

**Record of Discussion
Stakeholder's Consultation Meeting
Process for the Global Fund Grant for the period of 2027-2030**

Date: 6th July, 2026

Time: 10:00 AM- 16:00 PM

Place: Hotel The Park, New Delhi

Background:

The Global Fund in their communication dated 13th March 2026 have sent the formal allocation letter to India for the Global Fund for the next Grant Cycle. The allocation letter announces India's allocation of USD 300 Million for HIV, TB and building resilient and sustainable systems of health (RSSH)

The disease wise indicative split shared by the Global Fund is as follows:

Eligible disease component	Allocation up to USD	Allocation utilization period
HIV	100,000,000	1 April 2027 to 31 March 2030
Tuberculosis	200,000,000	1 April 2027 to 31 March 2030
Total	300,000,000	

Dr. Shobini Rajan, DDG/Focal Point, India CCM, welcomed the participants and briefly outlined the purpose of the consultation as detailed in **Annexure 1**

This was followed by a presentation by the I-CCM Coordinator on the Global Fund allocation decision and the funding request process, provided in **Annexure 2**

Dr. Bhawna Rao Deputy Director, NACO and Dr. S. K. Mattoo, Joint Commissioner, CTD presented on the priority areas for NACO and CTD, respectively

Subsequently, two groups were constituted comprising relevant stakeholders, including representatives from CSOs, KAPs, PLWDs, technical experts, donor partners, and the respective Programme Divisions, to deliberate on the process and priority areas. The groups were constituted separately for **HIV** and **TB**, with two rapporteurs assigned to each.

During the group work session, experts provided their views and discussed priority focus areas for the upcoming Grant Cycle 8 (GC8).

The key discussion points and proposed recommendations for strengthening the GC8 HIV and TB proposals were collated for presentation in the valedictory session, as outlined in **Annexure 3 (HIV)** and **Annexure 4 (TB)**

A. Key recommendations and suggestions following the Group work for strengthening HIV GC-8:

- **Funding and PR structure:** Maintain an approximate 50:50 split between NGO PR and Government grant for HIV to sustain current CSC and community coverage; designate SRs/SSRs as community-based organizations under NACO and NGPR

- **Service integration:** Pilot integration of HIV services up to HWCs; strengthen integrated HIV–TB–NCD delivery at district/community levels; expand private sector engagement; promote cervical cancer screening for women living with HIV
- **Community-led response and sustainability:** Strengthen CBO/CSC networks, Community-Led Monitoring, and engagement of Community Champions/District Resource Groups; build CBO capacity in governance, finance, proposal development and income generation; develop sustainable financing beyond grants
- **Innovation and transition:** Invest in catalytic innovations under NACP-VI (including HIVST, PrEP/PEP, long-acting ARVs, digital/peer interventions); strengthen mortality assessment (especially TB–HIV); promote PPPs for prevention, diagnosis and treatment; establish strong transition management from the start of GC8
- **Diagnostics and procurement:** Improve sample transport for VL testing in hard-to-reach areas; leverage existing TB molecular platforms for HIV diagnostics; pilot 4th-generation HIV RDTs as initial screening with implementation research before scale-up
- **Mobile and district systems:** Integrate mobile outreach with NHM vehicles; expand mobile services for underserved populations; strengthen district-level technical support linked to MAS
- **IT and digital systems:** Enhance SOCH with AI/ML, integrated RAG dashboards, and linkages to ABDM/AECC; expand virtual and peer-led digital interventions, including mental health support and targeted communication for adherence and retention
- **Care, support and key populations:** Strengthen differentiated care for ageing PLHIV, adolescents and children; scale up paediatric/adolescent services; promote U=U messaging; enhance HIV interventions in prisons/closed settings and comprehensive services for PWID (including OST and hepatitis integration)

B. Key Recommendations and suggestions following the Group work for strengthening TB GC-8:

- **Funding, PR structure and transparency:** Consider increasing the NGPR budget share (previously around 14%); ensure the ongoing NGPR selection process is transparent; empower State/District TB Vijeta networks by engaging them as SRs/SSRs with inclusive participation.
- **Sustainability and innovation:** Build an explicit sustainability plan into GC8; prioritize scalable, cost-efficient innovations over routine activities; review and, where appropriate, scale up AIC-related approaches from the C19RM grant
- **Patient-centred and contextualized interventions:** Adopt a patient-centred care **cascade** approach; contextualize interventions to specific geographies and local needs, with special focus on peri-urban areas as vulnerable geographies; address barriers to accessing diagnostics and treatment, including through stigma reduction
- **Data use and decision-making:** Strengthen districts' capacity to use actionable data analytics for planning, monitoring, follow-up and performance improvement; promote data-driven decision-making at district level
- **ACSM, SBCC and community engagement:** Expand ACSM to focus on barriers to access, awareness generation and demand creation; develop a

think tank of SBCC/thematic experts (tribal, urban, occupational health, etc.) to shape community awareness strategies; position communities as partners, not just beneficiaries; link interventions with social protection schemes to address patient- and community-level barriers

- **Psychosocial support, gender and inclusion:** Provide psychosocial counselling for persons with TB through training of Ni-kshay Mitras; ensure a gender-sensitive approach and include transgender CBOs
- **Service delivery, diagnostics and quality systems:** Engage the AYUSH network for referrals; deploy digital X-ray for active case finding with task-shifting and operational support; ensure X-ray abnormalities beyond TB are linked to care and post-TB pathways with clear responsibility for follow-up; introduce newer diagnostics (e.g., nPOC) to improve sensitivity and cost-efficiency of ACF; integrate NQAS through NHSRC to monitor laboratory performance
- **Integrated capacity building and technology:** Establish integrated capacity-building platforms for TB, HIV and other diseases; leverage AI-enabled innovations to improve efficiency, targeting and reach
- **Climate change and vulnerability:** Incorporate relevant findings into the National Program on Climate Change and Human Health (NPCCHH); undertake studies on TB vulnerability related to air pollution, natural calamities, and heat/cold waves; develop a climate-informed early warning mechanism for TB

Valedictory Session:

- Dr. Shobini Rajan, DDG/Focal Point, India CCM, welcomed Ms. Aradhana Patnaik, AS&MD (NHM)/Member Secretary, India CCM, and Shri Nikhil Gajraj, JS (GFATM), and briefed them on the sessions and deliberations during the meeting.
- Dr. Raghuram Rao, ADG, CTD, and Dr. Bhawna Rao, DD NACO, presented the collated discussion and feedbacks, incorporating inputs from the Community and other stakeholders.
- **Remarks by AS&MD (NHM)**

AS&MD (NHM) appreciated the joint efforts of all teams and noted that the suggestions for the TB and NACO programmes were crisp and well considered.

She opined that, given the TB programme's established network of officials and field functionaries, along with support available through the Global Fund Grant, a focused approach towards selected priority areas was recommended to demonstrate measurable impact as given below:

- Improving the treatment success rate, currently at approximately 92%, by examining the remaining gaps related to loss to follow-up, deaths, late detection, and other missed outcomes
- Using available programme data and AI-based analysis to identify districts and blocks with persistently low treatment success rates, so that interventions can be targeted accordingly

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- Increasing coverage of TB Preventive Treatment (TPT), with special attention to immediate family members of TB patients. Community mobilisation, awareness generation, and support through IC and BCC were highlighted as important measures
- Strengthening private-sector engagement, particularly referral mechanisms and linkages to public health facilities for patients unable to receive or continue care in private facilities
- Focusing on the quality of service delivery, including sputum collection and diagnostic quality, rather than procuring additional handheld X-ray devices, which are already being deployed at scale and instead support human resources to functionalize and operate these optimally
- Identifying districts and blocks where case detection has stagnated or remains high despite repeated interventions, to assess whether the current strategies are reaching the intended populations
- Prioritising achievable outcomes, including addressing pending NPY payments and increasing Nikshay Mitra saturation in selected panchayats, with the aim of supporting them to achieve TB Mukht status
- Supporting selected urban wards to achieve TB Mukht status during the current year through the urban ward initiative
- Similar data-driven and targeted approach should be adopted for the NACO programme. Since the existing systems are already in place, efforts should focus on identifying gaps and strengthening interventions in areas requiring additional support. An integrated and collaborative approach across both programmes was recommended to improve outcomes and contribute to the broader goal of disease elimination

The DDG/Focal Point, India CCM Secretariat, further affirmed that all inputs, insights, and deliberations emerging from the session would be duly compiled and suitably integrated to inform the formulation of the Concept Note prior to ICCM Meeting.

The meeting concluded with a vote of thanks to the CCM Members and stakeholders

