

**Record of Discussion**  
**Stakeholder's consultation meeting to discuss the Concept Note Development**  
**Process for the Global Fund grant for the period 2024-27**

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**Date: 9<sup>th</sup> February, 2023**

**Time: 09:00 AM – 17:00PM**

**Place: Hotel The Eros, New Delhi**

**Background:**

The Global Fund in their communication dated 21<sup>st</sup> December 2022 have sent the formal allocation letter to India for the Global Fund for the next Grant Cycle – Implementation Period-2024-2027. The allocation letter announces India's allocation of US\$ 500 million for HIV, TB, Malaria, and building resilient and sustainable systems for health under its 2023-25 allocation period (to be implemented for grant period 2024-2027). The disease wise indicative split shared by the Global Fund is as follows:

<b>Eligible disease component</b>	<b>Allocation amount US\$</b>	<b>Allocation Period</b>	<b>Utilization</b>
HIV	155,000,000	1 April 2024 to 31 March 2027	
TB	280, 000,000	1 April 2024 to 31 March 2027	
Malaria	65,000,000	1 April 2024 to 31 March 2027	
<b>Total</b>	<b>500,000,000</b>		

Three windows for submission of Country Funding proposal have been indicated by the GF as follows:

<b>Window</b>	<b>Applicant Submission Deadline</b>	<b>TRP Meeting</b>
1	20 March 2023	April-May 2023
2	29 May 2023	July 2023
3	21 August 2023	September-October 2023

In view of the above to initiate an inclusive concept note development process, a transparent PR selection process is to be adopted to ensure submission of the funding request proposal during 2<sup>nd</sup> window period (29th May 2023).

Focal Point, India CCM appraised the house that as part of the elaborate concept note development process, **a stakeholder consultation** involving -Civil Society, KAP, PLWD, Academicians, Technical experts, Development Partners, MoHFW officials and Policy makers working for HIV, TB and Malaria was organized by India CCM Secretariat on 9<sup>th</sup> February 2023 with following objectives:

- To bring in larger participation of the stakeholders in the overall process and
- To seek inputs/ suggestions on priority areas to be included in funding proposals for HIV, TB and Malaria for Global Fund Grant Cycle 2024-27.

Coordinator, India CCM Secretariat ran through a presentation regarding the specifics of the grant and associated timelines.

Focal Point India CCM appraised that the house that the Programme Divisions will present the program priority areas after due consultations with communities and technical experts.

She further said that the presentations from the Programme Divisions will be put on the India CCM website for written inputs from CCM Members/Constituencies/ Technical experts in the coming two weeks. Inputs were requested to be emailed to India CCM secretariat who will then circulate it to PDs to ensure that inputs are recorded and considered appropriately.

She urged the CCM Members to hold in-depth engagement with their respective constituencies.

- A. **HIV** – Dr. Bhawani Singh, Deputy Director, NACO presented the priority areas and --- of HIV Programme ( **Annexure-2**)

**Major Discussion points:**

- Mr. Pallav Patankar, Member, HIV-KAP Constituency spoke regarding community consultations and strengthening. He further emphasized on institution building support for sustainability.
- Dr. Shobini Rajan, DDG (NACO)/Focal Point, India CCM responded that the same is being considered under the HIV programme not necessarily under Global Fund grant. She appraised that during the NACO- NHM Coordination Meeting under the joint leadership of ASMD (NHM) and ASDG (NACO) clearly elucidated regarding the triple elimination. She said that in the present grant although there is some reprogramming to buy dual kits for HIV and Syphilis, it was still not sure regarding triple elimination kits under GF Grant.
- Ms. Anandi Yuvaraj, Member PLHIV Constituency, India CCM informed regarding a PLHIV pre consultation meeting on 8<sup>th</sup> February 2023 which laid importance on HIV in the ageing, NCDs in PLHIV, comprehensive care package to address the same. She further emphasized about a single window system for PLHIVs and sought further clarity on the overall funding situation and which components will be covered under GFATM grant.
- Mr. Yashvendra Singh representing the TG Community opined that communities should be engaged for Sampoorna Suraksha for mobilization and outreach activities.
- Dr. Shikha (Share India) spoke about STI diagnosis and management and resistance testing. She further opined if it would be possible to engage community champions for providing linkages for testing services.
- Mr. David Bridger, Country Director, UNAIDS/Member India CCM laid emphasis on the 3Is—Incidence reduction, Innovation and Integration. He said that the focus should be on innovation areas such as index testing which is also a part of GFATM prevention essentials package.
- Mr Vijay Raman (VHS) opined that in the area of CSS, some honorarium to be provided to Community Champions for engaging in basic activities. He also said that Index testing can be integrated with Tis.

- Mr. Sampad said that special emphasis should be given to adolescents and young KPs. He further said that there should be uninterrupted supply of condoms in the field through social marketing which is also the demand of communities.
- Umesh Chawla (WJCF) said that since 10 % of all HIV related mortality is in the segment of below 5, it is extremely important to give special attention to children exposed to HIV and consequently to Hepatitis B to ensure better quality of life and enhanced life expectancy.
- Dr. Rajat from WHO expressed concern regarding inequalities and access of communities to equality.
- Ms. Sonal Mehta said that emphasis should be laid on violence which is a common social determinant across all KPs. She further said that social marketing of various products should be resumed.
- Mr. Firoz (IHAA) said that special emphasis to be given to the needs of youth with HIV, their sexual reproductive health rights and positive prevention needs to be addressed. He further said that increasing drug use is being observed across communities such as MSM, TG and SWs and that the issue of ChemSex needs to be addressed.
- Mr. Aditya Singh (Accelerate India) opined that decentralized services like self testing for greater accessibility for first line testing especially in the virtual population, more emphasis on related health and non health issues in the virtual population. He also spoke about reviving mainstreaming work of NACO which is essential as a social determinant led approach to reach the most vulnerable. He further emphasized on activation of 1097 helpline for adherence and retention support system for PLHIVs and customized services for different segregated age/gender groups.
- Mr. Hari Singh (GAHR) emphasized on leadership trainings and refresher trainings, management of OIs during ART, single window for PLHIVs and IDUs and female condoms social marketing for prevention services.
- Ms. Daxa Patel spoke on the importance of pediatric ART, cervical cancer screening in KPs, strengthening of SRS service package, testing, screening and diagnostic services.
- Ms. Celina Menezes, Alt Member PLHIV Constituency gave her opinion that WLHIV especially the unemployed and vulnerable to be included as a part of KPs. , greater emphasis of mental health services focused on PLHIV, more investment for vaccine research, more numbers of young positive speakers bureau, App-based services (all services on one app) for all services for PLHIV.
- Ms. T Mercy Annapoorni, Member India CCM HIV CSO Constituency said that there is a need to integrate services including digital platforms. She also spoke on co-infections and convergence with other departments.
- Ms. Nandini Kapoor, UNAIDS, Chair Oversight Committee India CCM said that implementation and governance should be simplified for better accessibility by communities. She proposed that there should be innovative modes for programme implementation at both national and state levels.
- Dr. Rebecca Sinate suggested the following: 1. Palliative Care Outreach

services for terminally ill patients- PLHIV, Cancer and other coinfections 2. Saturate coverage of other vulnerable populations such as Rickshaw puller community, Tea Garden workers community

- Dr. Bitra George shared his views regarding continuation of SETU, support to CSS activities, interventions for Community Champions, CLM, strengthening of Sampoorna Suraksha Kendras and technical assistance to all SACS.
- Mr. Nikunj Joshi shared his views on the following:

1. One separate outreach worker or Peer educator in TI programs who look after virtual population
2. Drug use in the LGBTQI community is raising
3. National network and their CBOs Strengthening and capacity building programs
4. Restart the pehchan project their population is still not merged in TI.
5. Refresher training of TI staff peers community campaigns in 24-27 cycle.
6. Training on Sex Sexuality Gender Identity to all the stakeholders ICTC,SSK,DSRC ART, DAPCU,OSC,SETU etc
7. Technical assistance to improve CBO governance

**B. TB--** Dr. Rajendra P Joshi, DDG (TB) presented the programme priority areas of TB Programme ( **Annexure-3**)

**Major Discussion points:**

- Dr Preeti (PHFI) spoke about enhancing integration of services of HIV and TB
- Dr. Subhas opined that TB services to be provided in One Stop Centers (OSCs), TB diagnostic facilities in Sampoorna Suraksha Kendras, Universalization of Airborne Infection Control (AIC) especially in ICTCs, ARTCs and LACs, supply of TB prevention therapy (TPT) drugs at community level, with special focus on both adult and paediatric age group along with the contacts of PLHIV.
- Dr. R K Dhawan (Director, NITRD) spoke on counselling services for TB patients, and strengthening of post TB services.
- Mr. Vijay Nair said that the incentives to TB champions and other field staff can be increased. He also laid emphasis on strengthening of monitoring at district level and also for better collaboration of HIV and TB services.
- Ms. Blessy Kumar emphasized on the need to find people with TB and pre-diagnosis work at the community level. Available new technologies, diagnostics, treatment regimens to be offered to the community without any delay to ensure shorter regimen for people in need.
- Mr. Sudeshwar Singh, Member TB- PLWD Constituency, India CCM spoke on the following points: greater community engagement, NGPRs to be from communities, community-led networks to be considered as SRs and SSRs, strengthening implementation , counselling in DR TB Centres, knowledge centers for TB communities.
- Simran Sheikh, Alt member KAP-HIV Constituency, India CCM laid emphasis on sensitization of staff to address stigma and discrimination especially in health care facilities.
- Mr. Firoz (IHAA) said that the mortality in PLHIV due to TB still very high. Focused interventions are required so that patients are able to complete their TPT course.

- Dr. Leena opined that TB LAM to be introduced for active case finding in the programme.
- Dr. Sai Subhashree (SAATHII) spoke about strengthening the capacity of providers for early diagnosis in paediatric TB cases and linking them to treatment services with special focus on the private sector. She also enquired whether Gene expert machines can be used at district level and TruNAT machines for EID services
- Representatives from KHPT said that there is a need for involvement of Panchayati Raj Institutions (PRIs) for active case finding in KPs.
- Dr Shubnum Singh , CII, Member India CCM expressed her views that all testing and innovation can happen at points of care (POC) for HIV, TB and hepatitis B in a more user friendly way, pharmacists to help in diagnosis and identification, use of influencers for IEC activities.
- Yashwendra Singh spoke on enhanced community involvement at ground level, addressing stigma and discrimination in general health facilities/hospitals, better engagement of community champions in screening and treatment services.
- Mr. Diptendu Bhattacharya, Alt member TB-PLWD Constituency of India CCM suggested shorter regimen for better adherence, screening of pregnant women for TB, special focus on extra pulmonary TB, mental health support for TB patients.
- Representatives from ICMR spoke on the role of hand held x-rays in health systems strengthening and sustained decrease in TB incidence.
- Ms. T Mercy Annapoorni said that there should be more allocation for NGPRs and SRs.
- Representative from NIRT Chennai spoke on the following points: i) increased focus on non sputum based methods for TB diagnosis including genomics based methods for TB detection especially in PLHIVs and HRGs. ii) Importance on extrapulmonary TB patients using non sputum based methods iii) Active case finding in occupational health hazards groups like quarry workers which have higher risk of acquiring TB and Silicosis.
- Mr. Subrat Mohanty (REACH) spoke about strengthening and scale up of community engagement and matching allocation therein.
- Mr. Hari Singh (GAHR) spoke on the need of dieticians and counsellors in DOTS centers, IEC materials in local language, provision of adequate health care workers, need for positive speakers for PLHIV and TB patients, availability of masks, greater engagement of private sector.
- Dr. Varinder spoke about the need for better diagnostics, paediatric drugs and shorter regimens.
- Dr Ashna spoke about screening of pulmonary and extra pulmonary TB patients at district and sub district levels; mental health counselling to TB patients, quality person-centric care and nutrition for DRTB patients and community ownership.
- Representative from Accelerate India laid emphasis on better prevention efforts, TB LAM, shorter regimen, TPT scale up along with CLM tools to bring down TB incidence.

C. **Malaria--** Dr. Vinod Choudhary, Medical Officer (CHS), Malaria NCVBDC presented the programme priority areas of Malaria Programme (**Annexure-4**)

**Major Discussion points:**

- Dr. Roop Kumari (WHO) shared her views that Malaria Elimination strategies should be scaled up to the low endemic districts as well, validation of cases, GF support scale up all across the country, good quality microscopy and spray pumps, HR and logistics, entomological strengthening.
- Mr. Samir Sahu, Member India CCM, PLWD Malaria Constituency laid emphasis on greater involvement of communities, CBOs, lab based institutions for close monitoring at a local level.
- Dr. Rajendra Baharia, NIMR said that there should be greater emphasis on drug resistance and insecticide resistance in both high and low endemic areas. He also said about increased focus on rise in urban malaria cases especially due to migration.
- Mr. Subrat Mohanty ( REACH) suggested that since TB Champions work in specialized areas such as tribal areas forested areas of Odisha, Jharkhand and Chattisgarh which also happen to be malaria prevalent areas, it may be viewed as an opportunity to build their capacities to support Malaria Programme as well.
- Technical experts also spoke on community engagement strategy and community action strategy which involves women SHGs, schools, colleges etc and also local influencers. Focus may also be given on involving local volunteers in rural areas with basic know how and insect traps as entomological HR support in rural and hard to reach areas.

Focal Point, India CCM welcomed ASDG (NACO) and Director NACO and appraised that more than 175 people had joined (both virtually and in-person) which included Communities, CSOs, Bilateral and Multilateral partners, implementing partners, Oversight Committee members, PRs, some SRs and technical experts. She further appraised that there were presentations by the three programme divisions regarding the key priority and gap areas for the upcoming grant which received fruitful inputs from the CCM, communities, technical experts, implementing partners etc.

The presentations by the Programme Divisions regarding the key gap areas and programme priority areas along with the concept note development process was followed by open discussions and Group work of relevant stakeholders with respective Programme Divisions on the process and priority areas. 3 groups-HIV, TB and Malaria were formed for the group discussions. Presentations based on the group work was done by HIV, TB and Malaria Programmes. (**Annexure-5, 6 and 7 respectively**).

## **Discussions and closing remarks**

- Ms. Nidhi Kesarwani, Director NACO expressed her thanks to all the members to have provided valuable inputs. She said that the discussions during the Stakeholders' meeting should that there is coherence between the programme divisions and other stakeholders. She said that it will help in breaking the silos in the upcoming grant cycle and help build synergies which will ensure greater accessibility, improvements in screening and testing services which will consequently help to improve the first 95 and thus help in achieving the sustainable development goals.
- Ms. V. Hekali Zhimomi (ASDG [NACO]/Member Secretary, India CCM) thanked and acknowledged a wide range of stakeholders which included Communities, CSOs, Bilateral and Multilateral partners, implementing partners, Oversight Committee members, PRs, some SRs and technical experts. She said that the Stakeholders meeting will kickstart a greater consultative process in identification of thematic and geographic priorities. She further said that although the Global Fund grant forms a very small part of the overall health budget in India, it adds significant value to the three programmes. She laid emphasis on the following 3 objectives: i) to ensure the money invested has high levels of integrity and accountability ii) ensure that the resources are utilized to strengthen programmatic efforts keeping in mind the objectives of the various programmes iii) ensuring a resilient and sustainable system keeping the efforts community and beneficiary-centric.
- She further said that the presentations made by the three programme divisions will be made available on the India CCM website and encouraged all relevant stakeholders to provide their inputs in writing over the coming two weeks to ensure an inclusive and technically robust proposal
- Focal Point India CCM apprised all regarding the next steps in the concept note development process and associated timelines.

The meeting ended with a vote of thanks!