

Minutes – CCM Members Meeting

th June, 2024

INPUT FIELDS INDICATED BY YELLOW BOXES

| MEETING DETAILS* | | | | | | | | | | | | | |
|---|------|--------------|-----|---------------------------|-----|-----|----|---|--|-----------------------------|-----------|---|--|
| COUNTRY (CCM) | | | | Pakistan | | | | TOTAL NUMBER OF VOTING MEMBERS PRESENT | | | 18 | | |
| MEETING NUMBER (if applicable) | | | | 01 | | | | (INCLUDING ALTERNATES) | | | | | |
| DATE (dd.mm.yy) | | | | 7 th June,2024 | | | | TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF) | | | 48 | | |
| DETAILS OF PERSON WHO CHAIRED THE MEETING | | | | | | | | | | | | | |
| HIS/HER NAME & ORGANISATION | | First name | | Nadeem | | | | QUORUM FOR MEETING WAS ACHIEVED (yes or no) | | | Yes | | |
| | | Last name | | Mahbub | | | | DURATION OF THE MEETING (in hours) | | | 2.50Hours | | |
| | | Organization | | M/o NHSR&C | | | | VENUE / LOCATION | | Conference Room, M/o NHSR&C | | | |
| HIS / HER ROLE ON CCM (Place 'X' in the relevant box) | | Chair | | | | X | | MEETING TYPE (Place 'X' in the relevant box) | | Regular CCM meeting | | X | |
| | | Vice-Chair | | | | | | | | Extraordinary meeting | | | |
| | | CCM member | | | | | | Committee meeting | | | | | |
| | | Alternate | | | | | | | | | | | |
| HIS / HER SECTOR* (Place 'X' in the relevant box) | | | | | | | | GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box) | | LFA | | X | |
| | | | | | | | | | | FPM / PO | | X | |
| | | | | | | | | | | OTHER | | | |
| | | | | | | | | | | NONE | | | |
| GOV | MLBL | NGO | EDU | PLWD | KAP | FBO | PS | | | | | | |
| X | | | | | | | | | | | | | |

LEGEND FOR SECTOR*

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| GOV | Government | PLWD | People Living with and/or Affected by the Three Diseases |
| MLBL | Multilateral and Bilateral Development Partners in Country | KAP | People Representing 'Key Affected Populations' |
| NGO | Non-Governmental & Community-Based Organizations | FBO | Religious / Faith-based Organizations |

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| EDU | Academic / Educational Sector | PS | Private Sector / Professional Associations / Business Coalitions |
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SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM
(Place 'X' in the relevant box)

GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS

AGENDA SUMMARY

| AGENDA A ITEM No. | WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW | Review progress, decision points of last meeting – Summary Decisions | Review CCM annual work plans / budget | Conflict of Interest / Mitigation | CCM member renewals/appointments | Constituencies engagement | CCM Communications /consultations with in-country | Gender issues | Proposal development PR / SR selection / assessment / issues | Grant Consolidation | Grant Negotiations / Agreement | Oversight (PUDRs, management actions, LFA debrief, audits) | Request for continued funding / periodic review / phase II / grant consolidation / closures | TA solicitation / progress | Other |
|-------------------------|--|---|--|-----------------------------------|-------------------------------------|---------------------------|--|---------------|--|---------------------|--------------------------------|---|---|----------------------------|-------|
| AGENDA ITEM # 1 | Declaration of Conflict of Interest& Code of Conduct for CCMs | | | X | | | | | | | | | | | |
| AGENDA ITEM # 2 | Update on Decisions of Last CCM members Meeting | | | | | | | | | | | | | | X |
| AGENDA ITEM # 3 | Update on Elections for CCM Membership | | | | | | | | | | | | | | X |
| AGENDA ITEM # 4 | Update on Additional Safeguard Policy (ASP) and Implementation Arrangements GC7 - HIV | | | | | | | | | | | | | | X |
| AGENDA ITEM # 5 | Presentation by CMU – (TB, Malaria, C19RM) on Progress update including Financial, HR, and Programmatic | | | | | | | | | | | | | | X |
| AGENDA ITEM # 6 | Presentation by The Indus Hospital (PR- Malaria) on Progress update including Financial, HR, and Programmatic. | | | | X | | | | | | | | | | |
| AGENDA ITEM # 7 | Presentation by Mercy Corps (PR- TB) on Progress update including Financial, HR, and Programmatic | | X | | | | | | | | | | | | |
| AGENDA ITEM # 8 | Presentation by UNDP (PR- HIV) on Progress update including Financial, HR, and Programmatic | | X | | | | | | | | | | | | |
| AGENDA ITEM # 9 | Presentation by Nai Zindagi (PR- HIV) on Progress update including Financial, HR, and Programmatic | | X | | | | | | | | | | | | |
| | Summarization of action points | | | | | | | | | | | | | | |

To add another 'Agenda Item' highlight the entire row corresponding to the last 'Agenda Item #' in the table. Right click on the mouse and click on the 'Insert' menu item, then select the 'Insert Rows Below' option. Repeat as necessary to add additional rows.

Proceedings

The meeting commenced with the recitation of the Holy Quran. The Chair expressed gratitude and extended a warm welcome to all participants, particularly Ms. Izaskun, Senior Fund Portfolio Manager of the Global Fund. He emphasized the privilege of her presence and expertise, highlighting the need to leverage her insights. Acknowledging the forum's potential, he stressed the imperative for enhanced productivity to address the challenges posed by Malaria, TB, and HIV/AIDS. Urging collective efforts, he emphasized the necessity to strive towards achieving targets and finding viable solutions. Emphasizing an outcome-oriented approach, he underscored the need for progress and collaboration to support and enhance ongoing activities. Following a brief round of introduction, the Chair of the CCM instructed the CCM Coordinator to proceed with the agenda.

Yes

MINUTES OF EACH AGENDA ITEM

NIL

Yes

CCM Coordinator explained the conflict of interest and said that it is an essential agenda point of every CCM Members Meeting and it is a requirement of Global Fund that before the start of each members meeting, members should declare Conflict of Interest. He briefly explained the types of conflict of interest. He highlighted the importance of declaration of conflict of interest, in order to promote transparency, accountability, inclusiveness, and public confidence in all of the activities. This policy applies to all members of the CCM, its subcommittees/working groups and the staff of the CCM Secretariat. He said that he has already shared the agenda electronically, and if there is any conflict of interest against any agenda item, members are requested to declare it. However, none of the members declared Conflict of Interest against any agenda item.

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

NIL

WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)

Yes

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

CCM Coordinator updated the house regarding the progress and update of the decisions of the last CCM Members Meeting.

Decision: It was decided that National Coordinator (NC) CMU will follow up with the Global Fund for the revocation of the Additional Safeguard Policy (ASP).

Update: National Coordinator (NC) will give detailed presentation in the next agenda point and she will brief about the update and the progress on the Additional Safeguard Policy (ASP).

Decision: The Chair urged that the Global Fund should review the implementation arrangement of HIV grant and PR-ship should be given to the Government, as the progress of the current PRs is not satisfactory.

Update: CCM Coordinator said that the process is undergoing, but not yet finalized.

Decision: The Chair advised the CMU -TB team to visit Punjab and resolve emerging issue of TB with the Government of Punjab and to meet with MOI regarding Afghan Refugees screening, and make a plan to visit the other Provinces for strong and close coordination.

Update: National Coordinator and her team visited the Provincial Program several times, and the programmatic, financial and other administrative challenges were discussed to work out the best implementation strategies. Further, under the leadership of worthy Coordinator to PM, the forum of Inter-Ministerial meeting, having highest level representation from the provinces, was also used to discuss and resolve data related issues. Discussions between CMU and PTP are ongoing for integration. UNDP Afghanistan as Principal Recipient of the Global Fund Multi-Country TB Grant is implementing a Project in Iran, Afghanistan and Pakistan to address cross border issues. NTP Pakistan as a Sub-Recipient of UNDP is implementing in 45 Afghan refugee camps (35 in KP & 10 in Balochistan) to find and treat TB cases among mobile Afghan refugee population concentrated in bordering provinces of KP and Balochistan.

Decision: The Chair advised the Malaria team and emphasized on strong collaboration among all the partners. Collective decision should be made on the basis of ground reality.

Update: CCM Coordinator said that a review meeting with Provincial Malaria Programs, WHO and other partners was held at Islamabad, dated 19th April 2024, under the leadership of NC, CMU. Provincial performance against set targets was reviewed and issues and challenges were discussed. Special emphasis was made to have strong collaboration at each level, and decisions were taken based on feedback from field teams to address implementation challenges. The coordination meetings are targeted bi-annually with all partners.

Decision: The Chair advised the UNDP team to work closely with all provinces and establish a working relationship with all stakeholders as HIV has become a stigma for us after Polio, and HIV should be the priority.

Update: CCM Coordinator updated the house that UNDP shared the progress on Quarterly Monitoring and Supervision Plans with the ACPs and CMU/NACP. Sharing the quarterly performance letters with SRs

that outline indicator performance for each SR (including ACPs) and recommended management actions. UNDP is organizing Inter Provincial Coordination Meetings with the rotating and ACP Chair for regular data reviews and planning on strategic issues. UNDP and partners have reached a stage where any operational, strategic, and other related issues and challenges are communicated, discussed, and resolved with mutual understanding while considering the benefit to the HIV response as a whole.

Decision: The members unanimously endorsed the Model -1 for the election of Key populations (MSM, TGs and FSW).

Update: CCM Coordinator updated the house that CCM Secretariat distributed EOIs to all SRs on March 22, 2024, and nominations were received for the electoral college.

Decision: All the members unanimously endorsed that PR/ SR/SSR or other organizations, receiving fund from TGF directly or indirectly, cannot be the member of CCM.

Update: As per the decision, the concern raised with the Global Fund for legal opinion and TGF advised that Organizations receiving funding from GF can be members of CCM as long as the COI policy is well applied. MOH is receiving funding and MOH chairs the CCM.

Decision: The Chair advised the CCM Coordinator and the National Coordinator CMU, to have a meeting next week regarding CCM elections in his office as a solution?

Update: A virtual discussion was held, and UNAIDS agreed to participate in the election process of CSOs/NGOs, but not for the DUs.

Decision: The CCM members urged the Task Force team to complete all evolution activities within due time.

Update: CCM Coordinator told the house that the Task Force team is currently working on evolution activities that will be completed after the election, as these activities are associated with the new CCM membership.

CCM Coordinator updated the house that CCM Secretariat has submitted all the documents related to decision of performance, budget 2024, workplans, and CCM HUB approved the budget accordingly.

Decision: The Vice Chair CCM advised the PRs Malaria and TB to share the detail of actions that is being taken by the PRs, according to the issues highlighted by OC team during OC visits for Malaria and TB.

Update: PRs for Malaria and TB will provide an updated report during the upcoming Oversight Meeting

Decision: The CCM members unanimously endorsed the Observer ship of USP as requested.

Update: CCM Coordinator informed that the USP team nominated Dr Furqan as an observer for the CCM members meeting.

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| AGENDA ITEM # 3 | Update on Elections for CCM Membership |
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| CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions) |
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| WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) | Yes |
| SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED | |
| <p>The CCM Coordinator informed the house about the ongoing elections for various constituencies, such as Civil Society Organizations, People living with Diseases (HIV, TB, and Malaria), and Key Populations (MSM, TGS, FSW, DUs). He mentioned that Expressions of Interest (EOIs) were advertised in prominent newspapers for the CSOs and DUs elections, receiving 47 EOIs for CSOs/NGOs across four Provinces and 13 for drug users. Nominations for Key Populations were submitted by the respective SRs under UNDP grant and sent to CCM-HUB for assessment.</p> | |
| <p>The OC committee was assigned the task as the Task Force team to collaborate with consultants on CCM Evolution Threshold and related activities. Close coordination with the consultant led to the approval of election documents. Meetings with the CCM HUB and Task Force team were held to evaluate the Drug users' constituency election, along with sharing guidelines for the next steps.</p> | |
| <p>Furthermore, progress on the elections for People living with Diseases (HIV, TB, and Malaria) constituencies was discussed, with nominations expected soon.</p> | |
| <p>Regarding the CCM election process, Dr. Rajwal from UNAIDS raised concerns about aligning the elections with TGF manual guidelines.</p> | |
| <p>The Chair CCM urged the Oversight Chair to organize a Task Force meeting to review the Global Fund guidelines on CCM composition and elections. Recommendations will be electronically shared with CCM members for decision-making.</p> | |
| AGENDA ITEM #4 | Discussion about ASP and Implementation Arrangements GC7 - HIV |
| CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions) | |
| NIL | |
| WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) | Yes |
| SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED | |

The National Coordinator of CMU provided the house with a concise update on the progress of revoking the ASP. She highlighted that the Additional Safeguard Policy (ASP) was activated in Pakistan on August 6, 2020, granting the Global Fund authority to determine implementation arrangements and assigning a more directive role to the country team. This measure was taken due to the unsatisfactory situation regarding HIV and Tuberculosis. Following the ASP, the Global Fund appointed UNDP as the new Principal Recipient of HIV on February 28, 2021, replacing CMU - National AIDS Control Program, as a PR along with PR Nai Zindagi.

She also mentioned that the ASP is currently under review, with an initial assessment conducted by the OIG team. Virtual meetings were held where questionnaires were discussed, and positive responses were provided. The conditions for revoking the ASP are nearly fulfilled, and a request is made to the forum and the Global Fund to reconsider the ASP. Data indicates a significant acceleration in the process, suggesting that Pakistan may soon be the first country to swiftly exit the ASP. Appreciation was expressed for the support from the Global Fund, noting concerns over the past few years regarding the epidemiological trends in response to Tuberculosis and HIV. During that period, TB case notifications remained stable or even decreased, while HIV incidents continued to rise unchecked. She briefly outlined the conditions for revoking the ASP.

She flagged that the release and expense status of domestic funding has been obtained from CGA which accounts for 19% of GF allocation for the year 2021-2023 against the GF Co-Financing requirement of 15% of the allocation. She said that we are working on the evidence to the satisfaction of the Global Fund that Provincial Programs are performing adequately, and that the programmatic and fiduciary risks are controlled.

She further enlightened the house that most of the recoverable have been paid by the Government of Pakistan up to 2018. However, taxes and other non-compliant amounts of USD 1.2 million related to all PRs are still pending. It was agreed upon that the payment of non-compliant expenditures will be made and in PKR equivalent to USD 1.2 million. For refund of public sector PRs, taxes and non-compliant expenditures a detailed meeting was held and we are working on that update will be shared shortly.

The PC-1 has allocated a significant amount for OST rollout in addition to the GF grant, demonstrating government commitment. UNDP is currently overseeing the construction of Opioid Agonist Maintenance Treatment (OAMT) services sites. Compliance with all Agreed Management Actions resulting from the OIG Audits and investigations in 2020 has been demonstrated and has already been shared with the GF.

CCM Coordinator updated the house that a well-resourced and capable CCM, conducting independent oversight (e.g., Eligibility and Performance Assessment), has shared performance assessment documents with CCM HUB through an online portal. The Oversight Committee, chaired by USAID, includes members from WHO, UNAIDS, FCDO, HSA, and APLHIV, and is fully operational. The composition of OC will be enhanced by adding a TB representative and new PLHIV representative after the CCM election.

Ms. Izaskun, Senior Fund Portfolio Manager of the Global Fund, briefed the audience on the latest ASP update. It was decided that an assessment would be conducted by the OIG in collaboration with us and the secretariat to evaluate the current situation and provide recommendations regarding ASP. Several countries were chosen to participate in this assessment, including Pakistan as a case example. During advisory calls with attendees, diverse opinions were expressed, a common occurrence across all countries.

She mentioned that the OIG has finalized the initial draft, which we have reviewed and provided feedback on. Once finalized, it will be presented to the board for endorsement. The executive director holds the authority to revoke ASP in any country, pending agreement from senior management. The

country team must present a compelling case demonstrating how they have met the criteria outlined in the invocation letter. Pakistan's progress has been remarkable.

Furthermore, she acknowledged that three criteria have not been met yet. These include tax compliance, OST implementation, and CCM resourcing. Discussions have taken place with relevant stakeholders to address these issues. Regarding PR-ship, the CMU will assume responsibility for the HIV grant treatment component from January 2025, delayed from the initial target of July due to document submission timelines and staffing requirements at the CMU.

The Honorable Chair of CCM expressed gratitude to Ms. Izaskun for her update and support, emphasizing the importance of progress made. However, a thorough review of evidence and updates is necessary to avoid potential issues. A detailed review meeting with my team is planned to assess the steps taken. Regarding recruitment, my additional secretary with initiating the recruitment process for a CCM Coordinator. He said that internal inquiry has been started on the second point concerning tax issues. We expect the internal inquiry report by next week to understand the situation better.

Dr. Raazia NC – CMU mentioned that OST matter is currently with UNDP, requiring collaboration for the OST project. Two sites are prepared but need approval support, which was raised two weeks ago. I propose a joint meeting with UNDP to address this.

Ms. Heather, UNDP representative updated that six sites have been approved for OST, with a focus on two in Lahore and Karachi. The Karachi site has been constructed, equipment is in place, and CDC is in the final stages of staff recruitment. An agreement was reached with the Global Fund to manage the gap between staff hiring and service commencement. She mentioned that an agreement has been reached with the Global Fund for recruiting staff. They will ensure training for the staff, but there will be a gap between hiring and service commencement due to the need for DRAP and ANF approval for procurement. Your assistance is crucial in obtaining these approvals due to the complexity of the procurement process for this controlled substance, a first-time occurrence in Pakistan. Both ANF and DRAP, along with the ministry, are involved in the process, and everyone is on board. However, all necessary procedures and approvals must be followed. Initially, procurement could not begin until the staff was in place and services were ready, causing a bottleneck. Now, progress has been made in Karachi. In Lahore, construction has commenced at the nominated site, requiring a unique type of construction that had to be imported. The aim is to complete construction by September, with PACP already in the process of staff recruitment. The goal is to have Lahore site-ready with staff by the end of the year.

She urged the CCM Chair to convene a meeting with ANF, yourself, DRAP, and others to align on the procurement timeline and approval process for expediting the procurement.

The CCM Chair instructed Dr. Raazia to arrange a meeting for OST the following week to determine a way forward.

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| Agenda Item # 5 | Presentation by CMU – (TB, Malaria, C19RM) on Progress update including Financial, HR, and Programmatic |
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions) NIL

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| WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) | Yes |
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SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Dr. Sabira, a representative from CMU, briefly updated the house on the progress and achievements, as

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| Agenda Item # 5 | Presentation by CMU – (TB, Malaria, C19RM) on Progress update including Financial, HR, and Programmatic |
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions) NIL

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| WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) | Yes |
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SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Dr. Sabira, a representative from CMU, briefly updated the house on the progress and achievements, as outlined below:

- 100% of targeted patients with all forms of TB have been notified.
- 110% of notified patients with all forms of TB were contributed by non-national TB program providers, specifically private/non-governmental facilities.
- 30% of notified patients with all forms of TB were contributed by non-national TB program providers through community referrals.

In response to inquiries from the Chair CCM regarding the low achievement, Dr. Sabira mentioned that the engagement of the Lady Health Workers (LHW) has been slow. Efforts are underway to actively engage with provincial departments to address this issue. Delays in onboarding these LHWs were attributed to administrative approval processes. However, the onboarding process has now been streamlined, and it is anticipated that the percentage will improve in the next quarter.

She provided the following updates to the house as:

- 120% of new and relapse TB patients were tested using WHO recommended rapid diagnostic tests at the time of diagnosis.
- 73% of patients with bacteriologically confirmed TB among new and relapse pulmonary TB cases.
- 100% of patients with all forms of TB, bacteriologically confirmed plus clinically diagnosed, were successfully treated.
- 40% of people with confirmed RR-TB and/or MDR-TB were notified.
- 73% of people with confirmed RR-TB and/or MDR-TB began second-line treatment.
- 84% of TB patients with DST results for at least Rifampicin among the total notified patients during the reporting period.
- 120% of RR/MDR-TB patients with DST results for Fluoroquinolone among the total notified patients during the reporting period.
- 94% of patients with RR and/or MDR-TB were successfully treated.
- 70% of registered new and relapse TB patients had documented HIV status.
- 38% of HIV-positive new and relapse TB patients were on ART during TB treatment.
- 37% of people living with HIV enrolled on antiretroviral therapy started TB preventive treatment (TPT) during the reporting period.
- 112% of molecular diagnostic analyzers achieved at least 85% functionality (ability to test samples) during the reporting period.
- 99% of TB patients (all forms) bacteriologically confirmed plus clinically diagnosed were successfully treated in the private sector.

Dr. Sabira explained that the challenges were mainly due to stock out of HIV screening kits, but procurement is underway, and coordination with provinces is in progress. Efforts are being made to resolve issues with linkages. Resistance exists in putting healthy individuals on TPT, but advocacy and orientation programs at the facility and physician levels are addressing this challenge. She reported 100

cases identified through case finding activity in prisons, with a 46% notification rate. Efforts will be made to address the slowdown in case finding activities in prisons by coordinating with the provinces.

Additionally, 15,000 patients have been placed on TB preventive treatment, showing a 41% performance increase from the previous 3%. Contact investigation surveys for eligible contacts of individuals with bacteriologically confirmed TB have reached a 67% evaluation rate.

Regarding the monitoring and evaluation system, she mentioned that 95% of data is electronically entered with support from the Global Fund, to ensure the functionality of the online case-based surveillance system from the health facility to the national level.

The Chair of CCM requested NC CMU's input on a mechanism to verify the data validity. In response, she noted that currently, the system is not entirely paper-based nor fully electronic. Furthermore, district officers are responsible for validating this data.

Dr. Hammad, Malaria Advisor at CMU, briefed the audience on the latest updates regarding the Malaria Program. He outlined the progress and targets achieved in the reporting quarter:

- 100% of suspected malaria cases received parasitological tests at public health facilities, with 93% testing at private sector sites.
- 84% of confirmed malaria cases received first-line antimalarial treatment at public health facilities, while the rate was 42% at private sector sites.
- 99% of facility monthly reports were submitted on time according to national guidelines.
- All districts produced periodic analytical reports in line with the national plan and format, during the reporting period.

Dr. Hammad credited the Government's support for enabling diagnostic services in more flood-affected districts, now covering 80 districts across Pakistan, including all districts in Sindh, except Karachi and Hyderabad. He noted a slight decrease in the test positivity rate compared to the previous year's surge in cases.

The successful digitalization of malaria reporting through DHIS-2 was highlighted, with implementation in all 80 districts, and requests from provinces to scale up the system to cover Karachi, Hyderabad, and additional districts for timely reporting. DHIS-2 has enhanced the capacity of provincial and district teams to analyze and utilize data effectively.

Furthermore, with support from the Global Fund, over 9.6 million nets have been distributed since the floods, and plans are in place to distribute an additional 4 million nets this year.

Chief Finance Officer CMU, Mr. Zaheer, provided an update on the financial progress and HR status. He informed that CMU achieved utilization rates of 153% in TB and 36% in Malaria. The higher absorption in TB is due to advanced procurement of drugs and diagnostics in the previous year.

Mr. Zaheer also mentioned that CMU NTP, DOMC, and PRs have commenced hiring for all vacant positions across provinces, with completion expected shortly.

The Chair CCM inquired about the previous year's utilization of Malaria and TB grants. It was clarified that around 85% of the TB grant and approximately 90% of the Malaria grant were utilized. Moreover, an additional \$30 million Malaria grant was acquired during the floods and effectively utilized.

Further discussions led to queries about expenditure assessments. Three evaluating mechanisms were highlighted: the Global Fund's appointed local fund agent (currently KPMG) conducts biannual reviews, submitting reports to the Global Fund; external auditors (Yusuf Adil, a chartered accountant firm) perform audits; and the Office of the Inspector General (OIG) conducts reviews every three years, with the upcoming assessment scheduled for this year. Audit reports have been shared with relevant offices for scrutiny.

Mr. Athar from CMU provided an update to the house regarding the C19 RM grant. He informed that The Global Fund awarded US\$102,881,997 to Pakistan as C19RM funds for the period from July 2021 to December 2023. The utilization period of the C19RM grant has been extended beyond 2023 to December 2025. Mr. Athar also shared the financial progress and utilization details of all implementers, including CMU, Nai Zindagi, Mercy Corp., and IHHN. The following progress updates on the C19 RM grant were presented:

- Procurement of 36 PSA Oxygen Plants through UNDP, with 2 functional and the rest in process.
- Ongoing Waste Management site assessment for the procurement of 9 Incinerators through UNOPS.

The Chair CCM raised a concern about who is leading with UNOPS. Ms. Izaskun SFPM TGF updated the house by stating that The Global Fund has a comprehensive procurement mechanism operational worldwide, utilizing UNOPS for incinerators in Pakistan.

NC – CMU updated the house that eight sites have been evaluated and is requesting one more site in Islamabad for assessment. Ms. Izaskun from TGF mentioned an estimated lead time of around five months before these incinerators are in place.

The Chair CCM instructed the NC CMU to organize a meeting with UNOPS.

Additionally, Mr. Athar detailed the progress on various aspects:

- Strengthening of the laboratory system for integrated diagnostic testing nears completion with equipment installed.
- Enhancement of TB culture and DST laboratories' capacities completed with equipment in place.
- Procurement for the establishment of a Next Generation Sequencing (NGS) Facility is in progress.
- Installation of 12 Digital X-Ray machines at TCHs.
- Implementation of Case-based DHIS2 at the health facility level.

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| AGENDA ITEM # 6 | Presentation by TIH – Malaria on Performance, Financial Progress and Discussion |
| CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions) NIL | |
| WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) | Yes |
| SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED | |
| <p>Dr. Mah from IHHN provided a concise overview of the latest progress in Financial, HR, and Programmatic areas to the house. She highlighted the achievements in the reporting quarter:</p> <ul style="list-style-type: none"> • 100% of suspected malaria cases underwent parasitological testing at public and private health facilities. • 99% of confirmed malaria cases received first-line antimalarial treatment at various health facilities. • 99% of health facilities had tracer medicines available for certain diseases on the visit or reporting day. • 99% of health facilities offering diagnostic services had necessary items available on the visit or reporting day. • 98% of expected monthly reports from facilities for the reporting period were received. • 99% of monthly reports, as per national guidelines, were submitted and received on time. | |

- 100% of districts complied with producing analytical reports according to the national plan during the reporting period.

Furthermore, she informed the members about the Malaria grant implementation strategy, focusing on a combined approach involving SRs and self-implementation. IHHN is actively involved in case management, preventive measures, and community-based initiatives across 17 districts. Additionally, ESR was extended to mobile camps for malaria cases, resulting in the prevention of nearly 40,000 deaths from cancer-related illnesses.

Dr. Mah provided an update on the financial and HR progress to the team. She informed them that IHHN has achieved 68% utilization in the Malaria Grant. Additionally, she stated that all SRs are on board, activities are progressing well, with only one position vacant and in the recruitment process. The campaign requires hiring 15,000 volunteers.

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| AGENDA ITEM #7 | Presentation by Mercy Corps (PR- TB) on Progress update including Financial, HR, and Programmatic |
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions) NIL

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| WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) | Yes |
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SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Dr. Adeel Tahir from Mercy Corps reported on the Financial, HR, and Programmatic progress to the house, highlighting the achievements and targets for the quarter:

- 47,768 patients with all forms of TB were notified (bacteriologically confirmed + clinically diagnosed).
- 141% of notified TB patients were from non-national TB program providers/non-governmental facilities.
- 100% of TB patients were successfully treated (cured or treatment completed) within the reporting period.
- 1,883 TB patients were referred by non-national TB program providers/community referrals.
- 73% of samples were tested using Gene Xpert out of the total transported samples.
- 37% of new and relapse pulmonary TB cases were bacteriologically positive.
- 55% of new and relapse TB patients were tested using WHO-recommended rapid diagnostic tests at diagnosis.
- 47% of TB patients' contacts started preventive therapy.
- 62% of confirmed RR-TB and/or MDR-TB patients were notified.
- 65% of contacts of bacteriologically confirmed TB patients were evaluated for TB.
- 8% of registered new and relapse TB patients had documented HIV status.

He also provided updates on the financial and HR progress, stating that Mercy Corp. achieved a 17% utilization in the first quarter against a \$14 million budget for the year. He reassured that activities planned for the next quarter will gear up for improvement, with plans to fill 35 vacant positions by the end of the second quarter.

During discussions, CCM Coordinator queried Dr. Tahir about the discrepancy between high activity indicators and the low 17% burn rate. He clarified that the burn rate mentioned was for the whole year budget and proposed to split the budget quarterly in future meetings.

Additionally, Dr. Wasif from FCDO and Dr. Razia addressed the need for a clear mechanism to enhance community access to TB and HIV services, focusing on improving HR capacity and finding skilled

personnel, particularly in areas facing challenges in acquiring necessary equipment and human resources. NC highlighted the role of NIH and plan for training at national and provincial levels to address these concerns.

Furthermore, Ms. Izaskun provided an update on discussions with NIH management about hiring processes and training requirements, emphasizing collaboration with FCDO and overall alignment with ongoing efforts

| | |
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| AGENDA ITEM # 8 | Presentation by UNDP (PR- HIV) on Progress update including Financial, HR, and Programmatic |
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions) NIL

| | |
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| WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no) | Yes |
|--|------------|

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Ms. Heather Doyle, UNDP representative, briefed the house on the performance of various indicators, noting that most indicators have shown high performance in the first quarter of the HIV program due to a 700% increase in HIV prevention services since July 2021. She provided updates on the progress and key achievements of the reporting quarter:

- Extended all SR contracts with revised targets.
- Completed readiness activities for a shift to a community-based service delivery model for PrEP in Sindh.
- Field work for IBBS mostly done (excluding Punjab prisons), with data cleaning and currently analysis in progress.
- WHO finished the HIV optimization study.
- Installed solar panels for the new DRAP building.
- Collaborated with DRAP on pharmacovigilance investments for GC7.
- Conducted operational review of PMU with implementation recommendations in GC7.
- Renovated the OAMT site in Karachi (JPMC).
- Supported APLHIV and task team in completing the HIV Stigma Index (to be released May 29th).
- Applied for a grant extension for July – December 2024.

Ms. Heather Doyle also highlighted the main challenges faced:

- Low uptake of PrEP in Lahore and Karachi ART centers and CBOs.
- High loss to follow-up among patients initiating ART.
- OAI investigation impacting service delivery due to allegations against CBOs.
- Low burn-rate of SR partners.
- Constant change in HIV response management at national and provincial levels.
- Lack of health products storage and distribution capacity at provincial level.
- Limited space challenges at ART centers.
- Inadequate electronic LMIS at provincial levels.
- Insufficient HR for logistic/supply management at provincial level.
- MOFA delays persist and have increased.

She assured the house that actions are being taken to address these challenges. She updated on the programmatic progress of 2024, mentioning milestones achieved for IBBS, and discussed the budget situation, indicating a cost-saving of \$2 million under the current grant extension.

Dr. Umar Riaz from UNDP clarified that IBBS activities are conducted by the Health Services Academy under the Ministry of National Health Services Regulation and Coordination (M/o NHR &C), not by UNDP. Support is requested to complete these activities, especially in Punjab prisons by the Assembly.

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| AGENDA ITEM #9 | Presentation by Nai Zindagi (PR- HIV) on Progress update including Financial, HR, and Programmatic |
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions) NIL

WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)

Yes

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Mr. Salman Qureshi, the representative of NZ, discussed main interventions, key achievements, and challenges in progress update:

He enlightened the house about main interventions and key achievements as

- Needle Syringe Exchange Program (NSEP)
- HIV testing & Counseling (HTC)
- Spouse Prevention Program
- Basic Medical Care
- Link-up HIV positive PWID and spouses with ART centers
- Rehabilitative ART adherence support
- Differentiated ART follow-up services and adherence monitoring
- Point of care viral load testing
- Coordination at provincial and district levels for enabling environment

Key achievements:

- 121% coverage of people who inject drugs with HIV prevention programs
- 115% of people who inject drugs tested for HIV and aware of their results
- 85% of spouses of HIV positive people who inject drugs tested for HIV and received results
- 66% of needles and syringes distributed per person who inject drugs annually
- 154% of newly diagnosed PWID linked to HIV care
- 59% of HIV+ PWID initiated ARVs with 3-6 weeks of treatment
- 81% of PWID reached with NSEP services at least 10 times per month
- 85% of people who inject drugs on ART for six months with viral load test results
- 121% coverage of people in prisons with HIV prevention programs
- 3897 people in prisons tested for HIV during the reporting period
-

He further elaborated the key challenges while implementing the activities in the field:

- Non-availability of OAMT, a crucial intervention for PWID
- Challenges imposed by ART centers in Punjab, leading to delays in treatment initiation of HIV positive PWID

Regarding the burn rate, the overall rate during the reporting period was 97%, while the cumulative rate over the three-year grant period (2021-23) was 88%. Additionally, 52 positions remain vacant, with ongoing hiring processes to fill them soon.

Dr. Wasif expressed the importance of a gender and vulnerability lens in assessing the situation. Ms. Izaskun emphasized the need to address the loss to follow-ups and maximize the Global Fund's investment to progress in combating HIV in Pakistan.

Summarization of action points

DECISION(S)

- The Oversight Committee Chair has agreed to convene a meeting of the Task Force to work on the recommendations and guidelines provided by the CCM Hub. The new guidelines will be shared with the CCM members and the Chair to finalize this activity.
- The NC CMU will meet with the Chair next week to discuss OST issues and plan the way forward.
- The National Coordinator will schedule a meeting with UNOPS, and the Punjab government, and the Chair will address regional IBBS issues highlighted by UNDP.
- The Additional Secretary, M/o NHR&C will initiate process for CCM Coordinator appointment and complete process as early as possible.

Closing Remarks

The Chair of CCM expressed gratitude to all participants and acknowledged the active involvement of partners and CCM members. He mentioned that from his first meeting, it has been a valuable learning experience. This platform facilitates mutual learning and, besides advancements, encourages mutual learning. He urged honesty in sharing the challenges to facilitate discussions. The forum should be leveraged for addressing obstacles and difficulties. For the next meeting, he proposed focusing on a single slide for challenges to foster a more productive discussion and progress. With the support of all, efforts will be made to advance this essential program.

| | VOTING | VOTING METHOD | SHOW OF HANDS | Hybrid |
|--|--------|---|---------------|--------|
| | | (Place 'X' in the relevant box) | SECRET BALLOT | |
| *Consensus is general or widespread agreement by all members of a group. | | ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION > | | 18 |
| | | ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION > | | 0 |
| | | ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED > | | 0 |

NEXT MEETING (INCLUDES OUTSTANDING AGENDA ITEMS NOT COMPLETED DURING CURRENT MEETING)

| | |
|--|--|
| TIME, DATE, VENUE OF NEXT MEETING (dd.mm.yy) | Will be held in 3rd quarter of 2024. Time and date will be finalised later |
| PROPOSED AGENDA FOR NEXT MEETING | WRITE THE PROPOSED AGENDA ITEMS IN THE SPACES PROVIDED |
| AGENDA ITEM #1 | |

To add another 'Agenda Item' highlights the entire row corresponding to the last 'Agenda Item #' in the table. Right click on the mouse and select the 'Insert' menu item, then select the 'Insert Rows Below' option. Repeat as necessary to add additional rows.

| SUPPORTING DOCUMENTATION | Place an 'X' in the appropriate box | |
|---|-------------------------------------|----|
| ANNEXES ATTACHED TO THE MEETING MINUTES | Yes | No |
| ATTENDANCE LIST | X (Hybrid) | |
| AGENDA | X | |
| OTHER SUPPORTING DOCUMENTS | X | |
| IF 'OTHER', PLEASE LIST BELOW: | | |

CHECKLIST (Place 'X' in the relevant box)

| | YES | NO | |
|--|--------|----|---|
| AGENDA CIRCULATED ON TIME BEFORE MEETING DATE | X | | The agenda of the meeting was circulated to all CCM members, Alternates and Non-CCM members <u>2</u> weeks before the meeting took place. |
| ATTENDANCE SHEET COMPLETED | Hybrid | | An attendance sheet was completed by all CCM members, Alternates, and Non-CCM members present at the meeting. |
| DISTRIBUTION OF MINUTES WITHIN ONE WEEK OF MEETING | X | | Meeting minutes should be circulated to all CCM members, Alternates and non-members within <u>1</u> week of the meeting for their comments, feedback. |
| FEEDBACK INCORPORATED INTO MINUTES, REVISED MINUTES ENDORSED BY CCM MEMBERS* | X | | Feedback incorporated into revised CCM minutes, minutes electronically endorsed by CCM members, Alternates and non-members who attended the meeting. |
| MINUTES DISTRIBUTED TO CCM MEMBERS, ALTERNATES AND NON-MEMBERS | X | | Final version of the CCM minutes distributed to CCM members, Alternates and Non-members and posted on the CCM's website where applicable within 15 days of endorsement. |

* Often CCM minutes are approved at the next meeting. Since many months can pass before the next scheduled meeting, electronic endorsement of the CCM minutes is considered to be a more efficient method for effective meeting management.

GLOSSARY FOR ACROYNMS USED IN THE MINUTES:

| ACROYNM | MEANING |
|---------|---------|
|---------|---------|


| | |
|-----------------------|---|
| GF, TGF, GFATM | The Global Fund to Fight AIDS, TB & Malaria |
| CT | Country Team |
| FPM | Fund Portfolio Manager |
| CCM | Country Coordinating Mechanism |
| OC | Oversight Committee |
| NHSR&C | Ministry of National Health Services, Regulations and Coordination |
| KP | Khyber Pakhtunkhwa |
| KPs, KAPs | Key Populations, Key Affected Populations |
| EAD | Economic Affairs Division |
| PLHA | People living with HIV/AIDS |
| C o I | Conflict of Interest |
| PR | Principal Recipient |
| SR | Sub Recipient |
| SSR | Sub Sub Recipient |
| PATA | Pakistan Anti TB Association |
| CSOs | Civil Society Organizations |
| CBOs | Community Based Organizations |
| NFR | New Funding Request |
| RSSH | Resilient and Sustainable Systems for Health |
| TIH | The Indus Hospital |
| PACP | Provincial AIDS Control Program |
| PTP | Provincial TB Control Program |
| Govt | Government |
| SACP | Sindh AIDS Control Program |
| DNC | Deputy National Coordinator |
| CMU | Common Management Unit |
| NC | National Coordinator |
| TGs | Transgenders |
| NFM | New Funding Model |
| ASP | Additional Safeguard Policy |
| PF | Performance Framework |
| TWG | Technical Working Group |
| IRS | Indoor Residual Spray |

To add an additional 'Acronym', highlight the entire row corresponding to the last 'Acronym' in the table. Right click on the mouse and select the 'Insert' menu item, then select the 'Insert Rows Below' option. Repeat as necessary to add additional rows

CCM MINUTES PREPARED BY:

| | | | |
|------------------------|-------------------------|----------------|--|
| TYPE / PRINT NAME > | Hafiz Hammad Murtaza | DATE > | Aug 19, 2024 |
| FUNCTION> | CCM Coordinator | SIGNATURE > |  |

CCM MINUTES APPROVED BY:

| | | | |
|-------------------------|---------------------------------------|----------------|--|
| APPROVED BY (NAME) > | Mr. Nadeem Mahbub | DATE > | 19-8-2024 |
| FUNCTION> | Secretary M/o NHSR &C/Chair CCM | SIGNATURE > |  |