

Annexure 8

	Contract to the contract when			
Meeting: Reconstitution of India CCM Election Meeting-1 eg.	CM Election Meeting-reg.			
Date & Time: .28.11.2018, 11.00 AM	M			
Venue: RoomNo. 244-A, Wing-A Nirman Bhawan, ND	lirman Bhawan,ND			
Sl. Name of the Participant	Designation/ Organisation	Contact Number	Email ID	Signature
No 1 Sh.Vikas Sheel	JS, GFATM	23061481	jsnvbdcp-mohfw@nic.in	
2 Dr.K.S.Sachdeva	DDG/Focal Point I-CCM	9818038890	drsachdevak1@gmail.com	1
3 Swami Shantatmananda	PLWD_Malaria, R.K.Mission	9818155223	rkmissiondelhi@gmail.com	Dankathonk
4 Dr.Sangeeta Kaul	Team Leader (A), USAID	9811054890	skaul@usaid.gov	Stand
5 Dr Nicole Simone Seguy	CD Team Leader, WHO	8800495776	seguyn@who.int	man
6 Ms Nandini Kapoor Dhingra	Senior Advisor, UNAIDS	9811856271	kapoorn@unaids.org	Sapara C
7 Ms.Lovely	UNAIDS	9821817724	yadav.lvly19@gmail.com	lody yiele
8 Dr.Sandhya Gupta	Coordinator- I-CCM	9868171322	dr.sandhyagupta@live.com	Lower
9 Dr.Benu Bhatia	Programme Officer, I-CCM	8586899765	dr.benubhatia@gmail.com	Benut
10 FOH 121				3
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Meeting to Nominate the Multilateral Representatives to the India Country Coordinating Mechanism (CCM) 15thOctober 2018 from 14.00 hrs to 15.00 hrs

Present:

UNICEF	Dr Asheber Gaym
WHO	Dr Nicole Seguy
UNODC	Ms. Madhu Sharma
ILO	Mr. Syed Mohammed Baqar
WORLD BANK	Mr. Ronald Mutasa
UNDP	Ms. Zainab Patel
UNAIDS	Dr Bilali Camara, Ms. Nandini Kapoor, Ms. Lovely Yadav
UNESCO, UNFPA	Regrets

Background

The Country Coordinating Mechanism (CCM) in India for the Global Fund on AIDS, Tuberculosis and Malaria (GFATM) is being reconstituted for the next three years 2019 - 2021. During its last meeting the CCM agreed on new Terms of Reference including the reduction in its membership from 40 (forty) to 26 (twenty-six) subsequently the multilateral constituency which had 3 (three) seats in the past has now been allocated 2 (two) seats on the new CCM.

Each constituency was asked to use an internal process of selection or election or nomination of their representatives as members and their alternates to seat in the CCM. Dr. Bilali Camara, UNAIDS Country Director requested the Joint UN Team on AIDS for a meeting to discuss and recommend the multilateral representation to the CCM.

Dr Bilali Camara (UNAIDS) provided the group an overview of the GFATM in India, its overall mandate, the CCM functioning in the past years and the status under the New Funding Model. The roles, responsibilities of a CCM Member and Alternate were discussed. It was noted that the members for the multilateral constituency nominated in 2015 were UNAIDS and WHO, which have played key role in supporting the CCM-India to lead the national response to the three diseases. He reminded the meeting of the UNAIDS as also a traditional advocate for the civil society and community representation on the CCM and any other platforms at country or state levels. He reported to the gathering that the Chair of the CCM has asked UNAIDS to facilitate the nomination process of the CSOs and Community for the new CCM. He stressed on the role of oversight function of the CCM where WHO and UNAIDS play to ensure transparency mechanisms are in place and resources are spent were they are supposed to be.

Ms Nandini Kapoor elaborated further on the TORs, membership and the process being followed for the re-constitution for all constituencies.

Dr Camara asked representatives on a nomination basis to make their recommendation re their representatives on the CCM (2019-2021).

- Ms. Madhu noted that UNODC is engaged in supporting the National program on issues
 of drug use and prisons and will continue to do so and recommended that WHO and
 UNAIDS continue to be on the CCM on behalf of the multilateral constituency.
- Dr Nicole Seguy reaffirmed the commitment of WHO to the CCM as the agency which covers the three diseases and said that WHO is ready to continue to play this role.
- Ms. Zainab Patel supported WHO and UNAIDS continuing to play this role as WHO has
 a mandate re the three diseases and UNAIDS as a Joint Programme on AIDS working
 very closely with the Community and Civil Society. Ms Zainab also recommended that
 UNAIDS should work closely with the new CSOs/Community members of the CCM to
 build their capacity enabling them to fully play their roles.
- Dr Asheber Gaym endorsed the recommendations made by others and asked WHO and UNAIDS to continue to represent the multi-lateral system on the CCM.
- Mr Syed Baqar noted the interest of ILO being in the private sector and nominated WHO and UNAIDS to continue to represent the multi-lateral agencies on the CCM.
- Mr Ronald shared the expansion of the role of the World Bank in HIV and TB. He fully endorsed the membership of WHO and UNAIDS on the CCM. He recommended that to strengthen communication on CCM issues and for the wider UN system to contribute, the members could share the agenda of the meetings, collect input of agencies to be included in the discussions and share summary feedback re decisions made at the CCM meetings.

The following was agreed:

- 1. Nominated Multilateral Representatives on the CCM India are:
 - a. Member Resident Representative, WHO (on behalf of the UN system)
 - b. **Member Country Director, UNAIDS** (on behalf of the UN system)
 - c. Alternate Senior Technical Adviser, WHO (on behalf of the UN system)
 - d. Alternate Senior Technical Adviser, UNAIDS (on behalf of the UN system)
- 2. Capacity building is necessary for CSOs and community members on the CCM as suggested by the representative of UNDP.
- 3. Strong communication amongst the UN agencies on CCM issues is welcome as suggest by the representative of the World Bank.

BILATERAL CONSTITUENCY MEMBERSHIP TO THE COUNTRY COORDINATION MECHANISM

October 15, 2018

To: The India CCM Secretariat

Madam/Sir,

On October 11, 20 I8 the United States Agency for International Development (USAID) and the Centers for Disease Control and Prevention (CDC), convened a meeting at the United States Embassy in Chanakyapuri, for the purpose of the reconstitution of the Bilateral Constituency membership renewal for the period of 2018-2021. Invitations were sent to all Bilateral Missions to India and only two responded favorably. In attendance to the meeting were:

- 1. Paul Salvaire, Counselor, French Embassy
- 2. Shouvik Datta, Senior Programme Manager, Delegation of the European Union to India
- 3. Timothy Holtz, CDC, India
- 4. Marietou Satin, USAID, India.

The requirements under the terms of reference of the India CCM to be reconstituted every three years were discussed and participants were reminded of the importance that the renewal of members to the CCM follows an opened and transparent process. Considering that no other party expressed interest to step in as a voting member to the CCM, the participants unanimously agreed to renew the two seats previously filled by the United States Government represented by CDC and USAID and the Embassy of France. It was proposed that the European Union joins forces with France as an alternate member. The proposal was welcomed by all. France and EU took the conversation forward after the meeting to decide on the two members given France was previously represented by its ambassador to India and EU have not had representation to the CMM. The meeting ensured that all parties were heard. The following consensus was reached on voting and alternate members:

Seat #1: United States Government (USG): CDC/USAID.

Seat #2: France/European Union (EU): France/European Union.

The below table is a snapshot of the elected bilateral constituencies to the Country Coordination Mechanism for the 2018-2021.

Bilateral Agency	Voting Member	Alternate Member
France	Paul Salvaire	
European Union		Cecilia Costa
United States Government	Timothy Holtz/CDC	Marietou Satin/USAID

Attachments:

- 1. Invitations sent to Constituencies]
- 2. Attendance List
- 3. Submission of Candidates to the India-CCM Reconstitution (2018-2021)

Marietou Satin

Deputy Director Health Office

United States Agency for International Development

				CCM	Members / Alternate						
	mbers	T	1	1	Ī	_	rnate Member		1	1	1
S#	Name	Designation	Telephone Number	Email id	Address	S#	Name	Designation	Telephone Number	Email id	Address
Cen	tral Government					_					
1	Smt. Preeti Sudan	Secretary (HFW)/ Chair, I-CCM	011-23061863	secyhfw@gmail.c om	Ministry of Health &Family Welfare, 156- 'A' Wing, Nirman Bhavan,New Delhi						
2	Sh. Manoj Jhalani	AS (HFW) / Member Secretary, I-CCM	011-23063693	manoj.jhalani@ni c.in ; as.mdnhm@gmail .com	Ministry of Health &Family Welfare, 157- 'A' Wing, Nirman Bhavan,New Delhi						
3	Sh.Sanjeeva Kumar	Additional Secretary (Health) and AS & DG (CGHS)		ash- mohfw@nic.in	Ministry of Health &Family Welfare, 254- 'A' Wing, Nirman Bhavan,New Delhi	1	Sh.Vikas Sheel	JS (TB)	23061481, 23063506	sheelv@nic.in	244-A, A Wing, Ministry of Health and Family Welfare, Nirman Bhawan,ND
4	Sh.R.K.Vats	AS & FA	011- 23062579/23062985	asdgcghs- mohfw@nic.in	Ministry of Health &Family Welfare, 252- 'A' Wing, Nirman Bhavan,New Delhi	2	Smt.Vandana Jain	JS (IFD)	011- 23062699	vandana.jain@ni c.in	203-D,Ministry of Health and Family Welfare,Nirman Bhawan,ND
5	Dr.S.Venkatesh	DGHS	011-23061063	dghs@nic.in	Ministry of Health &Family Welfare, 446- 'A' Wing, Nirman Bhavan,New Delhi	3	Dr. Inder Prakash	Advisor (PH)	011- 23062617, Mob.9313206414	inderparkash55 @gmail.com	Ministry of Health and Family Welfare Room No 544 -A, Nirman Bhawan
6	Sh. Sameer Kumar Khare	AS (DEA)	23092882	sameerkhare911 @nic.in	Room No. 141, Dept. of Economic Affairs,Ministry of Finance,North Block,New Delhi	4	Shakil Alam	Director (FB& ABD)	011- 23092908	alam.shakil@nic.i n	Room No. 33-A1, Ministry of Finance,North Block,ND
Stat	e Government										
7	Sh. J Radhakrishnan	Secretary, Tamil Nadu (Health)	044-25671875, 25665671, Mob.09940542111		Department of Health & Family Welfare, Government of Tamilnadu, 4th Floor, Fort St. George, Secretariat, Chennai – 600009, Tamilnadu	5	Dr. Darez Ahamed	MD (NHM), Tamil Nadu	044- 24336747/23321310, Mob. 09443358888	rchpcni@tn.nic.S in	5th Floor, DMS Annex Building DMS Complex,359, Anna Salai, Tenopate,Chenna 600 006
8	Shri Pankaj Kumar	, ,,	0522-2237522, 2237496; Mob. 07380388884		Om Kailash Tower 19- AVidhan Sabha Marg,Lucknow – 226 001, UP	6	Dr. Madhu Saxena	DHS, Uttar Pradesh	0522-2613923; Mob.8057048866/94 57048866	directorhealth20 12@gmail.com	Director General of Health Services (DGMHS), Room No.214, 1st Floor, Swasthya Bhawar Lucknow-226001

				CCM	Members / Alternate	Mem	bers 2018-202:	1			
Me	mbers					Alte	rnate Member				
S#	Name	Designation	Telephone Number	Email id	Address	S#	Name	Designation	Telephone Number	Email id	Address
Aca	demic/ Research/ Ed	lucational Institute:	5								
9	Prof.Balram Bhargava	Secretary (DHR) and DG, ICMR	011-26588204	secy- dg@icmr.gov.in	Indian Council of Medical Research,Post Box No.4911, Ansari Nagar, New Delhi- 110029	7	Dr. R.R. Gangakhedkar	Scientist G	26588296	rgangakhedkar.h q@icmr.gov.in; rgangakhedkar@ nariindia.org	Indian Council of Medical Research,Post Bo No.4911, Ansari Nagar, New Delhi 110029
10	Prof. Ramila Bisht	Centre of Social Medicine and Community Health, JNU	26704488	ramila@mail.jnu. ac.in	Room No.226, Jawaharlal Nehru University New Mehrauli Road, Delhi 110067,	8	Prof. Rama V. Baru	Centre of Social Medicine and Community Health, JNU	011-26704489	ramabaru@mail. jnu.ac.in , rama.v.baru@g mail.com	Room No.213,Jawaharla Nehru University New Mehrauli Road, Delhi 110067,
Civi	Society Organizatio	ns									
11	Dr Shyamala Natraj	Executive Director, SIAAP	0144- 24422285/24421215; Mob.9500046907	nataraj.shyamala @gmail.com	South India AIDS Action Programme, No.4/51, Poonthottam, North Mada Steeet, Thirvanmiyur, Chennai-600041	9	Ms. Kusum	President, AINSW	011-65438419, Mob.9211538926	kusumsocialwork er1978@gmail.c om;ainsw.india@ gmail.com	Road,Prem Nagar,
12	Mr. Shridhar Pandey	Secretary & Chief Executive Officer	09415163366/96210091 14	spjagriti@gmail.c om; gbjs_shridhar@ya hoo.com	Mathura Nagar, Ward No.10, Post-Uska Bazar, District- Siddharth Nagar (UP)- 272208	10	Md Hashmat Rabbani	Secretary, GSKVM	06562-222243, Mob.9431159447, 9572462647	mail.com,	Gramin Samaj Kalyan Vikas Manch, Policeline Road, Hamidganj (Near Celebration Marriage Hall) DALTONGANJ (Medininagar), Palamu- 822101,Jharkhand
13	Fr. Paul Moonjely	Executive Director, Caritas	9899877826; 11- 23363390/23742339	paul@caritasindia .org, director@caritasi ndia.org	Caritas India, CBCI Centre,1 Ashok Place, ND-110001, Opp.Goledakhana	11	Nikhilesh Maity	Programme Officer, Vikas Bharti, Bishunpur	8987463854	nikhilesh.maity@ gmail.com	Vikas Bharti, Bishunpur, Block Bishunpur, P.S Bishunpur, Dist Gumla, Jharkhand

				CCM	Members /Alternate	Mem	bers 2018-202	1			
Mei	nbers					Alte	rnate Member				
S#	Name	Designation	Telephone Number	Email id	Address	S#	Name	Designation	Telephone Number	Email id	Address
Key	Affected Population	S					ı	<u> </u>	<u> </u>		<u> </u>
14	Mx. Rudrani Chettri	Managing Director, Mitr Trust, CBO Member-Infosem Network	9910899755	rudranichettri@g mail.com	E-2/74B, 3rd Floor, Chankya Place, I-30 Futa Rd,Pankha Road,New Delhi- 110059	12	Mr. Yadavendra Singh	Chairman, Pahal Foundation	9910026990	ysingh.pahal@g mail.com	2/154, Vipul Khand,Gomati Nagar,Lucknow- 226010 (UP)
15	Ms. Nisha Gular	Executive Member-KSWU, President, NNSW	9620889944	nishagulur@gmail .com	No.2, Sweet water wll road, Nagashetty Halli, RMV 2nd Stage, Bengalure	13	Mr. Simon W Beddoe	President, IDUF	9810399611	simonwbeddoe @gmail.com; iduf.eb@gmail.c om	L 2/44C, 2nd Floor DDA Flatrs ,Kalkaji New Delhi-110019
16	Ms. Deepti Chavan	Patient Advocate	9869267999	deepticomesback @gmail.com	Flat No.13021, Kohinoor City, Ph-II, Kurla West,Mumbai- 400070	14	Ms. Rekha Verma	ASHA worker	7033669108	sahiyarekha@ga mil.com	Village-Gurha, PO- Jeruadih,PS-Birni, Dist.Giridih, Jharkhand-815318
17	Mr. Bhakta Bihari Mishra	Secretary, National Integrated Human and Industrial Development Agency	9337454541/943713891 2	nihidavo@gmail.c om	National Integrated Human & Industrial Development Agency (NIHIDA), At- Devimandapsahi, PO/PS-Nimapada, Dist. Puri, Odisha, 752106	15					
Peo	ole Living with Disea	se (PLWD)									
18	Mr. Raval Pratik Anantray	Assistant Director, GIPA	9725015963/926565534 1	ravalprtk@yahoo. com; gipacoordinator.g sacs@gmail.com	Ghatlodiya, P.O. Chandlodiya, Ahmedabad-382481,	16	Ms. Jahnabi Goswami	President, ANPP	9706050252	jahnabig@gmail. com	House No 24, N P Road, Christan Basti, G S Road, Guwahati - 78100
19	Mr. Sudeshwar Kumar Singh	Secretary,TB Mukt Vahini	9472885864	sudeshwar_singh @yahoo.com	Gujarat Tarkeshwar House, House No.40, Road No.1, Indrapuri, Patna, Bihar-800024	17	Dr. Raghavan Gopa Kumar	Founder Member, Technical Advisory Committee Member (Interim Governing Board)	9811557590	dr.r.gopakumar @gmail.com	T-24, Flat No.302, Sadbhavana Apartment, Khirki Extension, Malviya Nagar,ND-110017
20	Mr. Natthuram Rajak	Community Volunteer	9165573188	vijaym263@gmail .com	Vill-Nadanwara, PO- Khaniadhana, Tehsil- Khaniadhana, Distt.Shivpuri (MP)	18					

				CCM	Members /Alternate	Mem	bers 2018-202	1			
Mer	nbers					Alte	rnate Member				
S#	Name	Designation	Telephone Number	Email id	Address	S#	Name	Designation	Telephone Number	Email id	Address
Priva	ite Sector										
21		Director - Medical Education, Medical Research & Advisor - Healthcare Framework (MHC), Chairman, Member, Max Healthcare, Health Sector Skills Council (HSSC), CII	9810257949	ssingh@maxhealt hcare.com	The Mantosh Sondhi Centre, 23, Lodhi Rd, Institutional Area, New Delhi, Delhi 110003	19	Dr Anupam Sibal	Group Medical Director, Indraprastha Apollo Hospitals	011 2337 0009; Mob.9810114840	dranupamsibal@gmail.com	I.M.A. House, Indraprastha Marg, New Delhi- 110002
22	Dr Ravi S Wankhedkar	National President, Indian Medical Association	23370009, Mob.9422296495, 8275008761	np@ima- india.org, raviwankhedkar@ gmail.com, ravinp2018@gma il.com	I.M.A. House, Indraprastha Marg, New Delhi, Delhi 110002	20	Dr R.N. Tandon	Honorary Secretary General, Indian Medical Association	23370009, Mob.9810089490	hsg@ima- india.org, imahsg2016.18 @gmail.com, tnramen@yahoo .co.in	I.M.A. House, Indraprastha Marg, New Delhi, Delhi 110002
Mud	tilateral Constituenc	v					1				
		WR, India	91-11-66564800	int,	WHO Country Office, Rooms 533-537, 'A' Wing, Nirman Bhawan, Maulana Azad Road, New Delhi-110011	21	Dr Nicole Simone Seguy	Senior Technical Adviser, WHO	8800495776	seguyn@who.int	WHO Country Office, Rooms 533- 537, 'A' Wing, Nirman Bhawan, Maulana Azad Road, New Delhi- 110011
24	Mr Bilali Camara	Country Director, UNAIDS	011-4653 2333	camarab@unaids. org	55, Lodhi Gardens, Lodhi Estate, New Delhi- 110003	22	Ms Nandini Kapoor Dhingra	Senior Technical Adviser, UNAIDS	9811856271	kapoorn@unaids .org	55, Lodhi Gardens, Lodhi Estate, New Delhi- 110003
Bilat	eral Constituency			Į.			!			!	1
25	Dr.Timothy H.	Director , Division of Global HIV and Tuberculosis, Centes for Disease Control and Prevention	01124198650, 999975039	tkh3@cdc.gov	Embassy of the United States, Shantipath, Chanakyapuri, New Delhi–110021	23	Ms. Marietou Satin	Deputy Director, O/O Health, USAID/India	011-24198564, Mob.9811869471	masatin@usaid.g ov	Embassy of the United States, Shantipath, Chanakyapuri, New Delhi110021
26	Mr. Paul Salvaire	Counsellor for global issues & Head of Ambassador's private office, French Embassy to India	011- 43 19 61 03, Mob.9899334669	paul.salvaire@dip lomatie.gouv.fr	2/50-E Shantipath Chanakyapuri New Delhi	24	Ms. Cecicilia Costa	Team Leader	011-66781919	cecilia.costa@ee as.europa.eu	Delegation of European Union to India, 5/5, Shantiniketan, New Delhi