

INDIA
COUNTRY COORDINATING MECHANISM (CCM) for
The Global Fund - To Fight AIDS, Tuberculosis and Malaria

Minutes of the India Country Coordinating Mechanism (CCM) Meeting held on 27th Jan 2010

The 40th meeting of the India Country Coordinating Mechanism (India CCM) was held at 3.00 p.m. on 27th Jan 2010 at Ministry of Health & Family Welfare, Nirman Bhavan, and New Delhi. A list of India CCM members and invitees present at the meeting is annexed (Annexure-I). The meeting was chaired by Ms. K. Sujatha Rao, Secretary, Health & Family Welfare, and Government of India. She presided over the meeting until 4.30 p.m. after which Mr. Manohar Elavarthi, General Secretary, Suraksha Board, took over from her. Ms. K. Sujatha Rao, Secretary, Health & Family Welfare, welcomed all the members, briefed them on the agenda and requested them to introduce themselves as this was the 2nd meeting after the CCM Orientation for the newly elected CCM members for 2009-2011.

Agenda Item No. 1: Selection of Chair, Vice Chair and Member Secretary of India CCM.

For the new CCM, the election of the Chair and Vice Chair was conducted as per the India CCM ToR and the GFATM guidelines. As per the GFATM guidelines, the Global Fund recommends that CCMs elect a chair and vice-chair from different sectors and from domestic entities. It is suggested that the candidates for chair and vice-chair be nominated and seconded by the CCM members.

Dr. Yonas Tegegn, Scientist, WHO nominated Secretary Health, Ms. Sujatha Rao for the position of the Chair. This was seconded by other members and she was elected as the Chair of the new CCM. Swami Shantamananda, Secretary, Ramakrishna Mission nominated Mr. Manohar Elavarthi, General Secretary, Suraksha for the position of the Vice Chair. This was seconded by other members and he was elected as the Vice Chair of the new CCM. For the member Secretary's position, it was proposed by the Chair to have JS NACO, Ms. Aradhana Johri as the Member Secretary for the CCM. It was also proposed that Secretary & DG NACO, Mr. K. Chandramouli continues to represent India at the GFATM Board meetings. This was agreed upon by the CCM members.

Agenda Item No. 2: Announcement and discussion of the GFATM Board approved proposals for Round 9 and HIV RCC Round 4 & 6 with TRP clarifications.

Ms. Sujatha Rao, Secretary Health, informed CCM about the GFATM Board approvals on Round 9 and RCC 4&6. She appreciated all the hardwork that had gone into putting together the proposals by all the three program divisions and the Principal Recipients whereby all the actors came together, putting behind their personal goals for the collective good. She also congratulated the CCM for having obtained 1.4 bn US\$ funding for India in 2009.

Agenda Item No. 3: Presentation and discussion of GFATM Board decisions on new Grant architecture, Round 10 and efficiency gains. Mr. Taufique Rahman, South & West Asia Team Leader, the Global Fund.

Mr. Rahman made a presentation on the new Grant architecture. He mentioned that over the years, The Global Fund architecture was proving to be complex and difficult to scale up. Hence architecture review was undertaken to simplify the funding mechanism which would contribute to improved alignment and harmonization. The multiplicity of grants for the same PR with multiple budgets, different timeliness and indicators was hampering growth. Hence new architecture was being proposed to have a single stream of funding per PR, per disease with simplified and streamlined access to funding. This would entail program-based reviews which mean simultaneous review of all the PRs. Through a program-based approach, it proposes to strengthen performance-based funding model further.

In the new architecture, for the new grants, funding agreements for up to three years would be signed. An assessment after three years would decide future funding of a grant. This would give the PRs more time between mid-term review and start of the next funding cycle. CCMs could choose timing of commitment and review cycles. Mr. Rahman elucidated the example of Nepal where the existing grants were combined with National Strategy Applications for a single stream program and received an approval for three + three years.

The new periodic review policy would be phased into the portfolio, starting 2011. The grant consolidation could be facilitated through new requests for funding. This was Voluntary with Round 10, but required with Round 11.

This single stream of funding model proposed under the new grant architecture does not change the existing policy on Dual Track Financing (DTF). Also the GFATM recommendation that countries propose at least one government and at least one non-government PR would continue. As, the single stream of funding model is per PR per disease, CCMs would have an enhanced oversight and governance role in the new architecture where there will be more meaningful engagement of CCMs at the time of proposal submission and reviews. CCMs would need to ensure that all PRs in a disease area have their periodic performance reviews conducted at the same time. CCM would also need to present requests for new funding in a manner that shows the totality of all the GFATM funding that is being requested for a disease area in that country, including funds already approved for existing PRs.

The intention was to give everyone (CCMs, PRs, the Secretariat, etc.) a more holistic picture of the impact, the disease funding is having in a country. For Round 9 grant signings, CCM and PRs would need to collaborate with GFATM Fund Portfolio Manager to determine whether Round 9 approved proposal is a good candidate for consolidation. Thereafter, consolidated budgets, workplans, review cycles would need to be worked upon for grant signing. Also for Round 10 proposal preparation, consolidated application for funding (voluntary for Round 10) could be undertaken in the resource planning discussions. For Round 10 and later proposal preparation, CCMs would consult with in-country stakeholders (PRs, SRs, technical partners, donors) to agree upon review and commitment cycles for new single streams of funding. There would be ongoing consolidation and alignment. In case of multiple grants per PR or multiple PRs per disease, the CCM would need to work out the timelines and processes to incorporate features of the new architecture (aligned performance frameworks, aligned performance reviews, single streams of funding per PR) either now or in the future. A lot of countries have multiple PRs with different stages of Grant life cycles, varied reporting periods across different Rounds. CCM would need to assess the gaps for the country across the existing Programs and apply for new funding based on these objectives.

Discussion:

Dr. Subhashree Raghavan, President SAATHII requested Mr. Rahman to organize a workshop for all the three diseases programs in the country. Mr. Rahman agreed to organise a workshop in June. Dr. Raghavan pointed out that we should not wait until June to organise this workshop, and suggested to have a joint meeting for all the PRs across all the Rounds.

H.E. Jerome Bonnafont, The French Ambassador supported the idea of organising the workshop as it was important to have the resources and capabilities to achieve the Millennium Development Goals by 2015. Mr. Rahman mentioned that an international management team will be helping the countries in this process. Mr. Rahman stressed that CCM will have to address the role of the PRs, whether the PRs should continue and whether new PRs need to come into the new Rounds. He also mentioned that CCM needs to bring out the efficiencies.

Secretary Health, Ms. Sujatha Rao mentioned that the CCM will have to be mindful of overcoming the challenge of having one list of indicators for all the programs. As the new architecture requires having only one Program per PR.

Prof Charles Gilks, UCC UNAIDS mentioned that the oversight role of CCM would need to be clearly conceived and implemented with the new architecture.

Ms. Aradhana Johri, JS NACO questioned the process that would be followed for evaluation if for one PR, there were various programs across Rounds and one program was not performing as well as the others.

Mr. K. Chandramouli, Secretary & DG NACO, DAC clarified that in the new architecture, all components of the various programs will be integrated and may not necessarily be linked to their individual performances. He also pointed out that Round wise auditing would not exist.

Ms. Kerry Pelzman, Director USAID suggested that there should be one LFA per country and that oversight should be combined with Joint Monitoring Missions of the three diseases.

Dr. Subhashree Raghavan, President SAATHII mentioned that the role of LFA was unclear and needs to be defined clearly during the shift from the old to new architecture.

Agenda Item No. 4: Proposed India CCM budget Feb 2010- Jan 2011, Ms. Komal Khanna, India CCM Coordinator

Ms. Komal Khanna presented The CCM budget for this year. She explained that the last year's budget ended in Oct 2009 and thereafter GFATM gave a budget extension till Jan 2010.

Hence a new budget was being proposed for Feb 2010- Jan 2011 which needs CCM's endorsement as per The Global Fund guidelines. The presentation focussed on the CCM Secretariat's work plan and accordingly the requirements for the budget items. As the CCM had expanded from 33 members to 40 members and also the number of PRs in the GFTAM projects had increased to 13, CCM Secretariat requested for a higher budget this year. The budget was primarily divided into 6 broad categories. The first category were the salaries of the CCM Secretariat staff. CCM Secretariat has two staff members i.e. a Coordinator and a Communication Officer. There was a requirement of two additional staff members for Program Officer and an Administration assistant to manage the increased workload. They were proposed to be recruited by March. The second category of expense was the office

administration expense related to office equipment and operational costs. The third category of expense was for CCM meetings. There were 6 CCM meetings scheduled in one year, keeping the tentative schedule for the Round 10 announcements in May and proposal submission in Aug 2010. For each quarter, one meeting was scheduled with the exception of 2nd quarter, where 3 meetings were scheduled as Round 10 proposal development and finalization required more meetings. CCM Workshop retreat was scheduled for the last quarter. The fourth category was for Communication which primarily focused on advertisements for Round 10 proposals, screening committee and Review committee meetings. This also included the monthly CCM Website Management costs. The fifth category was the expense for Program Oversight. CCM sub committees were proposed to take care of oversight; proposal development and communication work with at least 3 subcommittees to be formed, one for each disease. Expenses were also mentioned for oversight project visits once in six months. The sixth category was for Civil Society regional consultations which were to be organized for advocacy enabling CSO CCM members to communicate more effectively with their constituencies. Hence 5 Regional Consultations had been proposed one for each region.

Discussion:

Secretary Health, Ms. Sujatha Rao suggested that communication category should include some publications, journals on various GFTAM projects. Mr. Nirod Kumar Bhuan, Project officer Lepira Society commented that accommodation expenses for outstation CCM members was not mentioned in the budget. He also emphasized that stay should be included for outstation CCM members who require accommodation as some people have to travel by both road and air to reach for the CCM meeting. Ms. Harshita Pande, Head CSR, mentioned that the private sector members should also be invited for the CSO Regional Consultations.

Decision:

The CCM budget presented for Feb 2010-Jan 2011 amounted to US \$ 187,970. CCM agreed to endorse the presented budget with the cost categories stating that it should also include the accommodation expenses for CCM members as well as the communication expenses for publications. CCM recommended that a budget of US \$ 200,000 could be proposed to GFATM by including these additional items.

Agenda No. 6: CCM endorsement of TB Rd 9 grant agreement cosigning by World Vision India and Canada offices with The Global Fund, Dr. Vijay Edward, Director World Vision India, Round 9 PR.

Dr. Edward presented his case to the CCM, stating that World Vision India is a Round 9 Tuberculosis Principal Recipient. World Vision India is a co PR with RNTCP and The Union in recently approved Round 9 TB Grant. The World Vision's role in the Round 9 TB proposal was to give civil society support and engagement of communities with advocacy, communication and social mobilization in 74 districts across 7 states by 2015 to RNTCP for providing universal access to DR TB control services and strengthening civil society involvement in TB care and control by improving the reach, visibility and effectiveness of RNTCP.

Dr. Edward discussed the international MOU signed between The Global Fund and World Vision International in Jan 2009. This MOU stated that for Round 9, World Vision India and World Vision Canada Support Office will co-sign the TB Rd 9 grant agreement with The Global Fund. This MOU also mentioned that The India office of World Vision remains for all intents and purposes the principal recipient for The

Global Fund Round 9 and no grant funds will be transferred or transited via any other World Vision office other than the India National World Vision office for the purposes of this grant agreement.

Dr. Edward requested CCM India to give their consent to this arrangement between The World Vision and The Global Fund.

Discussion:

Secretary Health, Ms. Sujatha Rao expressed her concern that at the time of PR selection by the CCM, this arrangement between the World Vision offices was not mentioned to the CCM. Secondly since World Vision India is a PR, the implications of this arrangement need to be clearly understood by the CCM, as World Vision is an independent legal entity in itself.

H.E. Jerome Bonnafont, French Ambassador enquired about the contractual arrangement between the two parties and the legal implications of the cosigning.

Dr. R.S. Shukla, JS, MoHFW asked for further clarity on the modality of cosigning between World Vision Canada and The GFATM.

Decision:

CCM asked for a written proposal to be sent by World Vision India to the CCM through the CCM Secretariat within the next 10 days enabling CCM to take a decision on the concerned matter.

Agenda No. 5: Formation of Sub committees for Proposal preparation Oversight and Communication, Dr. Subhashree Raghavan, President SAATHII

Dr. Sai Subhasree Raghavan highlighted CCM's primary role is to coordinate the submission of a country proposal to GFATM, to monitor the implementation of the GFTAM grants and to oversee the performance of the PRs. Dr. Raghavan stressed the need for India CCM to form subcommittees in order to engage all the members actively by leveraging their skills, resources and time and to help India CCM to fulfill its role and responsibilities. Dr. Raghavan explained the governance, communication and oversight roles of the CCM members and she emphasized that to fulfill these roles, capacity building of CCM members was necessary.

Dr. Raghavan also detailed various activities that have to be undertaken by the CCM members in the coming year for oversight of all The Global Fund grants. In addition, she stressed the importance of impact evaluation of the completed and ongoing grant, integration of operational research with ongoing and new grants, financial monitoring and publishing of the results. Towards this, she suggested formation of subcommittees for each disease (HIV, TB and Malaria), Governance and Communication.

Discussion:

It was suggested that; the review of multiple PRs of the same grant (Government and NGOs) should be aligned and Global Fund grant monitoring process to be integrated with the Joint Monitoring Missions of the country which is happening for the government PRs, and could be extended to NGO PRs also. There was also discussion on outsourcing oversight to the external agencies in the absence of time and internal expertise. There was an agreement on forming disease specific sub committees and building the capacity of CCM members.

Decision:

It was decided that Dr. Raghavan would prepare draft concept paper on various sub-committees, their potential role and action plan and share it with CCM members for review and approval. Subsequently the subcommittees will be formed.

Agenda No. 8: Discussion on support to India HIV AIDS Alliance for continuation of the Round 6 CHAHA project closing in Jan 2010; Mr. Alexander Matheou, Country Director, IHAA.

Mr. Alexander Matheou presented the need for continued attention to care and support for children infected and affected by HIV beyond Round 6. He highlighted that a significant gap in support to such children is on the horizon as the major support programmes in India will close over the coming 24 months. For the attention of the CCM, he made special reference to the timeline for the closure of the Alliance led CHAHA programme. CHAHA programme under Round 6 has been a high performing grant that is due to reach 64,000 children by January 2011, and in the absence of the RCC mechanism, is now approaching closure. Mr. Matheou went on to present evidence of the relationship between care and support for children and testing for HIV and accessing ART. Using data from operational research and mid-term reviews, he showed the role, care and support plays in stabilizing families and generating demand for services. He suggested that in the absence of care and support programmes, testing and treatment targets would also be affected. He concluded by listing options for CCM to consider which were to include the viability of transitioning care and support to the state, the possibility of generating interest among new donors, and the option of including care and support in Round 10.

Discussion:

The CCM enquired about the total outlay of the programs. Mr. Matheou mentioned that the total outlay was 14mn US \$ for five years. It was reiterated by several members of the CCM, that care and support for children is a gap in the national program and that it was also mentioned in the MTR by various states.

H.E. Jerome Bonnafont, French Ambassador mentioned the dilemma of the CCM was to decide that if the program is stopped, the children will be abandoned. On the other hand, as the program has been successful, it needed to be expanded or to be continued with limited reach.

Mr. K. Chandramouli, Secretary & DG NACO, DAC acknowledged the concerns and was aware of the need for continued funding of the project. Mr. Chandramouli promised to examine the project to ascertain the commonalities with the existing national program as it is the umbrella body. Dr. Bachani, DDG NACO also mentioned that currently review of the Clinton Foundation funded care and support programme for children was being done and evaluation could be done for CHAHA as well. Further continuation of the programme and integration under NACP III could be decided on the basis of the evaluation.

Mr. Rahman, South & West Asia Team Leader, GFATM suggested that CCM would need to identify the gaps and by next CCM meeting, discuss the plan of action for the country, whether CHAHA should continue in its present form or would CCM consider a larger program for the next Round of Funding.

Prof Charles Gilks, UCC, UNAIDS stated that the issue highlighted broader challenges around transition that needed to be considered too. In the case of care and support for children, evaluation of the project in terms of components that can be transitioned and the components that gel better with civil society needs to be undertaken. The latter could possibly be included in the future rounds but the gaps needed to be discussed in the planning for NACP IV.

Swami Shantamanda, Secretary, Ramakrishna Mission suggested completing this discussion before Nov 2010.

Dr. Subhashree Raghavan, President, SAATHII suggested that PFI's program had social support mechanisms for family based care and that this gap could be integrated with the same.

Ms. G. Rashmi, Secretary, Vasavya Mahila Mandli expressed reservation on this approach as CHAHA project was child centric and not family centric and hence child focus might get lost in case the program was integrated with the larger family centric programs.

Decision:

It was decided by the CCM, that a concept paper on the CHAHA project should be prepared by India HIV AIDS Alliance. Further discussions between NACO and Alliance were required to be undertaken. The gaps of the CHAHA project should be considered for the next Round of funding application.

Agenda No. 7: CCM endorsement of TA support from GTZ Backup for Round 9 Grant negotiation, Mr. Subrat Mohanty, Technical Officer, The Union, Round 9 PR.

Mr. Mohanty stated that The Union was a Round 9 Tuberculosis Principal Recipient alongwith RNTCP and World Vision. Since they were a new PR, they needed Technical Assistance from GTZ Backup Support to help them with technical support for GFTAM processes like grant signing, start of project activities related to selection of Sub Recipients, M&E action plan, LFA assessment, budget formulation for project implementation. The Union requested for CCM to approve the application for technical support from GTZ Backup Support for 125 days of consultancy from Jan-June 2010.

Discussion:

CCM discussed the requirement of The Union to solicit CCM approval for Technical support. There were questions raised on the implications for CCM on the endorsement of this technical assistance. Several instances were given by various technical partners stating that CCM's endorsement is not solicited for a technical partner to give assistance to a PR. The reasons for GTZ Backup Support's requirement of CCM endorsement were not clear. CCM agreed that it has a role in discussing the technical assistance gaps of GFTAM PRs. But PRs are not required to solicit CCM's endorsement for technical assistance.

Decision:

CCM needs to be informed of the technical assistance being taken by the PRs but does not need to endorse it. CCM has no objection of The Union's application for technical assistance from GTZ Backup Support.

Agenda No. 9: GFATM study on enhancing private sector contribution to TB Care in India, Dr. Vineet Bhatia, Consultant

Dr. Vineet Bhatia from Samm Health International, made a presentation on 'Enhancing private sector contribution to TB care in India'. A study was instituted and funded by The Global Fund with a focus on. On for profit - private sector comprising of private practitioners, hospitals and corporate sector.

The report acknowledged that the programme had made tremendous progress in achieving the global targets but universal access was important for TB control. As 65 percent of households seek health care from the private medical sector. TB patients in India resort to-on an average, upto 9 providers before reaching a DOTS centre.

The findings of the study mentioned the steps taken to involve private sector. 2500 NGOs and 19,000 PPs were involved in the Programme out of which 54% NGOs and 67% PPs had no formal agreements. Blue Peters Research Centre, CMC Vellore and P. D. Hinduja labs have been accredited for C & DST. In corporate sector, 150 industries were involved. There was a mention of Lilly MDR-TB Partnership; CII and India Business Alliance collaboration and FICCI's expression of interest. The study concluded that PPM was feasible, contributed to increase in case detection while maintaining treatment success. Uninvolved private sector lead to delays and high societal costs. While private sector was willing to be a partner, initial hand holding and mutually acceptable structures were a must for sustained partnership. Community demand generation for DOTS supported adoption of DOTS in private sector. It was found that most PPM projects in TB were successful but remained in isolation and not scaled up.

Identification of the role of the private sector was seen in the expansion of outreach in difficult/ tribal remote rural areas, scaling up diagnostic and treatment services for DR-TB, post treatment rehabilitation of patients, involvement of pharmacies to prevent OTC sale of drugs.

The Joint Monitoring Mission (2009) acknowledged several achievements of the programme in involving private sector including revision of schemes. However, there was low engagement of private care providers, a lack of trust and enthusiasm between public and private sector with low capacity.

The suggested future directions were mapping of private sector. The Govt. could consider creation of an India Fund for priority diseases like TB. Innovations like taxes on luxury and high-end services could be considered. MPs from private sector could be specifically sensitised on priority diseases. CCM could consider constituting a PPM subcommittee for private sector involvement. Strengthening of interface, engagement of private pharmacies and drug regulatory authority to restrict the OTC sale of anti-TB drugs and specifically ban sub-standard formulations could be considered. The scope of private sector involvement in MDR-TB could be also be enlarged.

Discussion:

Ms. Sabina Bindra Barners, Human Development Advisor and Task Team Leader, DFID suggested that the program division should form a subcommittee.

Dr. Chauhan, DDG, RNTCP informed the CCM, that eight months back a public private partnership was formed to take things forward. The national program was already aware of several challenges. IMA and CBCI have been involved as interface in several states and the GFATM Rd 9 would further encourage private sector participation.

Dr. Ramnik Ahuja, Adviser Health, CII, mentioned that 150 industries were on board. Several diagnostic centers in the country had been set up. There was an apprehension from the industry but at the same time there were changes in the industry's mindset for partnership. There was also a need for operational guidelines on the partnership.

Any other business with the permission of the Chair:

With the permission of the Vice Chair two more agenda items were included.

Prof. Charles Gilks, UCC UNAIDS informed the CCM about the MESST workshop being organised by UNAIDS in collaboration with NACO. He informed CCM that all the HIV PRs of GFATM across various Rounds would be invited for the workshop. He also mentioned that there were 60 participants expected to attend this workshop and the final date was to be fixed in consultation with NACO.

Ms. Daxa Patel, President GNP+ brought to the notice of CCM, various issues related to the Indian Network of People Living with HIV/AIDS (INP+). She alleged that Round 4 & 6 sub recipients were not getting the grant money, secondly financial mismanagement of the grants was suspected and thirdly this was damaging the functioning of state level networks.

Discussion:

CCM discussed that this was a serious matter and a working group was suggested to look into the alleged financial mismanagement. CCM members were asked to come forward to be part of this working group.

Decision:

UNAIDS, Caritas, Lepra Society came forward to be part of this working group. FICCI from the private sector constituency mentioned that they needed time to decide on who will represent the private sector constituency in the working group.

Mr. Manohar Elavarthi, CCM Vice Chair, Board member Suraksha, thanked the CCM members for participating in the meeting and the meeting came to a close.



K. Sujatha Rao
Secretary Health, Chair CCM
Ministry of Health & Family Welfare

Annexure 1

List of members present in the meeting:

1. Miss K.Sujatha Rao, Secretary (Health), Ministry of Health & Family Welfare
2. Mr. K. Chandramouli, Secretary and Director General, National AIDS Control Organization, Ministry of Health and Family Welfare
3. Dr. R.S Shukla, Joint Secretary, Ministry of Health & Family Welfare
4. Mr. Naved Masood, Additional Secretary & Financial Advisor, Ministry of Health & Family Welfare
5. Miss Aradhana Johri, Joint Secretary, National AIDS Control Organisation, Ministry of Health & Family Welfare
6. Mr. S.K Srivastav, Joint Secretary, Ministry of Labour and Employment- represented by alternate member Mr. Vikas Singh
7. Mrs Urvashi Sadhwani, Economic Adviser, Ministry of Tribal Affairs-represented by alternate member Mr. K. Touthang, Deputy Secretary, M/O T.A
8. Dr. D. Behera, Director, Lala Ram Sarup Institute of Tuberculosis and Respiratory Diseases.
9. Dr. R.C.Dhiman, Scientist F, National Institute of Medical Research (NIMR)
10. Dr. Jayaprakash Muliyl Professor and Head, Community Health Department, Christian Medical College, Vellore-represented by Dr.Kurien George Professor of Community health
11. Dr. Panna Choudhary, President, Indian Academy of Pediatrics-represented by alternate member Dr. S. Kukreja
12. Mr. Alexander Matheou, Country Director, India HIV/AIDS Alliance
13. Dr. Sai Subhasree Raghavan, President, SAATHII:: Solidarity and Action Against The HIV Infection in India
14. Mr. John K George, Director, SWISS EMMAUS LEPROSY RELIEF WORK – INDIA (FAIRMED)
15. Swami Shantatmananda, Secretary, Ramakrishna Mission
16. Father Varghese Mattamana, Executive Director, Caritas India-represented by Father Frederick D'Souza, Asst Executive Director
17. Mr. Manohar Elavarthi, Board Member, Suraksha WRHCP
18. Mrs. Goparaju Rashmi, Secretary, Vasavya Mahila Mandali
19. Mrs. Daxa. V Patel, President, Gujarat State Network of People Living with HIV/AIDS
20. Mr. Nirod Kumar Bhuan, Project Officer, LEPRO Society
21. Miss. Yashashree Gurjar, Chief General Manager & Head CSR, Ballarpur Industries Ltd (BILT)- represented by Dr Ramnik Ahuja-Adviser Health-CII
22. Miss. Harshita Pande, Head-CSR, Apollo Tyres Limited
23. Mr. Arun Pandhi, PROGRAMS MANAGER, Sir Ratan Tata Trust-represented by Dr Vikram Gupta-Program Officer, Health
24. Mrs. Sabina Bindra Barnes, Human Development Advisor and Task Team Leader-HIV/AIDS, DFID-India
25. Miss Kerry Pelzman, Director, USAID
26. HE. Mr. Jerome Bonnafont, Ambassador, Embassy of France
27. Prof. Charles Gilks, UNAIDS Country Coordinator, UNAIDS
28. Dr. Salim.J Habayeb, WR (India), WHO
29. Mr. Patrice Coeur-Bizot, UNRC, UNDP

List of members not present in the meeting:

1. Mr. Rajendra Mishra, Joint Secretary, Ministry of development of North-eastern region
2. Dr. J.B Ekka, Mission Director (Assam) National Rural Health Mission
3. Mr. G. Mathivathan, Mission Director (Orissa) National Rural Health Mission
4. Mr. Chanchal Kumar Tewary, Mission Director (Uttar Pradesh), National Rural Health Mission
5. Mr. Madhukar S Chaudhari Mission Director (Maharashtra) National Rural Health Mission
6. Mrs. Vandita Sharma, Mission Director (Karnataka) National Rural Health Mission
7. Dr. Ramesh Paranjape, Director, National Aids Research Institute (NARI)
8. Dr. Amita Shah, Professor, Gujarat Institute of Development Research
9. Mr. Subash Mendhapurkar, Director, SUTRA
10. Dr. Srinath , No Organisation-Person affected by TB
11. Mr. Sandeep Banerjee, MD & CEO, Accor Services Private Limited

Additional Participants:

1. Mr. Taufiqur Rahman-Regional Team Leader-South and West Asia-GFATM
2. Miss. Sonal Mehta – Director, Policy and Programmes, India HIV/AIDS Alliance
3. Mr. Amitabh-CII
4. Dr. L.S Chauhan – DDG-RNTCP
5. Mr Subrat Mohanty-Technical Officer-IUALTD
6. Dr. Vijay Edward- Director – Health & HIV/AIDS | World Vision