

**INDIA COUNTRY COORDINATING MECHANISM (CCM)**

**for**

**The Global Fund - To Fight AIDS, Tuberculosis and Malaria**

**Minutes of the 48th India Country Coordinating Mechanism (CCM) Meeting held on 29<sup>th</sup> Dec 2011**

The 48th meeting of the India Country Coordinating Mechanism (India CCM) was held at 3.00 p.m. on 29<sup>th</sup> Dec 2011 at Ministry of Health & Family Welfare, Nirman Bhawan, and New Delhi. A list of India CCM members and invitees present at the meeting is annexed (Annexure-I). The meeting was chaired by Mr. P.K. Pradhan, Chair CCM and Secretary, Health & Family Welfare. Ms. Aradhana Johri, AS NACO & Member Secretary CCM briefed the members on the agenda items and welcomed them.

**Agenda No. 1:** Welcome of the new chair, Mr. P.K. Pradhan, Secretary Health. Mr. Pradhan took over as Secretary Health & Family Welfare in Oct 2011. Mr. Pradhan was welcomed by the CCM members as the new chair of CCM. The CCM members also introduced themselves. The CCM Coordinator introduced the new staff in the CCM Secretariat, Mr. K. Jim Reeves, Program Officer and Ms. Nazia Erum, Communication Officer who joined in Nov and Oct 2011 respectively.

At the outset, the meeting minutes of the last CCM meeting of 16<sup>th</sup> Aug were endorsed by the CCM.

**Agenda No. 2:** Discussion and formation of an election committee for the CCM reconstitution in 2012.

Ms. Komal Khanna, India CCM Coordinator made a presentation on the forthcoming Reconstitution as CCM is completing 3 years tenure in June 2012. On 6<sup>th</sup> May, 2011, CCM voted for the extension of its tenure by one more year from 2011 to 2012. For the 2009 reconstitution, an election sub committee was formed comprising of UNAIDS, USAID & UNFPA and the CCM reconstitution was completed in June 2009. The reconstitution followed the revised TOR of India CCM which stated that the members selection should be done by that particular constituency, the selection & election of the members should be documented, open and inclusive, clear selection criteria is to be developed and followed. Also there should be a min. 40% non-government representation. Current CCM has 40 CCM members with 32% representation from Govt. and 47 % from Non-govt. organizations.

The Global Fund has launched six requirements that represent the minimum criteria that all CCMs must meet in order to be eligible for funding by The Global Fund.

Out of the CCM guidelines, two requirements i.e. requirement 4 and 6 pertain to CCM composition. Requirement 4 requires all CCMs to show evidence of membership of people living with HIV and of people affected by TB or malaria. Requirement 5 requires all CCM members representing non-government constituencies to be selected by their own constituencies based on a documented, transparent process, developed within each constituency. These conditions have been met by The India CCM in the past.

As CCM needs to reconstitute next year, CCM would require the Election subcommittee to be set up and the process of reconstitution and nomination of candidates needs to be taken on each seat of CCM. The Election subcommittee would recommend to the CCM, the process to be followed for the civil society with clear criteria for election and selection of members.

### **Discussion:**

Mr. P. K. Pradhan,, Secretary H & Chair CCM enquired about the constituencies which needed to be nominated and the constituencies which were to be elected. It was clarified that the CSO and people living with or affected by the diseases needed to be elected. It was suggested that if the process followed for the last reconstitution was good, then the same could be adopted.

It was suggested to have an election subcommittee with USAID, UNAIDS and the French Government.

Swami Shantamanda suggested that Mr. Manohar Elavarthi, Vice Chair could be part of the election subcommittee for the Civil society constituency. It was enquired as to for how many terms could a CCM member continue. It was clarified that it could be a maximum of two terms.

Mr. Manohar Elavarthi, Board Member Suraksha, Vice Chair gave his concurrence to be part of the Election subcommittee and indicated he would not be standing for elections.

Dr. Subhashree Raghavan, President SAATHII suggested that each constituency should reflect on their own, to see how they have participated in the last two years.

Ms. Daxa Patel, President GNP+ mentioned, that a democratic way of elections and voting would be required. The elections of the network of PLHAs were satisfactorily done with involvement from various networks which were led by INP+.

Mr. Manohar Elavarthi, Vice Chair, Board Members Suraksha mentioned that there were a lot of small and big networks which should also be included. He pointed out to the new CCM Guidelines which stated that a process of elections/selection should be developed within each constituency.

Ms. Asa Anderson, Senior Programme Coordinator, UNAIDS stated that for transparency in the workings of the elections, some changes could be proposed along with some additional criteria for voting and standing for elections.

Dr. Kuryan George, Professor, CMC clarified that as far as academic institutions constituency was concerned, the existing procedure had worked well and should continue i.e. nomination by Govt.

**Decision:**

It was decided to form an election subcommittee comprising of USAID, UNAIDS and French Govt and Mr. Manohar Elavarthi. . The Election Committee would initiate the work for elections of the CSO constituency and follow the processes that were laid down in the earlier elections along with some changes as required. They will report back to the CCM with their recommendations. The procedure for the remaining constituencies will be the same as last time.

**Agenda no 3: GFTAM Board meeting decisions and implications on future funding.**

Ms. Komal Khanna, India CCM Coordinator presented the highlights of the 25<sup>th</sup> GFATM Board Meeting held at Accra, Ghana in November, 2011. GFATM had forecasted for uncommitted assets available at the end of 2013, as reported in May 2011 to be 1.55 US\$ bn when it announced the Round 11. But after taking into consideration the changes like deferrals in confirmed pledges, reduction in projected contributions and reduced grant commitments, the risk adjusted forecast in Nov 2011 stands at -0.61 US\$ bn for GFTAM.

GFTAM has adopted a revised application and approval process for renewals to provide for continuation of essential prevention, treatment and/or care services by current grantees. India is G20 but lower middle income country and therefore meets the new eligibility criteria. India would need to demonstrate 20% counterpart financing of the national government. For renewals, India must demonstrate "focus of proposals" - focus least 50% of the renewals budget on special groups and/or interventions.

Round 11 has been currently converted into a new funding opportunity. A Transitional Funding Mechanism is launched for Grantees to apply for up to two years of funding for continuation of essential prevention, treatment and/or care programs currently financed by the Global Fund that will otherwise face disruption between 1 January 2012 and 31 March 2014. Applicants will have to demonstrate that there are no alternative sources of funding available to fund the activities proposed. India is eligible to submit a proposal in the general funding pool and also the targeted funding pool. Grant renewals for phase 2 applications would apply value for money principles to remove low impact interventions. This will be done through funding limitation and performance based reductions.

The Board approved the GFATM Strategy which focuses on Invest for Impact with objectives to invest more strategically, evolve the funding model by replacing the rounds system with a more flexible and effective model that is iterative, dialogue-based application to implement a two-stage application process that allows dialogue between applicants, the TRP, partners and the Secretariat.

Governance reform decisions were undertaken which was the replacement of the four standing committees with three new standing committees and establishment of a Coordinating Group

comprised of Board and Committee chairs and vice-chairs. The Board approved the following appointments in the Board committees-Strategy, investment and Impact committee and Audit and Ethics Committee, Finance and Operational Performance committee p. The Board approved the Global Fund Evaluation Strategy 2012-2016 as recommended by Report of the Policy and Strategy Committee.

The exact implication of these decisions for India would be clearer when The Global Fund team discusses the same with the country.

**Discussion:**

Ms Aradhana Johri, AS NACO stated that there is a major funds crunch in the Global Fund. This has led to a stricter Eligibility Criteria for applying to GFATM Grants although India is still eligible but funding will get more difficult in future.

Dr. Subhasree Raghavan, President SAATHII wanted a clarification on the meaning of High Impact Interventions as mentioned by GFATM.

Ms. Komal Khanna, India CCM Coordinator stated that clarifications would be made available by GFATM in January, 2012 only.

Dr. Subhasree Raghavan, President SAATHII suggested that the Phase 2 grants need to be re-looked to determine their impact and future funding. She also raised a query on the revised guidelines on counterpart financing.

Ms. Aradhana Johri, AS NACO stated that India has to meet the required 20% counterpart financing.

Mr Sayan Chatterjee, Secretary and DG NACO wanted a clarification on whether the counterpart financing is meant for Project or programme financing.

Ms Aradhana Johri, AS NACO clarified that the counterpart financing is meant for programme financing.

Mr P. K. Pradhan, Secretary H and Chair CCM stated that the focus should be on proposals that can have a larger impact rather than large amounts and large number of proposals.

**Agenda no 4:** Discussion on the OIG report on INP+. Ms Asa Andersson, Senior Programme Coordinator UNAIDS briefed the members on the background of the INP issue and the highlights of the OIG Report.

Mr. Robert Appleton, Director OIG released the OIG report on INP+ on 1st Nov 2011. It was put up on the GFATM website immediately. This report was released along with 7 other audit and investigation reports from various countries to the GFTAM Board on 1st Nov.

The OIG report concluded- Firstly INP+ should return US\$ 872,000 of grant funds which were transferred to PSF to be returned to GFATM. Secondly PFI failed to fulfill its oversight responsibility of INP+ to recover the money, make change in INP management, PFI to reimburse GFATM of the losses and debar Mr. Abraham from his position and any other GFATM related activity. LFAs and CCMs to verify the use of overhead charges and maintain effective oversight.

Various responses were given from CCM, PFI and INP+. CCM clarified that CCM was very proactive in investigating the matter and that the KPMG report was successful in achieving its objectives which also formed the basis of the OIG audit. CCM however does not have a mandate to recover the misappropriated money from INP+. All instructions given to PFI so far have not been followed by PFI.

PFI has rejected the findings of the report and also the OIG insistence of returning US\$ 872,000. INP+ General Secretary and PSF President clarified that his submission had been totally misrepresented and misinterpreted.

Further to this, a letter has been received from INP+ by PFI stating that they will not separate Mr. Abraham from the organization activities and not recover any funds to PFI. INP+has denied all charges in the OIG report.

#### **Discussion:**

Ms Asa Andersson, Senior Programme Coordinator UNAIDS made two recommendations for follow-up action: Firstly, CCM is not a legal entity and therefore does not have the right tools to retrieve the money under question. As the grant agreement is signed between GFATM and the PR, therefore, the money retrieval should be coordinated between them and is the responsibility of the PR and GFTAM. Secondly, recommendations from the KPMG report should be used to work towards a solution to move forward with the grant.

Mr. P. K. Pradhan Secretary H and Chair CCM enquired about how the grant was functioning.

Mr. Manohar Elavarthi, CCM Vice Chair, Board member Suraksha stated that the rest of the grant money was spent on programme expenses by PFI and INP+. PFI has three other sub-recipients and there have been no reported problems in their grant finances. KPMG report was of good quality while OIG report was inadequate. Also there was an ambiguity on the policy on the use of administrative costs.

Ms Daxa Patel, President GNP+ mentioned that the State Level Networks were not receiving the Global Fund Grant Money. Also, the whistleblowers have been ousted from the networks.

Ms Aradhana Johri, AS NACO stated that the Local Fund Agent should give a clear picture about the issue as they have been following it from the beginning. Also the LFA is the custodian of the grant money; hence they should exercise proper oversight.

Mr. Heman Sabharwal, Asst Director, LFA clarified that the LFA is not the custodian of the grant money. The PR is the custodian of grant money. LFA can conduct audits only when requested by GF Secretariat. In this particular case, they have not been asked to conduct audits. Only the GF Secretariat can be the arbitrator in the case.

Mr. Sayan Chatterjee, Secretary and DG NACO added that the KPMG audit was carried out with GF money and it formed the basis of OIG's further investigations.

Ms. Aradhana Johri, AS NACO clarified that the CCM stand has been clear that there has been a wrong doing and CCM did its best by taking proactive steps. But GFATM has not delegated any powers to the CCM (a clarification made to GFTAM in this context has not been replied to though more than three months have passed. PR and GFTAM have the responsibility to recover funds.

Mr R K Jain, ASFA MoHFW stated that the CCM should not focus on trying to ascertain the amount to be retrieved but should try to provide a better oversight and see where the grant is presently going.

Mr. Sayan Chatterjee, Secretary and DG NACO stated that the CCM cannot be subordinate to the OIG. The process of fund retrieval has to be entirely between the GF secretariat and the PR.

Mr. P. K. Pradhan, Secretary H and Chair CCM mentioned that in light of the GFATM Board Meeting in Ghana, the stand of the CCM should be re-iterated and communicated.

Mr. Sayan Chatterjee, Secretary and DG NACO suggested forming a policy on errant grants.

Dr. Subhasree Raghavan, President SAATHII proposed that grant money retrieved should be used to build the capacities of the positive networks.

Ms. Aradhana Johri, AS NACO suggested that the working group formed to investigate the issue should re-engage with the PR, PFI, and work towards a solution.

**Decision:** CCM was unanimous in the view that it is the responsibility of the PR to recover the money since they are charged with overseeing the grant for which they get administrative overheads as well. The grant agreement is signed between GFTAM and the PR, therefore all powers, authority and responsibility rests with them.

CCM is not a legal entity. Moreover, GFTAM has not delegated any powers to CCM for this purpose. Repeated directions of the CCM to the PR (under intimation to GFTAM Secretariat) have not been followed. This has been clarified to The Global Fund in the past by the CCM.

**Agenda no 5:** Discussion and decision on the Round 9 Grant for HIV- Migrants. Ms Aradhana Johri, AS NACO and Member Secretary CCM briefed the members on the background to the Round 9 Grant for HIV-Migrants.

The Round 9 migrant proposal for Global Fund was proposed in 2009 by the Ministry of Labour and Employment. The approval for the same came from GFATM in 2010. By this time, based on emerging evidence, NACO had revised its national migrant and HIV strategy. The new strategy was more comprehensive, taking into consideration interventions at source and transit. The grant was signed in October, 2010 with DEA with Ministry of Labour & Employment (MoLE) as the implementing agency. The proposal for migrant component was not initially aligned with revised migrant strategy and there were issues of duplication in terms of geography, target population and management structure with existing programmes of NACO. To this effect, CCM had elaborately discussed this matter and recommended NACO to be the co-PR along with MoLE. Considering the issues of optimization and efficient use of resources, MoLE has now proposed that the interventions be carried out by NACO and existing structures of MoLE can be used as appropriate. Based on the above, it is now proposed that the project will be implemented by NACO as the PR with a starting date from April, 2011 as desired by GFATM.. However, NACO has to perform the required results within 3 months, i.e. the date of first disbursement agreed from April 2012. In brief now more work will be done than was there in the original proposal in shorter time and lesser money. Delhi has also been added.

Dr Subhash Ghosh, Programme Officer NACO added that NACO will continue to cover the intended target population and geographical area.

#### **Discussion:**

Mr. P. K. Pradhan, Secretary H and Chair CCM enquired about the stand of the Ministry of Labour on the issue.

Ms Indrani Gupta, Under Secretary Ministry of Labour (MoLE) stated that the MoLE looked at the proposal in the fresh light of the revised national strategy on HIV/AIDS. It was found that a duplication of resources was taking place. MoLE would be setting up parallel institutions if they executed the Grant. Therefore, the decision was taken at the highest level of Ministry of Labour to withdraw as NACO was better equipped to execute the same. MoLE will partner NACO as appropriate.

Ms Aradhana Johri, AS NACO clarified that as the Department of Economic Affairs Division of Govt of India was the Principal Recipient of this grant. And therefore technically it would entail the transfer of the implementation arrangement of the grant from MoLE to NACO. NACO has redrawn the proposal to meet the revised national strategy and sent it to GFTAM.

Mr. R K Jain, ASFA MoHFW mentioned that training set ups created by MoLE should be utilized and fresh structures should not be created.

Ms Aradhana Johri, AS NACO clarified that fresh structures were not being created. Training institutes that have the best strengths will be used and outreach will continue although targeted interventions who are already doing this work. This will ultimately lead to strengthening of available infrastructure and thereby lead to efficiency gains.

Ms Kerry Pelzman, Director USAID requested for the revised proposal to be shared with all the CCM Members.

**Decision:**

The Round 9 Grant for informal workers would be implemented by NACO instead of Ministry of Labour. This was endorsed by CCM and CCM proposes this change to GFTAM. The revised proposal of the Round 9 Grant for HIV-Migrants will be shared with all the CCM Members.

**Agenda no 6:** Discussion on the identified gaps for AIDS, TB and Malaria programs

Ms Aradhana Johri, AS NACO stated that this agenda topic was kept in context of Round 11. As the round 11 stands cancelled therefore it does not hold but the programs could mention the identified gaps.

The Program divisions stated their identified gaps as Drug requirement for HIV AIDS, Urban TB control and strengthening notification and Urban Malaria.

Mr. Nirod Kumar Bhuyan enquired that in case we are unable to fill these gaps through GFTAM what would be India's stand.

Mr. P. K. Pradhan, Secretary H and Chair CCM clarified that money from domestic budget would be made available for the programs

**Agenda no 7:** Update from Oversight committee on the Oversight plan.

Dr. Sangeeta Kaul, Senior HIV/AIDS Advisor USAID presented an update on this matter. She mentioned that the ad hoc group set up for this task has not been able to get nominations from the various constituencies in compliance with the last CCM meeting.

**Discussion:**

Dr. Subashree Raghavan, President, SAATHII stated that it is important for the Oversight Committee to attend Project Steering Committee Meetings. Also Oversight Committee needs technical assistance from each of the 3 disease areas.

Shri P.K.Pradhan, Secretary Health and CCM Chair asked for clarity on the objective and scope of the Oversight Committee.

The minutes of the last CCM Meeting on the subject were read out by CCM Coordinator which clarified that the membership of the oversight committee must comprise of 1 person per constituency. In the absence of the primary member, alternate member from the same constituency could participate. The national program managers should be included in the

oversight committee to get the field level inputs. The scope of the Oversight committee should include using existing mechanisms of Joint Review Mission, existing reporting structures and project steering committee reports. Presentations regarding grants progress should be made by the PRs at the CCM meetings. Too much original fact finding should not be done. Relevant expertise for oversight should be explored within the CCM itself. Further the oversight committee must report to the CCM in each meeting, take directions and then take action. It does not have an independent status but works under the CCM.

Dr. Kuryan George, Prof., CMC mentioned that the CCM TOR states that there should be an oversight committee for each of the three diseases.

Dr. K.K.Upadhyay, Additional Director, FICCI volunteered to help coordinate the nominations from the private sector.

**Decision:**

It was reiterated that compliance of the decision of the last CCM meeting on the subject of the Oversight Committee needs to be done. CCM secretariat is to coordinate the nominations from all the constituencies, who will adopt a transparent process for obtaining nominations from their members. The 10 member Oversight Committee will have 1 member from each of the constituencies, one member each from the 3 national programmes (including bilateral and multilateral donors separately). The Oversight Committee will meet once in a quarter and develop a matrix for PRs to fill on the basis of which oversight can be done. This matrix as far as possible will be on the existing reporting so as not to load the PRs too much.

**Agenda no 8:** Endorsement of the CCM budget for phase II. May 2011-May 2012. Ms Komal Khanna, India CCM Coordinator presented the highlights of the CCM budget.

Ms. Komal Khanna, CCM Coordinator stated that CCM funding application for the two period 01 May 2010 to 30 Apr 2012 was endorsed on 04 May 2010 by the CCM & submitted to the Global Fund. The CCM approved budget for two years is US\$ 416,325 for the above period 01 May 2010 to 30 Apr 2012. This was subsequently approved by the Global Fund & the funds disbursed in November 2010 after six months were US\$ 179,175. The India CCM made an expenditure of US\$ 46,444 upto 01 May 2010 - 31 January 2011. As required by GFTAM, CCM endorsement is required to review the expenditure of Q3 of Y1 & review the budget of Q4 & Y2. The requested amount of CCM budget for Y2 -1 May 2011 - 30 April 2012 is US\$ 199,671.

**Decision:** CCM expenses till Q3 and Y2 Budget was endorsed by the CCM members.

**Agenda no 9:** Any other business with the permission of the Chair:

Dr K S Sachdeva, Chief Medical Officer, CTD presented a proposal on Single Stream funding, consolidation of existing Global Fund Grants under RNTCP as a Principal Recipient (PR) into a single consolidated Grant for the approval/endorsement of CCM.

The CTD informed CCM about existing grants (Rolling Continuation Channel & Round 9), their objectives, SDAs, performance framework, duration and budget. CTD further informed that under SSF objectives, SDAs, performance framework, work plan & budget and PSM plan of two grants have been consolidated with proposed start date as October 1, 2011 with proposed budget as: Phase 1: October 2011 to Mar 2013 with a budget of US \$ 112.06 million Phase 2: April 2013 to September 2015 with a budget of US \$ 156.33million

CTD further informed that the SSF budget has been calculated on the basis of available balance under GF RCC and GF R9 effective October 2011. No additional resources have been added to the budget. The consolidated budget for SSF is US \$ 268.39 million which is less than the combined available budget of RCC and R9 because of efficiency cut as mandated by the GF for consolidation of grants. CTD sought endorsement of the CCM to go ahead with SSF as proposed and approve the draft SSF documents to be shared with Global Fund for their review and approval.

**Discussion:**

Dr Subhasree Raghavan, President SAATHII stated that all grants are mandated to undergo consolidation. Therefore TB should be applauded for being the first ones. The CCM congratulated the programme division for taking a lead in consolidation exercise

**Decision:**

CCM unanimously endorsed and approved the CTD SSF proposal to be shared with Global Fund for their review and approval.

**Agenda no 9:** Any other business with the permission of the Chair:

Dr. Prabha Arora, Joint Director, NVBDCP requested the CCM to recommend to the Global Fund for allowing the reimbursement of the pharmaceutical products, SP-ACT and Arteether Injection as these are very much essential for the success of the project and the programme. These are being procured following the guidelines of World Bank and following the procurement procedures of the country which had been the accepted country practice by GFATM. As Compliance of the Quality Assurance (QA) norms of the Global Fund requires additional time and effort on the part of programme (as it shall require separate procurement procedure for each donor) at the level of Empowered Procurement Wing (EPW) and the procurement agent further all the manufacturers would require to be appraised of the QA policies of the Global Fund and their readiness to initiate the process of enlisting their Finished Pharmaceutical Product (FPP) on the WHO pre-qualification list.

Also the non reimbursement of funds on SP-ACT will affect the performance indicators and the budget lines also, thus, adversely affecting the project performance of both the PRs.

**Decision:** The CCM recommended that the PR should directly write to the Global Fund.

There was an enquiry on the date for the next CCM meeting and it was decided to have the next meeting in March 2012.

Ms Aradhana Johri, AS NACO mentioned that Ms Asa Andersson, Senior Programme Coordinator UNAIDS was transferred to South Africa and thanked her for her proactive role in the CCM meetings. Her contribution was well appreciated by all CCM members.

Secretary Health & CCM Chair thanked the CCM members for participating in the meeting and the meeting came to an end.



P. K. Pradhan  
Secretary Health, Chair CCM  
Ministry of Health & Family Welfare

## ANNEX 1

### List of CCM Members who were present at the meeting:

- 1 Mr P.K. Pradhan, Secretary (Health), MoHFW, Govt Of India, CCM Chair
- 2 Mr Sayan Chatterjee, Secretary & Director General (NACO), MoHFW, Govt Of India
- 3 Ms Aradhana Johri, Additional Secretary (NACO), MoHFW, Govt Of India
- 4 Mr R K Jain, Additional Secretary and Financial Advisor, MoHFW, Govt Of India
- 5 Mr Manohar Elavarthi, Board Member, Suraksha WRHCP, CCM Vice-Chair
- 6 Ms Indrani Gupta, Under Secretary, Ministry of Labour and Employment, Govt of India (Alternate Member)
- 7 Mr K. Thouthang, Director, Ministry of Tribal Affairs, Govt of India (Alternate Member)
- 8 Dr D Behera, Director, Lala Ram Swarup Institute of Tuberculosis and Respiratory Diseases
- 9 Dr Kuryan George, Professor and Head, Community Health Department, Christian Medical College (Alternate Member)
- 10 Dr Sai Subhasree Raghavan, President, SAATHII:: Solidarity and Action Against The HIV Infection in India
- 11 Dr. R.C. Dhiman, Scientist, NIMR
- 12 Mr John K George, Director, SWISS EMMAUS LEPROSY RELIEF WORK – INDIA (FAIRMED)
- 13 Mr Swami Shantatmananda, Secretary, Ramakrishna Mission
- 14 Dr Shampa Nag, Program Director, Caritas India (alternate Member)
- 15 Ms Ivonne Camaroni, Chief HIV UNICEF, (alternate Member), UNRC
- 16 Ms Goparaju Rashmi, Secretary , Vasavya Mahila Mandali
- 17 Ms Daxa. V Patel, President, Gujarat State Network of People Living with HIV/AIDS
- 18 Dr Srinath S, -person affected by TB disease Person affected by TB
- 19 Mr Nirod Kumar Bhuyan, Project Officer, LEPRO Society
- 20 Mr Partho S. Roy, Edenred Accor Services Private Limited (alternate member)
- 21 Ms Kerry Pelzman, Director Health office, USAID

- 22 Mr Benjamin GESTIN, Attache' (Health), Embassy of France (alternate Member)
- 23 Ms Asa Andersson, Senior Programme Coordinator, UNAIDS (Alternate Member)
- 24 Dr Paul Fransas, WHO (alternate member)
- 25 Dr K K Upadhyaya, Additional Director, FICCI (alternate member – Apollo Tyers)
- 26 Ms Roopali Bhargava, CII (alternate member- BILT)

**List of CCM Members not present at the Meeting:**

- 1 Dr R.S Shukla, Joint Secretary, Ministry of Health & Family Welfare
- 2 Mr J.P Sharma, Joint Secretary, Ministry of development of North-eastern region
- 3 Dr J.B Ekka Mission Director, National Rural Health Mission (Assam)
- 4 Mr Pramod Mehreda, Mission Director, National Rural Health Mission (Orissa)
- 5 Mr Pradeep Shukla, Mission Director, National Rural Health Mission (Uttar Pradesh)
- 6 Dr Ramesh Chandra Sagar, National Mission Director, Rural Health Mission (Maharashtra)
- 7 Mr S. Selva Kumar, Mission Director, National Rural Health Mission (Karnataka)
- 8 Dr Ramesh Paranjape, Director, National Aids Research Institute (NARI)
- 9 Dr Amita Shah, Professor, Gujarat Institute of Development Research
- 10 Dr Tanmay Amladi, President, Indian Academy of Pediatrics
- 11 Mr James Robertson, Country Director, India HIV/AIDS Alliance
- 12 Mr Subash Mendhapurkar, Director, SUTRA
- 13 Mr Vikram Gupta, Programs Manager, Sir Ratan Tata Trust
- 14 Ms Sabina Bindra Barnes, Human Development Advisor and Task Team Leader, DFID-India

**Additional Members:**

- 1 Mr Heman Sabharwal, Asst Director, Price Waterhouse, LFA
- 2 Dr Subhash Ghosh, Program Officer, NACO
- 3 Dr A C Dhariwal, Director NVBDCP
- 4 Dr K S Sachdeva, Chief medical Officer, TB
- 5 Dr M Shaukat, ADG (CST), NACO
- 6 Dr Sangeeta Kaul, Senior HIV/AIDS Advisor, USAID
- 7 Ms Rody Gangte, Project manager, Caritas India
- 8 Dr G S Sonal, additional director, NVBDCP
- 9 Dr P Arora, Joint Director, NVBDCP
- 10 Dr Shibu Vijayan, PPM Consultant, CTD
- 11 Mr Manish Mudalian, Associate director, SAATHII
- 12 Ms. Komal Khanna, CCM Coordinator
- 13 Ms. Nazia Erum, Communication Officer
- 14 Mr. K. Jim Reeves, Program Officer