Minutes – CCM Members Meeting
22nd Nov, 2024

INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS*

COUNTRY (CCM)		Pakistan	**TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)**		17
MEETING NUMBER (if applicable)		03			
DATE *(dd.mm.yy)*		22nd Nov,2024	**TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)**		29
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)**		2.30Hours
	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		**GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)**	**LFA**	X
				FPM / PO	X
				OTHER	
				NONE	

HIS / HER SECTOR* (Place 'X' in the relevant box)

GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS
X							

LEGEND FOR SECTOR*			
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**
EDU	**Academic / Educational Sector**	**PS**	**Private Sector / Professional Associations**

			/ Business Coalitions

AGENDA SUMMARY		SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM (Place 'X' in the relevant box)														
		GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS														
AGENDA 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	Presentation by Office of the Inspector General (OIG)			X												X
AGENDA ITEM # 2																
AGENDA ITEM # 3																
AGENDA ITEM # 4																
AGENDA ITEM # 5																
AGENDA ITEM # 6																
	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.

MINUTES OF EACH AGENDA ITEM

Proceedings	

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

The meeting started with a recitation of the Holy Quran. Following a brief round of introduction, the Chair on behalf of the Country Coordinating Mechanism (CCM), welcome the members of the Office of the Inspector General (OIG) and express gratitude for their support and guidance in grant implementation The Chair appreciated the OIG team for their thorough review of the AIDS, TB, and Malaria grants in Pakistan, implemented by both public and private Principal Recipients (PRs). Eager to hear their key

recommendations for system improvements and effective resource utilization

He emphasized that this audit aims to identify gaps and support the Ministry of NHSR&C, CCM, PRs, SRs, and other stakeholders in improving performance to ensure the transparent, efficient, and prudent use of funds and the Inspector General (OIG) team for visiting Pakistan and reiterate the full support of the Government of Pakistan

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

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM # 1	Presentation by Office of the Inspector General (OIG)

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. Andrew Hammond, Audit Manager OIG-TGF, updated the house on the audit fieldwork, which was conducted over a period of four and a half weeks. The audit team engaged with multiple principal recipients (PRs) and sub-recipients (SRs) across the country, consolidating findings and conducting fact-checks with UNDP, NZT, NTP, MC, DOMC, and TiH. A debriefing session was held for stakeholders.

Mr. Hammond shared the main objectives of the audit:

- Objective 1: Governance, implementation arrangements, and risk management to support grant objectives.
- Objective 2: Procurement and supply chain processes ensuring timely availability and accountability of commodities.
- Objective 3: Financial management controls relating to key cost categories.

HE said that the audit team visited 20 facilities and reviewed over 400 documents and transactions. Key findings include:

- Persistent program implementation issues due to weak national strategic direction, oversight, and CMU capacity, impacting HIV, malaria, and TB programs.
- Weak domestic health financing, affecting fund utilization and co-financing monitoring during GC6.
- Strong financial control environment, reducing unsupported expenditure risk, but local procurement compliance and HR recruitment remain problematic.

Positive observations from the audit of Government side:

- Effective engagement of provincial governments as SRs.
- Coordination forums aligning activities across the sector.
- Continued investment in national structures and entities.
- Dual-track financing leveraging technical expertise and local NGO capacity.
- Strengthened operational engagement between GF Secretariat and in-country stakeholders.

- Enhanced CCM operations through the CCM Evolution initiative.

- Sustainability of implementation through local NGO engagement.
- Investments in staffing capacity at national labs and the central warehouse.
- Increased stakeholder engagement supporting implementation.

He highlighted main key messages and challenges

Key Message #1: Persistent implementation issues due to weak strategic direction and oversight. Challenges Identified:

- Delays in implementing critical grant activities (TPT scale-up, GeneX, OST intervention, LLIN campaigns).
- Limited progress on addressing prior issues.
- Weak PSM governance and local procurement issues.
- High HR turnover affecting CMU technical capacity.
- Lack of up-to-date national policies, strategies, and manuals.
- Need for improved execution of GC6 arrangements, structured capacity building, and enhanced MOUs.

- Strengthen national strategic direction and governance framework.
- Enhance oversight and capacity-building measures for CMU.
- Streamline procurement and supply chain mechanisms.
- Improve financial management controls for better compliance.
- Increase engagement with domestic financing bodies to optimize fund utilization.

Andrew further said about Key Implications

- Tuberculosis: Mixed progress, with suboptimal diagnosis (50% clinical), increasing drug-resistant treatment gap (22%), and inability to meet targets for reducing incidence. *(See TB section)*
- HIV: Program design hindered by lack of updated IBBS, limiting efforts to curb rising HIV mortality and morbidity (new incidents up 64% since 2018). *(See HIV section)*

Tuberculosis (TB) Response

He updated the house about Key Achievements of TB

- Increased TB case notifications since 2021.
- Introduction of 6-month all-oral treatment regimen (2022).
- Updated TB NSP (2024-2026), including province-level PSPs.
- Decentralization plan for DR-TB services (2024-2026).
- WHO-recommended upfront molecular testing for presumptive TB patients (phased since 2021).
- TB officially declared a notifiable disease via parliamentary act.
- Private sector contributions increased from 36% in 2020 to 47% in 2023.

Main Results & Implications

- Post-COVID-19 resurgence: 1.2M TB cases notified (2021-2023).
- High treatment success rate: 95% achieved for drug-sensitive TB (2023, exceeding NSP target of 90%).
- Drug-resistant TB reduction: Estimated cases decreased by 35% (2015-2023).
- Strategic improvements: Updated policies, adoption of shorter regimens.
- Strengthened private sector engagement through Mercy Corps grant.

Challenges Identified

- Suboptimal diagnosis: Continued reliance on clinical diagnosis and microscopy (50% clinical diagnosis in 2023).
- Missed DR-TB cases: 69% of DR-TB cases unreported (GTBR 2024).
- Expanding treatment gap: DR-TB treatment gaps increased (12% in 2020 → 22% in 2023).
- Slow TPT rollout: Low fund utilization under CMU/NTP grant.
- Limited active case finding at community and facility levels.

Root Causes

- Low GeneX machine utilization: 38% in 2023.
- Low STS coverage & monitoring gaps: GX Alert non-functional.
- Delayed deployment of GeneX machines: 1.2-year delay in rolling out 175 units.
- Absence of a National PPM strategy.
- Need to expand DR-TB sites: Below target (57% absorption).
- No TPT operational plan or updated LHW implementation strategy.

Key Implications

- Low TPT coverage: 13% achieved.
- Expired medical supplies:
- USD 1.3M worth of TPT commodities expired at CMS.
- USD 0.8M in second-line TB treatments expired.
- Poor DR-TB notification and treatment rates: 49% & 40% respectively.
- Minimal progress in TB incidence reduction: 276 per 100K (2010) → 277 per 100K (2023).
- Slow decline in TB mortality: Estimated 9% reduction in TB-related deaths since 2010.

HIV Response

Key Achievements

- National AIDS Strategy (2021-2025) prioritizing PPTCT and OST for PWIDs.
- Expansion of KP interventions (from 16 to 53 sites across 19 districts).
- Formation of MoH IBBS Taskforce to finalize IBBS development.
- Regulatory progress:
- Ministry of Narcotics issued No Objection Certificate for OST drug use (2023, supported by UNDP & UNAIDS).
- Drug Regulatory Authority included OST drugs in Pakistan's essential drug list (Oct 2023).

Main Results & Implications

- Strategic prioritization of HIV focus areas.
- Expansion of KP interventions amid complex challenges.
- Progress in OST implementation.
- Efforts to finalize IBBS development.

Challenges Identified

- Structural challenges in HIV response: Repeated issues flagged in OIG audits.
- Minimal treatment cascade improvement since 2019 (23%:15%:11% in 2023).

- Declining ART coverage for pregnant women: Dropped to 11% (2023).
- IBBS delays: Surveys from 2021-2022 still incomplete.
- OST rollout delays: Unresolved since GC5.

Root Causes

- Policy & strategy gaps:
- NSP for HIV remains unapproved.
- Allocated domestic funds not utilized for HIV programs.
- Capacity & leadership constraints:
- MoH, NACP, and CMU face structural limitations.
- GC6 execution requires refinements.
- MOUs need strengthening for effective transition planning.
- Weak PPTCT site coverage: Lacks clear linkage to ANC sites.
- Procurement & supply chain challenges: Recurring HIV test kit stockouts.

Key Implications

- Rise in HIV incidence & mortality:
- AIDS-related deaths increased by 414% (2010 → 2023).
- New HIV infections surged by 64% (7,741 in 2018 → 12,731 in 2023).
- AIDS-related deaths among children (0-14 years) increased by approx. 260% since 2010.

Next Steps & Action Items

1. TB Program Improvements:
    - Accelerate GeneX machine deployment & utilization monitoring.
    - Strengthen active case finding for DR-TB cases.
    - Develop National PPM strategy & TPT operational plan.
    - Enhance private sector engagement and treatment expansion.
2. HIV Response Strengthening:
    - Expedite NSP approval & domestic financing utilization.
    - Improve treatment cascade & ART coverage for pregnant women.
    - Address IBBS and OST rollout delays.
    - Strengthen procurement & stock management to mitigate test kit shortages.

1. Malaria Response

Key Achievements

- USD 30M emergency funding allocated (September 2022) to ensure continued access to medicines and health services, supporting:
    - Procurement of ACTs and prevention activities.
    - Rehabilitation of damaged health facilities.
    - TB and HIV commodities and services.
- Improved surveillance: Flooded districts of Sindh and Baluchistan began weekly malaria mortality and morbidity reporting via DHIS2 (November 2022).
- Enhanced monitoring systems: DHIS2 utilized in the 2024 LLIN campaign for distribution tracking.

Results & Implications

- Expanded testing and treatment capacity from 2022 onwards.
- High treatment coverage: >98% of confirmed cases received first-line antimalarial treatment.
- Improved routine data collection in DHIS2, strengthening decision-making processes.

Challenges Identified

- Delays in malaria prevention activities hinder national response to disaster-related challenges:
    - LLIN campaigns not conducted or delayed during peak seasons (GC6).
    - Malaria indicator survey not initiated (GC6 budget of USD 0.6M unused).
    - ITN utilization/durability survey also not started (USD 0.6M unused).
    - Therapeutic Efficacy Survey not conducted since 2019 (USD 0.1M unused).
    - No insecticide resistance monitoring (IRM) study undertaken.

Root Causes

- Lack of grant implementation readiness.
- Procurement delays and port clearance challenges.
- Coordination issues between CMU and DOMC.
- Administrative hurdles—Ministry approvals delayed.
- Staff shortages within CMU's malaria program.

Implications

- Low LLIN distribution achievement during mass campaigns (47% national program, 56% private sector PR—Dec 2023).
- Gaps in epidemiological studies, affecting:
    - Tailored prevention strategies.
    - Understanding of drug & insecticide resistance.
- Increase in reported malaria cases: 2.7M cases in 2023.

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2. Domestic Financing

Key Achievements

- Enhanced co-financing approach under GC7.
- Commitment letters signed at federal and provincial levels.
- Leveraging CGA financial statements for accountability.
- Innovative financing mechanisms introduced.
- Increased Global Fund advocacy for stronger co-financing oversight (GC6 & GC7).

Results & Implications

- Expected improvements in health financing data.
- Stronger provincial advocacy for health financing commitments.
- World Bank loans now incorporate TB-related indicators to support the broader response.

Challenges Identified

- Domestic financing gaps for three diseases:

    - GC5 co-financing shortfall: USD 28M.
    - GC6 co-financing shortfall: USD 116M.
- Data completeness issues in grant-making processes (GC6 & GC7).
- Co-financing requirement reduction: GC7 decreased from 15% to 7.5%.

Root Causes

- Low domestic fund absorption:
    - Federal PC-1: 5%.
    - KP TB PC-1: 9%.
    - Punjab HIV PC-1: 64%.
- Lack of centralized systems for co-financing monitoring.
- Limited visibility over domestic funds at federal and provincial levels.
- Macroeconomic factors affecting fund utilization.

Implications

- Limited ability to scale up interventions beyond Global Fund grants.
- Restricted resources slowed key activities: TPT, GeneX expansion, KP prevention.
- Underutilized funding negatively impacts HIV program performance.

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3. Procurement & Supply Chain Management (PSM)

Key Achievements

- Stock availability maintained for critical treatment commodities.
- Use of international procurement frameworks (PPM/GDF) improved quality and efficiency.
- Improvements in central warehousing operations.
- Standardized SOPs and guidelines at national level.
- Diversified distribution providers to ensure timely deliveries.
- Strong inventory management practices observed in Punjab and KP.

Results & Implications

- Continuous treatment availability, with minimal stock-outs recorded.
- Risk reduction in procurement processes through global suppliers.
- Central inventory management improvements via investment in systems and policies.

Challenges Identified

- Delayed local procurement processes: 668-day delay at CMU.
- Customs clearance issues for LLIN and GeneX cartridges.
- Fragmented warehousing and supply chain management.
- Reliance on manual tracking tools, impacting data accuracy.
- Weak PSM systems affecting traceability and product quality.

Root Causes

- Lack of national strategic governance over PSM operations.

- Unclear roles among government stakeholders under decentralized administration.
- Turnover in senior PSM positions, affecting progress.

Implications

- Severe delays in implementation:
  - 175 GeneX machines stored for 585 days—opportunity cost of 0.5M tests.
  - LLIN campaign delays & demurrage costs: USD 0.6M.
- Expired commodities issued from CMS: 43,200 expired HIV test kits (2023).
- Stockouts of HIV test kits.
- USD 0.8M worth of HIV/TB commodities expired at sub-national levels.
- Traceability issues: 369K LLINs worth USD 0.9M unaccounted for.

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4. Finance & Human Resources (HR)

Key Achievements

- Finance control improvements:
  - Finance manuals and systems implemented across all PRs.
  - End-to-end procurement system in place at MC.
  - Global Fund Secretariat oversight increased.
- HR process strengthening:
  - HR manuals standardized for all PRs.
  - Salaries paid via bank transfers, reducing cash transactions.

Results & Implications

- No material unsupported expenditures at NZT, TIH, and MC.
- Post-2022 risk mitigation efforts strengthened compliance.
- No material discrepancies noted in salary payments (OIG sample).

Challenges Identified

- HR compliance issues:
  - Background checks not followed for GF-funded positions.
  - Biometric attendance system not leveraged at CMU.
  - TGF-supported staff receiving full-time pay while conducting other paid work.

Root Causes

- Absence of a standardized HR system across PRs.
- Lack of corrective action by PRs on assurance reports.
- HR manuals lack due diligence protocols.
- Weak fraud oversight at CMU.

Implications

- Increased risks of biased recruitment and capacity gaps.
- 946 workdays unaccounted for—CMU staff paid without attendance records.

- Duplicate salary risks: USD 0.1M in potential instances of double pay.

Next Steps & Action Items

1. Strengthen PSM governance, procurement oversight, and supply chain efficiency.
2. Enhance domestic financing monitoring & fund absorption mechanisms.
3. Improve HR recruitment, payroll compliance, and fraud prevention.
4. Accelerate malaria prevention activities & epidemiological research.

The CCM Chair expressed appreciation to the OIG team for their comprehensive and insightful presentation. He acknowledged the critical issues impacting program progress and emphasized the urgent need for solutions to address the identified gaps.

The Chair assured the House that a detailed action plan outlining the next steps will be presented in the upcoming CCM meeting. Additionally, he committed to convening a dedicated CCM session to formulate strategies for effectively addressing the concerns raised.

Before departing for a high-level meeting, the Chair announced that Dr. Mariam, Director Programs, would preside over the meeting henceforth.

he National Coordinator CMU provided an overview of the OIG audit covering GC-6, which assessed program performance from January 2021 to December 2023.

He highlighted challenges faced during that period, including delays in HR recruitment and procurement of GeneXpert supplementary equipment. However, corrective measures have been initiated under GC-7, including:

- Procurement of GeneXpert supplementary equipment in progress.
- Increased enrollment in TB Preventive Therapy (TPT) during GC-7.
- Active recruitment efforts—positions have been advertised, with hiring underway.

He expressed confidence that these interventions will help streamline operations and address existing program gaps.

Mr. Zaheer, CFO-CMU, discussed the co-financing requirement under GC-7, emphasizing its importance for sustainability and transition planning.

Key updates included:

- Signed commitment letters from the Ministry of Finance based on provincial commitments.
- Global Fund approval following submission of co-financing commitments.
- Tracking expenditure progress—6.6 million rupees allocated in the first-year budget.
- Planned submission of first expenditure report next year, detailing fund utilization.
- 7.5% of GC-7 allocation earmarked for co-financing, with a commitment of USD 74M shared with the Global Fund.

Dr. Umar Riaz acknowledged delays in the IBBS survey, explaining that the first process was unsuccessful due to its complex multi-stakeholder nature involving:

- Provinces
- Government agencies
- Ministries

The survey has now been re-advertised and completed, with data analysis ongoing.

- Population size estimates to be shared next week.
- Biological results expected by December.

Data Transparency & Dissemination (Dr. Naeem, UNDP

Dr. Sabira highlighted challenges in laboratory confirmation for private-sector TB diagnoses, noting:

- Current rate: 51% lab-confirmed cases vs. 50% clinical diagnoses.
- Target: Increase pathological confirmation to at least 60% by year-end.

She emphasized that improved case notification through laboratory verification remains a priority.

he National Coordinator CMU reported significant OST progress in the past two weeks, including:

- Enhanced detection efforts and procurement planning.
- Recent meeting with the Minister of Narcotics, securing document approval.
- Upcoming meeting next week with the Senior Minister of Narcotics.
- NOC letter submitted to DRAP for OAMT importation.

DG Health KPK representative shared key provincial challenges:

- PR-ship transition to provinces post 18th Amendment.
- Need for special packages for merged districts in KP.
- Domestic funding constraints, with efforts underway to increase funding for TB, HIV, and Malaria.

Dr. Zulfiqar Dharejo reported on OMT site establishment and hiring of key personnel. However, transportation challenges persist for sample transfers between PMUs and GeneXpert sites.

- PCR kits required for TB and HIV testing.

Dr. Syed Mushtaq Ahmad Shah, Deputy Director VBD-Sindh, requested:

- Hyderabad district to be included in the grant.
- PR to consider this request in upcoming discussions.

Dr. Hammad Habib, Malaria CMU Adviser, confirmed that this issue is under discussion with the country team and scheduled for review next year.

Dr. Mah emphasized the importance of continuous learning and requested:

- Integration of capacity-building strategies into program reports.
- Development of an improved capacity-building plan based on lessons learned.

Dr. Laeeq (WHO) highlighted that Pakistan bears 73% of the TB burden in the Eastern Mediterranean region (WHO Global Report). He commended Pakistan's proactive adoption of all latest WHO-recommended TB strategies, including the BPaLM regimen, underscoring the country’s leadership in TB management.

Dr. Wasif (FCDO) expressed appreciation for the OIG team’s extensive audit and posed three key questions to Mr.

Andrew (OIG):

1. Impact of Devolved Health System:
    - Is the devolved healthcare structure contributing to oversight and awareness challenges?
2. HR Challenges Across PRs:
    - Are HR-related gaps prevalent across both public and private PRs?
3. Community Participation in Disease Prevention:

- Has community engagement improved over the last 4-5 years in HIV, Malaria, and TB programs?
- Are these programs effectively engaging with communities

Response from OIG (Mr. Andrew)

Devolved Health System & Oversight Challenges

- The grant structure operates within a devolved system, which inherently affects accountability and coordination.
- Clarification of roles and responsibilities is essential.
- Example: Warehousing gaps arise when provinces lack visibility on commodity movements, causing misalignment in supply chain management.
- Strengthening inter-agency communication and accountability frameworks is crucial.

HR Issues Across PRs

- HR challenges exist across PRs, but some variations were noted.
- Certain PRs demonstrated positive practices, such as third-party verification mechanisms for HR oversight.
- Improvements in contractual agreements and reporting structures can help address gaps.

Community Participation in Disease Prevention

- Non-government PRs have demonstrated strong community engagement.
- However, testing yield remains suboptimal in certain areas.
- Strengthening national and provincial frameworks to better integrate Lady Health Workers (LHWs) and community health workers is vital.
- Delays in national policy alignment hinder comprehensive community response efforts.
- A holistic approach to integrating TB, HIV, and Malaria programs into broader national strategies is needed.

Private Sector Contribution & Regulation

- Positive growth in private sector involvement in TB case notification.
- Regulation gaps persist—a National PPM Strategy is needed to formalize the roles and expectations of private sector engagement.

Dr. Muhammad Ismail Virk (USAID) expressed gratitude to the OIG team and emphasized USAID's role as a major bilateral donor supporting TB programs in Pakistan.

He raised three strategic concerns:

1. Devolution & Domestic Financing:
    - What structural changes are needed to strengthen provincial engagement?
    - How can CMU better support domestic financing and sustainability transitions?

2. Future Grant-Making Process (GC-8):
    - How can GC-8 planning align with devolved structures across provinces?
    - How should stakeholder technical assistance (TA from FCDO, USAID) be integrated into Global Fund grant preparation?
    - What insights from GC-7 should inform GC-8?
3. Safeguard Policies & LFA Performance:

- How is Pakistan addressing additional safeguard policies?
- What bottlenecks need review?

  How effectively is the Local Funding Agent (LFA)—a third-party entity (KPMG)—performing?
  Tax exemptions remain a significant bottleneck in expenditure management and are expected to be a key factor in sustainability, transition, and next grant cycle commitments.

- Visibility into government response on tax exemptions is necessary to ensure efficient utilization of funds.
- Stakeholders emphasized the need for government clarity on how exemptions are processed and leveraged for program funding.

OIG Team Response (Mr. Andrew)

- The report will include detailed analysis on co-financing and CMU structural adjustments.
- Grant cycles seven and eight require clearer role definitions and ministry collaborations.
- The findings aim to prompt questions that local stakeholders can address immediately and during future grant design.

Technical Assistance (TA) & Capacity Building Challenges

- Globally, the development sector struggles with defining technical assistance and capacity building in measurable and strategic ways.
- Efforts should avoid duplication while ensuring TA is structured effectively within grants.

Community Engagement in Public Health Programs

- Community health workers play a critical role, but scaling efforts and defining clear engagement strategies remain challenges.
- TB, HIV, and Malaria programs need stronger community participation frameworks.
- The report will highlight opportunities for enhancing community engagement strategies.

Tax Exemptions: A Critical Bottleneck in Financial Management

- Tax exemptions are a major hurdle affecting expenditure efficiency.
- They play a key role in sustainability, transition planning, and future grant cycle commitments.
- There is limited visibility on government response, raising concerns about fund utilization.
- Greater policy clarity is needed to streamline tax exemption processes for effective fund allocation.

Digitization & System Integration: Addressing Operational Gaps

- Lack of digital integration across CMU, national, and provincial entities hinders program effectiveness.
- Stronger alignment across various digital platforms is essential.
- The key question remains: How best can stakeholders support CMU and the government in implementing digital integration?

OIG Response & Report Scope (Mr. Andrew, OIG Team)

The forthcoming audit report will provide a detailed assessment of:

- Co-financing mechanisms.
- CMU structural effectiveness.
- Ministry collaborations for grant cycles seven and eight.

- The findings aim to prompt actionable discussions, guiding both immediate problem-solving and long-term planning.

Technical Assistance (TA) & Capacity Building: A Global Challenge

- The development sector globally faces structural challenges in defining technical assistance and capacity building.
- Efforts should avoid duplication while ensuring TA is strategically aligned with grant objectives.
- There is an opportunity to rethink how TA is structured within the grants to improve measurable outcomes.

Community Engagement in Public Health Programs

- Community health workers are actively contributing, but scaling efforts and defining clear engagement strategies remain work in progress.
- TB, HIV, and Malaria programs require stronger integration within national strategies.

Delays in policy alignment limit the broader impact of community-driven health interventions.

- The report will highlight opportunities for strengthening community engagement frameworks.

Private Sector Contribution & Regulatory Gaps

- Increasing private sector participation in TB notifications is a positive trend.
- However, regulatory clarity is lacking—a National PPM Strategy is necessary to formally define private sector roles and expectations

Mr. Mohammad Rahimuddin raised key concerns about product quality challenges, including treatment compliance, adverse events, and drug resistance. He inquired about:

1. Active drug safety monitoring—whether OIG identified gaps or opportunities for improvement.
2. Global Fund's reduced supply of quality-assured TB products to Pakistan, considering that 50% of TB cases are treated in the private sector.
3. Lack of WHO PQ-compliant local manufacturers for priority TB medicines—whether this is being addressed within a risk management framework.

Mr. Andrew (OIG Team) acknowledged that while OIG did not extensively assess pharmacovigilance, several gaps were observed related to commodity management and expiries:

- Product expiries across different categories totaled USD 3.3 million, attributed to:

- Programmatic delays—commodities arriving before programs scaled up.
- Supply chain mismanagement—inefficiencies in commodity distribution at various levels.
- Consumption data gaps—insufficient demand forecasting leads to incorrect shipment allocations, causing lower-level expiries.

Examples of key supply chain inefficiencies:

- At CMS, delays in commodity receipt caused significant lag times, further impacting distribution.
- Expired HIV test kits were urgently dispatched despite awareness of expiration risks—requiring immediate recall.
- Warehouse temperature management issues:

- Lack of proper air conditioning (HVAC) in the central warehouse.
- Recorded temperatures exceeded 38°C, compromising product integrity.

While OIG did not focus on pharmacovigilance, they noted critical risks in several areas that require urgent supply chain interventions to mitigate further losses.

Mr. Chikoko (UNAIDS Country Director, Pakistan) acknowledged the comprehensive work of OIG, thanking partners, stakeholders, PRs, and SRs for their contributions to the audit.

He emphasized the audit as an opportunity for reflection and programmatic improvements, noting significant progress in certain areas, while more work remains to be done.

Regarding Opioid Substitution Therapy (OST), he reaffirmed:

- Encouraging progress has been made in OST implementation.
- Optimism about timely service provision, as key regulatory advancements have been achieved.
- UN system partners continue to work with the government to address remaining challenges highlighted in the audit.

Mr. Omer Haidar expressed serious concerns regarding the lack of a clear and robust national strategic direction for the HIV response in Pakistan. Key challenges identified include:

- Weak or unclear strategic direction, causing confusion in implementation.
- Outdated manuals and policies, leading to inconsistency.
- Conflicting regulations, particularly at national and provincial levels.
- Unclear roles and responsibilities at service delivery points, affecting program efficiency.

He urged CMU leadership, CCM, HIV stakeholders, PRs, CSOs, and community representatives to come together and address these foundational issues. Without a strong and well-defined strategic direction, achieving national HIV response goals will remain difficult.

Proposed Steps for Policy Alignment (Dr. Maryam)

Dr. Maryam emphasized ongoing collaboration with CMU, particularly in updating guidelines for:

- Mother-to-child transmission (MTCT) protocols.
- Pediatric HIV care and treatment.

She proposed organizing a session with CBOs and key stakeholders, led by Dr. Qasim, to:

1. Review existing national guidelines to assess gaps.
2. Clarify challenges in policy understanding, translation, and implementation at the provincial and community levels.

This initiative aims to streamline communication and enhance awareness of national policies, ensuring more effective

program execution.

Data Accuracy & Performance Measurement Challenges (Mr. Salman Qureshi, Nai Zindagi)

Mr. Salman Qureshi raised concerns about over-reliance on projected data, arguing that:

- Program performance should be assessed based on actual field data, not estimates.
- Many reported deaths and incidents may distort the overall picture if not analyzed against real-world evidence.
- Without accurate data, efforts to prevent HIV transmission and improve treatment outcomes will remain misguided.

He stressed the need for a shift towards realistic data analysis, warning that failure to correct this issue will continue to hinder HIV response efforts.

Key Takeaways & Next Steps

1. Strategic HIV Policy Reform
    - Strengthen national strategic direction for HIV response.
    - Update policy manuals and service delivery guidelines.
    - Define clear roles at national and provincial levels to reduce confusion.
2. Stakeholder Collaboration & Awareness
    - Organize policy review sessions with CBOs, provincial bodies, and HIV service providers.
    - Improve policy understanding and implementation frameworks.
3. Data-Driven Decision Making

- Shift focus from projected HIV data to real-world evidence and program data.
- Ensure accurate tracking of HIV trends, reducing reliance on estimated figures.

This refined version improves clarity, professionalism, and logical structure, ensuring impactful communication of discussion points. Let me know if you need further refinements!

Dr. Maryam emphasized ongoing collaboration with CMU, particularly in updating guidelines for:

- Mother-to-child transmission (MTCT) protocols.
- Pediatric HIV care and treatment.

She proposed organizing a session with CBOs and key stakeholders, led by Dr. Qasim, to:

1. Review existing national guidelines to assess gaps.
2. Clarify challenges in policy understanding, translation, and implementation at the provincial and community levels.

This initiative aims to streamline communication and enhance awareness of national policies, ensuring more effective program execution.

Data Accuracy & Performance Measurement Challenges (Mr. Salman Qureshi, Nai Zindagi)

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Summarization of action points

DECISION(S)

-

Closing Remarks:

Dr. Maryam expressed her appreciation for the insightful discussions and the constructive analysis shared during the meeting. She emphasized that while strong programmatic progress has been acknowledged, the weaknesses highlighted are valuable opportunities for reflection and improvement.

She noted that:

- Each stakeholder present should take ownership of key action points and work towards solutions within their respective areas.
- Existing initiatives across provincial, programmatic, and PR levels are already addressing several gaps, and

visible progress is expected by next year.

- HR challenges, including high staff turnover, remain an issue, but strategic and policy-level measures are being developed to ensure continuity, regardless of personnel changes.

Dr. Maryam extended her sincere gratitude to all attendees for their time and engagement, reinforcing the importance of collaboration and accountability in achieving meaningful improvements.

Moving forward, she outlined plans to enhance stakeholder engagement:

- Sector-specific meetings will be initiated at the CCM secretariat, provincial, and program levels to allow for focused discussions.
- Dedicated sessions for TB, AIDS, and Malaria programs will be scheduled separately.
- These meetings will begin early next year, providing an opportunity for the ministry to engage more deeply with stakeholders, address challenges, and strengthen federal support where needed.

She concluded by reaffirming her commitment to continued dialogue and collaboration, ensuring that progress remains steady and strategic improvements are implemented effectively.

This version enhances clarity, professionalism, and impact, ensuring a strong closing statement that reinforces commitment, collaboration, and forward planning. Let me know if you need further refinements!

	VOTING		**VOTING METHOD**	**SHOW OF HANDS**	**Hybrid**
			(Place'X' in the relevant box)	**SECRET BALLOT**	
***Consensusisgeneral or widespread agreement by all members of a group.**			**ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION >**		**17**
			ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION >		**0**
			ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED>		**0**

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NEXT MEETING (INCLUDES OUTSTANDING AGENDA ITEMS NOT COMPLETED DURING CURRENT MEETING)	
TIME, DATE, VENUE OF NEXT MEETING (*dd.mm.yy*)	Will be held in the last month 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	
AGENDA ITEM #2	

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 2 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 1 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 Safegaurd 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 >	
FUNCTION>	**CCM Coordinator**	SIGNATURE >	
CCM MINUTES APPROVED BY:			
APPROVED BY (NAME) >	**Mr. Nadeem Mahbub**	DATE >	
FUNCTION>	**Secretary M/o NHSR &C/Chair CCM**	SIGNATURE >	