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INDIAN CCM MODIFIES ITS COMPOSITION AND ESTABLISHES SELECTION PROCESSES

Editor's Note: This is an account of the decisions recently taken by the Indian CCM to change its composition and to establish selection processes for each sector. While it is not possible for GFO to report on all changes in composition on all CCMs, we prepared this article on the Indian CCM because the changes were significant, because the process was well documented, and because we believe this will be of interest to readers. This description is based on information provided by the CCM Secretariat and information available on the CCM's election website.

Earlier this year, the CCM in India made important changes to its composition. The terms of office of the members of the old CCM were set to expire in March 2009. At the time, there were 33 seats on the CCM, broken down as follows: central government (8), governments of states and union territories (5), academic and research institutions (5), civil society (5), private sector (2), people living with the diseases (1), and multi- and bi-laterals (7).

The CCM decided to expand its size to 40. At a meeting in January 2009, decisions were taken on seat allocation and selection processes for the reconstituted CCM. New members were to serve from April 2009 to March 2011. The CCM created seven constituencies, as follows:

Constituency No. 1: Central Government (eight seats). Of the eight seats, five were reserved for the Ministry of Health and Family Welfare (MoHFW), and three for other ministries. The Secretary of Health was mandated to select the five MoHFW representatives. For the other three seats: one was to be filled by the Ministry of Labour; one by either the Ministry of Tribal Affairs or the Ministry of Development of North-East Region; and one by either the Ministry of Railways or the Ministry of Panchayati Raj. Letters of invitation were to be sent to these ministries. (The ministries of Finance and Defence were to be allowed

to send non-voting observers.)

Constituency No. 2: Governments of States and Union Territories (five seats). One seat was allotted for each region, to be filled by representatives of the following states: Assam (North-East Region), Orissa (Eastern Region), Uttar Pradesh (Northern Region), Maharashtra (Western Region) and Karnataka (Southern Region). (These are the states with the highest burden of the three diseases.) The seats were to be filled by Mission Directors of National Rural Health Missions.

Constituency No. 3: Academic and Research Institutions (five seats). Of the five seats, one each was reserved for a research or academic institute working in HIV, malaria and TB; one for a research or academic institute working in health systems strengthening; and one for a research or academic institute working on gender issues. Requests for expressions of interest were to be sent to various agencies, with the CCM making the final selection.

Constituency No. 4: Civil Society Organisations (eight seats). The CCM formed an Election Committee to oversee the selection process, and hired an outside agency to conduct the elections. (Editor's Note: GFO is working on a separate article on the elections process for this constituency.)

Constituency No. 5: Private Sector (five seats). Of the five seats, three were allotted to corporations, one to a private sector foundation, and one to associations of clinical practitioners. For the corporations, the three national business associations were to be requested to conduct an open elections process to select one corporation each from amongst their member companies. For the foundations, 11 Indian and four international foundations were to be invited to send expressions of interest, with the CCM making the final selection. For the associations of clinical practitioners, a call for nominations was to be issued, with the CCM making the final selection.

Constituency No. 6: Persons Living with the Diseases (three seats). One seat was allotted to each disease. For the HIV seat, the India Network for People Living with HIV/AIDS (INP+) was to be asked to undertake an elections process internally at the district and state levels to find a suitable candidate, to include some smaller networks of persons living with HIV/AIDS in this process, and to run the process by the CCM. The TB and Malaria Program Divisions of the MoHFW were to be asked to develop a selections process to identify people from the TB and malaria communities, and to submit the process to the CCM Secretariat.

Constituency No. 7: Multilaterals and Bilaterals (six seats). Three seats were allotted to bilaterals and three to multilaterals. Recommendations were to be sought from these sectors, with the CCM making the final decision.

The process was completed and the seats were all filled by May 2009. For more details, including the names of the new CCM members, see the "Reconstitution Report of the India CCM-2009-11" at www.india-ccm.org

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