

Minutes – CCM Members Meeting18th Sep, 2024

INPUT FIELDS INDICATED BY YELLOW BOXES

**MEETING DETAILS***

COUNTRY (CCM)		Pakistan		TOTAL NUMBER OF VOTING MEMBERS PRESENT		16	
MEETING NUMBER (if applicable)		02		(INCLUDING ALTERNATES)			
DATE (dd.mm.yy)		18 th Sep,2024		TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)		42	
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 NHR&C		VENUE / LOCATION	Conference Room, M/o NHR&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*

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
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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													
		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
AGEND A ITEM No.	WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW														
AGENDA ITEM # 1	Declaration of Conflict of Interest& Code of Conduct for CCMs			X											
AGENDA ITEM # 2	Update on CCM Elections: Endorsement of newly elected civil society organizations and representatives of People Living with HIV & TB, and Advocates for Malaria as CCM members.				X										
AGENDA ITEM # 3	Update on Decisions of the last CCM Members Meeting	X													
AGENDA ITEM # 4	Update on Additional Safeguard Policy (ASP) and Opioid Assisted Medical Treatment (OAMT) Implementation													X	
AGENDA ITEM # 5	Agreement on the Privileges and Immunities of the Global Fund													X	
AGENDA ITEM # 6	Presentation by CMU – (TB, Malaria, C19RM) on Progress update including Financial, HR, and Programmatic.													X	
AGENDA ITEM # 7	Presentation by The Indus Hospital (PR- Malaria) on Progress update including Financial, HR, and Programmatic													X	
AGENDA ITEM # 8	Presentation by Mercy Corps (PR- TB) on Progress update including Financial, HR, and Programmatic													X	
AGENDA ITEM # 9	Presentation by UNDP (PR- HIV) on Progress update including Financial, HR, and Programmatic													X	
AGENDA ITEM # 10	Presentation by Nai Zindagi (PR- HIV) on Progress update													X	

	including Financial, HR, and Programmatic																		
	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 welcomed all participants, especially Ms. Izaskun, Senior Fund Portfolio Manager of the Global Fund, and her team. Their presence will foster meaningful dialogue and valuable experience sharing regarding our current status. The Chair also appreciated their ongoing commitment, noting their attendance at the previous meeting.

The Chair welcomed the newly elected civil society organizations and representatives of people living with diseases, including malaria advocates, as new CCM members. He praised Dr Shabir Chandio, Chair of the oversight committee, and HSA for facilitating the election process for the CSO members. Additionally, he acknowledged the contributions of various CCM members who act as a health parliament for HIV/AIDS, TB, and malaria, ensuring strong representation from civil society, government, and multilateral and bilateral partners. He reaffirmed the government's commitment to combating these diseases and assured that the funding from the Global Fund will be used effectively and efficiently.

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

Declaration of Conflict of Interest & Endorsement of Code of Conduct for CCMs

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 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.

AGENDA ITEM # 2	Update on CCM Elections: Endorsement of newly elected civil society organizations and representatives of People Living with HIV & TB, and Advocates for Malaria as CCM members.
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>The CCM Coordinator updated the house on the latest developments in the CCM elections. Following the decision made at the last CCM members' meeting, the OC Chair organized a task force meeting to discuss election procedures. It was decided that members would review the Expressions of Interest (EOIs) submitted by CSOs/NGOs for CCM membership. It was also unanimously agreed that HSA would oversee the elections in four provinces. After reviewing the EOIs, members decided to extend the deadline by an additional week for CSOs/NGOs to submit any missing documents, ensuring a more inclusive election process. The election schedule was then prepared and approved by the OC Chair. The elections for CSOs/NGOs were successfully completed in all four provinces ahead of the September 15, 2024 deadline.</p>	
<p>He further said that the election in KPK took place on September 3, 2024, according to the approved schedule, among eleven shortlisted organizations. Three organizations contested: AWAMI Welfare, ASD, and CARAVAN. The election was conducted through secret balloting, chaired by an HSA representative who announced the results. AWAMI Welfare received one vote, ASD received two votes, and CARAVAN received eight votes. The CCM Coordinator provided an overview of the roles and responsibilities of CCM members. The winning organizations were asked to nominate their principal and alternate members for the CCM. CARAVAN shared the nominations for CCM membership as</p>	
Principal Member = Mr. Shehreyar	
Alternative Member = Ms. Humaira Gul	
<p>The CCM Coordinator stated that the election in Punjab took place on September 6, 2024, with twelve organizations participating, except for Greenstar. APAP and HELP competed, initially resulting in a tie with six votes each. Following a 10-minute discussion, a reballot was held, where HELP received eight votes and APAP received four. The chair announced the results, and the CCM Coordinator explained the roles and responsibilities of CCM members. HELP was then requested to submit nominations for principal and alternate CCM members. The CCM Coordinator stated that the HELP organization has shared the nominations for CCM membership as follows:</p>	
Principal Member = Mr. Ishfaq Ahmad Nadeem	
Alternative Member = Dr. Kaiser Javed	
<p>CCM Coordinator said that on September 10, 2024, the election in Sindh took place among three of the four shortlisted organizations, as one opted out of participating. Shah Abdul Latif Bhittai was unanimously elected without opposition by the participating organizations. Following a brief overview of roles and responsibilities, the winning organizations were requested to submit nominations for principal and alternate members for the CCM. The CCM Coordinator stated that the winning organization has shared the nominations for CCM membership as follows:</p>	
Principal Member = Mr. Danish Channa	
Alternative Member = Ms. Nadia Naz	

The CCM Coordinator informed the house that the election in Balochistan took place on September 11, 2024. SAMAAJ was unanimously elected by the four organizations in an uncontested vote. After discussing roles and responsibilities, the winning organizations were requested to nominate principal and alternate members for the CCM.

Principal Member = Mr. Syed Abdul Rasheed

Alternative Member = Not yet decided by the board and requested for time

The election of representatives for People Living with HIV occurred within the Association of People Living with HIV (APLHIV) and the nominations were shared with the CCM Secretariat.

Principal Member = Mr. Omar Haider

Alternative Member = Mr. Asghar Satti

Representatives of People Living with TB: The election was conducted by the Pakistan Anti TB Association (PATA) and the nominations were shared with the CCM Secretariat.

Principal Member = Dr Hassan

Alternative Member = Ch. Ghulam Nabi

Advocate for Malaria: Since there is no established association of Malaria and following the SOPs, the NC CMU was asked to provide nominations for CCM members from Baluchistan. After consulting with the Provincial Malaria Program, CMU submitted the nomination for CCM membership.

Ms. Saira Samad from Baluchistan

The CCM Coordinator informed the house that the Vice Chair's term has ended. According to the Task Force team members' decision and CCM Hub's approval, the election will be held once all members are present, as it is a position for non-state members. He also proposed the nomination of a CSO member from KPK, as the Civil Society Representative signatory, succeeding Haji Muhammad Hanif from Punjab.

He informed the house that elections for key populations including Transgender (TG), Men who Have Sex with Men (MSM), Female Sex Worker (FSW), Drug Users (DUs) are still pending. The CCM-HUB has approved Technical Assistance (TA), and a consultant will review the documentation to aid in finalizing the election. The timelines will be provided by the CM-HUB soon.

Ms. Izaskun inquired whether the process would restart or continue from where it's left off.

The CCM Coordinator explained that the consultant would assess the previous work and determine the next steps.

The Chair advised the CCM Coordinator to discuss the CCM composition, election process and TA modalities for further consensus.

The CCM Coordinator stated that new members joined today's meeting and requested all the members to endorse the newly elected members in accordance with protocol and SOPs of the CCM.

All members unanimously endorsed the three-year membership of the newly elected members.

AGENDA ITEM #	
3	Update on Decisions of the last CCM Members Meeting
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 CCM Coordinator informed the house about the progress of the decision made during the CCM members' meeting on June 7, 2024.		
Decision: 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.		
Update: The Chair OC convened a meeting of the Task Force committee. During the meeting, it was decided that the members will evaluate the EOIs. Additionally, the members unanimously agreed that HSA will chair the election of four provinces. The election of CSOs/NGOs has been completed in all four provinces before the given deadline of September 15, 2024. New members will join the meeting and endorsement will be obtained. Key populations (MSM, TGS, FSW, DUs) are currently being processed.		
Decision: The NC CMU will meet with the Chair next week to discuss OST issues and plan the way forward.		
Update: National Coordinator – CMU updated that UNDP as PR in collaboration with the Provincial AIDS Control Programs has completed necessary preparations at two sites for implementation of the OAMT services. The site at Jinnah Post Graduate Medical College (JPMC), Karachi has been renovated and is ready to be operationalized. The fabricated structure at Mayo Hospital, Lahore has also been installed		
Decision: The National Coordinator will schedule a meeting with UNOPS, and the Punjab government, and the Chair will address regional IBBS issues highlighted by UNDP.		
Update: CMU has discussed the issue raised by UNDP with the Special Secretary, Deputy Secretary Home, and Technical Officer Health of the Punjab prison departments. A meeting is scheduled for Wednesday, the 18th, regarding IBBS, under the Ministry's guidance.		
Decision: The Additional Secretary, M/o NHSR&C will initiate process for CCM Coordinator appointment and complete process as early as possible.		
Update: After the approval of TORs and Advertisement by the committee and CCM- HUB, it was published in The News, DAWN, and Jang newspapers. The deadline for applications was September 13, 2024.		
The CCM Coordinator assured members that the entire process is well-documented and transparent under the supervision of the Secretary of M/o NHSR & C/Chair CCM. The next steps will involve shortlisting and interviews.		
The Chair CCM indicated that they are working to hire a reasonable senior person and expect the process to be completed soon.		
AGENDA ITEM #4	Update on Additional Safeguard Policy (ASP) and Opioid Assisted Medical Treatment (OAMT) Implementation	
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

National Coordinator CMU updated the house on the progress of OMT with the following points:

- The Drug Regulatory Authority approved the registration of OMT drugs at strengths of 2, 4, and 8 mg for manufacturing and procurement in July 2023.
- In January 2022, the Ministry of NHSRC, in collaboration with the Ministry of Narcotics Control and with technical support from UNAIDS, UNODC, and WHO, conducted a feasibility study.
- In response to the study's recommendations, the Ministry of Narcotics initiated the OAMT implementation process and granted approval in April 2022.
- The Drug Regulatory Authority Pakistan (DRAP) also approved the registration of OAMT drugs (Buprenorphine) in the required strengths in July 2022.
- A Technical Committee for OAMT, chaired by the Additional/Senior Joint Secretary of the Ministry of Narcotics Control, was established in December 2022 to oversee OAMT implementation and ensure monitoring, support, and quality assurance.
- UNDP, in collaboration with Provincial AIDS Control Programs, has completed preparations for OAMT services at two sites: Jinnah Postgraduate Medical College (JPMC) in Karachi and a fabricated structure at Mayo Hospital in Lahore, installed in August 2024.
- With technical assistance from WHO, UNDP developed National Guidelines, Standard Operating Procedures (SOPs), and Monitoring & Evaluation Tools for Opioid Agonist Treatment. They also completed the forecasting and quantification proposal for OST procurement; these guidelines and SOPs are yet to be approved by the relevant committee.
- Meetings to review the draft documents were held in the Ministry of Health on August 17 and 19, 2024. After revisions, the final documents were submitted to the Ministry of Narcotics on September 16.

NC updated the house regarding the ASP, the responses concerning the progress made against the ASP requirements are under review. Once finalized and approved, the Global Fund may assess the country's progress for potentially revoking the ASP.

Ms. Izaskun informed the house that it is remarkable the government will take responsibility for the ART component only after three years, following the Global Fund's transfer of the PR role to the UNDP. This situation is unprecedented, as typically a PR role transferred to a UN agency is not reverted. This was a significant outcome of invoking the ASP. Now, with the PR transfer to the government, the Global Fund has made a major step, making it crucial to ensure a successful transfer and implementation. This will also be important when presenting the case to senior officials regarding the ASP invocation.

The Chair flagged that UNAIDS is providing technical assistance for assessing all factors related to the ASP invocation and the progress made towards revoking the ASP from Pakistan's portfolio.

Ms. Izaskun said that it was not common for a UN agency to get involved in such topics.

Dr Rajwal from UNAIDS added that UNAIDS is offering financial support for technical advisors for the GC7 – HIV grant, not specifically for the ASP.

Mr. Trouble Chikoko informed the house that the Government has requested UNAIDS to engage a consultant for technical support in GC-7 Grant making. He also mentioned that it is in our interest that the Government maintains involvement.

Mr. Jeremy from TGF expressed gratitude to the National Coordinator CMU for the OAMT updates and appreciated the support from UNDP and UNAIDS. He emphasized the need for faster progress in the much-delayed initiation and roll-out of OAMT services, with support from UNDP and UNAIDS and stated that the next step involves obtaining further approvals and steps regarding procurement. Stakeholders should be prioritizing this, and CMU working with the support of UNAIDS or UNDP to expedite the additional steps.

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

Ms. Izaskun, Senior Fund Portfolio Manager of the Global Fund, informed the house about the Agreement on the Privileges and Immunities of the Global Fund, reiterating that this issue has been raised multiple times. The privileges and immunities are granted by the government to the Global Fund. She further said several letters have been shared with the Ministry, but it seems the process has stalled; it is now needed to go through the Ministry of Foreign Affairs. This matter is crucial for the Global Fund, and the board has tasked us with pursuing it across all countries. Several countries have already conferred privileges and immunities to the Global Fund, yielding benefits such as automatic tax exemptions, which Pakistan is currently negotiating in Pakistan. Additionally, these privileges safeguard the Global Fund team and enhance countries' commitment in the eyes of the board. Despite several efforts, progress has been slow, and the board is continuously seeking updates from the secretariat. Our senior legal counsel is visiting countries to negotiate with those that have not yet granted us these privileges. She urged the chair to take this on a priority basis.

The Chair briefed that the process was initiated by approaching the Finance and Economic Affairs Ministries, but it did not proceed well. The Chair advised NC-CMU to present the necessary documents for further discussion and process.

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

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

- 109 % targeted patients with of all forms of TB notified.
- 121 % of notified patients with all forms of TB contributed by non-national TB program providers-private/non-governmental facilities.
- 52 % of notified patients with all forms of TB contributed by non-national TB program providers-community referrals.
- 120 % of new and relapse TB patients 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.
- 101 % patients with all forms of TB, bacteriologically confirmed plus clinically diagnosed, successfully treated.
- 81 % of people with confirmed RR-TB and/or MDR-TB notified.
- 90 % of people with confirmed RR-TB and/or MDR-TB that began second-line treatment.
- 92 % of TB patients with DST result for at least Rifampicin among the total number of notified patients during the reporting period.

- 117 % of RR/MDR-TB patients with DST results for Fluoroquinolone among the total number of notified RR/MDR-TB patients during the reporting period.
- 94 % of patients with RR and/or MDR-TB successfully treated.
- 78 % of registered new and relapse TB patients with documented HIV status.
- 81 % of HIV-positive new and relapse TB patients on ART during TB treatment.
- 6 % of people living with HIV currently enrolled on antiretroviral therapy who started TB preventive treatment (TPT) during the reporting period.
- 43 % of molecular diagnostic analyzers achieving at least 85% functionality (ability to test samples) during the reporting period.
- 56 % of TB patients (all forms) bacteriologically confirmed plus clinically diagnosed, successfully treated in the private sector.
- 53 % of people in contact with TB patients who began preventive therapy
- 67 % of people who completed TPT out of those who initiated TB preventive treatment
- 70% of contacts of people with bacteriologically confirmed TB evaluated for TB among those eligible
- 105 % of Molecular diagnostic analyzers achieving at least 85% functionality (ability to test samples) during the reporting period.
- 93 % laboratories successfully participating in external quality assurance (EQA) or proficiency testing (PT) schemes.
- 100 % TB patients (all forms) successfully treated in the private sector

Dr. Sabira explained that the main challenge is in data capture, especially regarding the denominator. According to guidelines, the denominator should include all TB patients on ARV treatment. We are currently striving to accurately capture this information and ensure all eligible patients are counted. She is confident this issue will be resolved in the future to clarify how the denominator should be calculated.

Additionally, she mentioned that 43% of molecular diagnostic analyses showed at least 85% functionality during the reporting period. She also noted that 43% of patients have completed their treatment. We are working to improve our reporting and recording processes, as this indicator was not originally included in our tools. We have enhanced our recording tool and are hopeful for progress in this area.

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:

- 244 % of suspected malaria cases that receive a parasitological test at public sector health facilities and 149 % at private sector sites.
- 161 % of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities and 104 % at private sector sites.
- 99.1 % of expected facility monthly reports (for the reporting period) that are actually received.
- 99.5 % of submitted facility monthly reports (for the reporting period) that are received on time per the national guidelines.
- 100 % of districts that produce periodic analytical report(s) as per nationally agreed plan and reporting format during the reporting period.
- 99.1 % of all health facilities that are required to report that submit an LMIS report to central authority.
- 100 % of laboratories successfully participating in external quality assurance (EQA) or proficiency testing (PT) schemes.

He thanked to government support and The Global Fund, we are aiding 80 districts across Pakistan. Despite this, the malaria burden remains high, and suspended fever cases are still rising. The positive news is that we are now observing a decline compared to 2023, with fewer positive cases.

Chief Finance Officer Mr. Zaheer updated the house on financial progress and HR status. He reported a 148% utilization in TB and 34% in Malaria, noting that TB absorption is higher due to Year 2's drug and diagnostic procurement orders being placed in Year 1.

Mr. Zaheer also mentioned that CMU, along with NTP, DOMC, and PRs, has begun the hiring process across all provinces. There are currently 25 vacant positions in the TB program at the PR level and 190 at the provincial level. For the Malaria program, there are 2 vacancies at the PR level and 14 at the provincial level. Additionally, 3 positions for HIV/AIDS at CMU and 2 at the provincial level remain unfilled. All vacancies will be addressed soon.

Mr. Athar from CMU informed the house about the CR19 RM grant, noting that The Global Fund has allocated \$102,881,997 to Pakistan for the period from July 2021 to December 2023 and extended the grant utilization period to December 2025. He provided updates on financial progress and the utilization by various implementers, including CMU, Nai Zindagi, Mercy Corp, and IHHN:

- 33 PSA Oxygen plants have been procured and delivered and 3 in pipeline.
- Out of 1,531 reporting units, 863 have submitted digitally entered data through the electronic information system.

He mentioned that other organizations are currently analysing data to implement their findings. Additionally, Zaheer, CFO of CMU, provided a brief overview of the overall budget and burn rate for the grant awarded to NACP, NTP, IHHN, Merry Corp., and Nai Zindagi Trust.

The Chair, CCM, asked Dr. Hammad, advisor for Malaria at CMU, to explain why the burn rate for CMU Malaria is only 2% on this grant.

He reported that some iCCM training activities were postponed but have now commenced. Following these sessions, the budget will be optimized.

Mr. Zaheer, CFO-CMU, further updated that we have engaged the National Institute of Health (NIH) to work on infection prevention, surveillance, and additional activities. The grant agreement has been signed, HR has been hired, and we are about to begin operations with NIH in high-risk areas.

The Chair CCM noted that in our last meeting, partners were encouraged to discuss successes and challenges for cross-learning. Anyone wishing to share experiences was invited to do so.

Dr. Laeeq Ahmad Khawaja from the WHO praised CMU's efforts, noting their recovery from COVID-19 and advancements in case notifications while sustaining high treatment success rates. He recommended incorporating a broader context in achievement analyses by comparing TB notification achievements against the estimated TB burden outlined in the country's profile in the WHO Global TB report.

The CCM Coordinator raised concerns about a 34% burn rate for malaria funding, despite reports of 244% achievement, and inquired about buffer stocks or resources.

Dr. Hammad replied that buffer stocks were procured last year from \$30 million in flood funds, and additional orders have been placed for this year. After the floods, we estimated more cases, but there has been a decline, and the current stock is from previous flood-related diseases.

Mr. Matteo Dembech, SPO-TGF, noted that the absorption of remaining funds may require more analysis since soon-to-be-procured anti-malaria drugs might not fully utilize the budget. Many partners are also attempting to address malaria as the season approaches. A thorough financial analysis is essential in the coming months to ensure proper reporting and coordination with partners to achieve higher absorption rates.

Dr. Wasif inquired about the challenges CMU faces in treating patients diagnosed with both HIV and TB, citing low numbers and specific difficulties.

Dr. Sabira explained that the main challenge lies in aligning the reporting of HIV and TB programs. We lack clarity on the denominator of HIV patients currently on ARVs since we are only aggregating diagnosed and treated cases without knowing how many are outside that group. Improved reporting tools and better alignment between the two programs is necessary.

AGENDA ITEM # 7	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 that receive a parasitological test at public and private sector health facilities sites. • 99 % of confirmed malaria cases that received first-line antimalarial treatment at public and private health facilities sites. • 99 % of health facilities with tracer medicines for the three diseases available on the day of the visit or day of reporting. • 99 % of health facilities providing diagnostic services with tracer items available on the day of the visit or day of reporting • 98% of expected facility monthly reports (for the reporting period) that are actually received • 99 % of submitted facility monthly reports (for the reporting period) that are received on time per the national guidelines • 100 % of districts that produce periodic analytical report(s) as per nationally agreed plan and reporting format during the reporting period. • 100 % suspected malaria cases that received a parasitological test in the community • 94 % confirmed malaria cases treated that received first-line antimalarial treatment in the community <p>She updated the house on the progress of C19RM, noting that an MOU has been signed with NIH for sustainability, ensuring all necessary work is complete. The initiative features a unique model for community infection prevention, facilitating successful implementation. She also provided updates on the iCCM program.</p> <p>The existing iCCM model, currently focused on malaria, is being implemented in six districts of IHHN. The Technical Working Group (TWG) has been established by the CMU. A subcommittee has been appointed by the TWG to incorporate TB and HIV components into the iCCM curriculum for malaria. Technical members from both PRs, representing malaria, TB, and HIV, have reviewed and updated the ICCM Training Manual, reaching a consensus on the roles of service providers for each disease. The existing reporting and recording tools have also been revised and updated. The final review and approval from the TWG is pending. Operational research on assessing malaria program effectiveness in addressing gender and equity-related barriers has had its Terms of Reference (ToRs) finalized in consultation with the Country Team. A consultant firm has been hired through an open and transparent process, with meetings arranged with the Country Team to ensure the firm understands the requirements and expectations. An inception report has been received and shared with the Country Team and CMU, and a presentation on its key components has been given. The report has been revised based on feedback and re-shared for further review.</p> <p>She updated the house on the distribution of ITNs in all targeted districts, the DHIS-2 pilot for the 2024 mass distribution campaign, and its progress and activities and further said that the house on financial and HR progress, noting that IHHN has achieved 88% utilization of the Malaria Grant. She reported that all SRs are on board and activities are on track, with only seven positions vacant and recruitment underway.</p>	

Ms. Izaskun, Senior Fund Portfolio Manager of the Global Fund, congratulated the teams on their timely distribution of LLINs, stating it was the first time the distribution was completed on schedule.

Dr. Qutab Uddin Kakar from the WHO praised the commendable response by the Secretary of the Ministry of National Health Services, Regulations & Coordination (M/o NHR&C) regarding the notification of the malaria task force. He noted that in the last health cluster meeting, the malaria weekly reporting mechanism was discussed. Since January, 27,000 cases have been reported in the weekly reporting window. However, there are over 350,000 confirmed cases in the DHIS-2 system, indicating a discrepancy between basic overall reporting and weekly reporting from health facilities. This gap may hinder timely outbreak detection and response. Therefore, it is crucial to inform all intervention districts, programs, and sub-recipients about the importance of increasing reporting coverage and maintaining regularity to ensure all cases reported to DHIS-2 are captured. While DHIS-2 is used for monthly reporting, weekly reports are essential for emergency response. Currently, we are not prepared for outbreak response planning due to the lack of evidence of an outbreak in the reporting system. Addressing the gap between reported and actual cases is imperative.

Mr. Ali from IHHN explained that for compliance, the routine data reporting mechanism is DHIS-2, which operates on a monthly basis. Consequently, facilities do not submit weekly data directly to the portal. However, facilities can monitor weekly data internally and report any outbreak indications to the district for investigation. Over the past year, they have conducted sub-weekly reporting for selected cases, but this system is not fully integrated with routine malaria reporting, leading to a gap between weekly and monthly data submissions.

Mr. Hammad, the CCM Coordinator, inquired about outbreak management.

Dr. Kakar stated that a reporting window within DHIS-2 has been established, allowing data extraction from the same facility sources. Ideally, there should be no discrepancies in reporting; however, significant differences exist. The malaria outbreak is currently one of the largest in the country's history, with ongoing epidemic levels that exceed reported weekly figures. This discrepancy hinders effective preparedness and response planning, as the current situation remains unclear.

Mr. Matteo Dembech, SPO-TGF, flagged that weekly reporting facilitates swift investigation responses and suggested that combining the two reporting types could be beneficial.

Dr. Kakar from WHO emphasized that weekly reporting is critical for outbreak response in infectious disease emergencies. Early detection allows for timely investigation, alerts, and interventions. Monthly reporting is not sufficient for early detection, as malaria outbreaks typically last no longer than a month. The situation has worsened over the past three years, especially after the floods in 2022, and the lack of weekly data hampers the response efforts.

AGENDA ITEM #8	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

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:

- 51,405 patients with of all forms of TB notified (i.e., bacteriologically confirmed + clinically diagnosed);

- 144 % of notified patients with all forms of TB (i.e., bacteriologically confirmed + clinically diagnosed) contributed by non-national TB program providers- providers/non-governmental facilities.
- 102 % of patients with all forms of TB, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB patients notified during a specified period;*includes only those with new and relapse TB
- 2854 notified patients with all forms of TB (i.e., bacteriologically confirmed + clinically diagnosed) contributed by non-national TB program providers- community referrals; *includes only those with new and relapse TB
- 112 % of sample tested using Gene Xpert out of the total numbers of samples transported through specimen transportation.
- 76 % of bacteriologically positive TB cases among new and relapse pulmonary TB cases.
- 129 % of new and relapse TB patients tested using WHO recommended rapid diagnostic tests at the time of diagnosis
- 70 % of people in contact with TB patients who began preventive therapy.
- 81 % of people with confirmed RR-TB and/or MDR-TB notified.
- 113 % of contacts of people with bacteriologically confirmed TB evaluated for TB among those eligible.
- 17 % of registered new and relapse TB patients with documented HIV status

Dr. Adeel updated the group on procurement, financial, and HR progress, noting that Mercy Corp achieved 17% utilization by June 2024 with a \$14 million budget for the year. As it's the first quarter, activities are expected to ramp up in the next quarter, leading to anticipated improvements. He also mentioned that 31 positions are vacant and recruitment will occur soon.

Dr. Laeeq from WHO expressed concerns regarding diagnostic quality, emphasizing the necessity for enhanced training, monitoring, and supervision to ensure high-quality specimens for testing. He highlighted the ongoing challenge of improving bacteriological confirmation.

Dr. Qasim NC-CMU reported that an order for HIV kits has been placed and will be distributed to partners upon arrival.

CCM Coordinator recommended splitting the budget into two parts to better understand the burn rate, as the current report shows only 17% utilization.

Dr. Adeel responded that dividing the budget would not accurately reflect activity against the budget since they are confident in achieving planned activities for the first and second quarters. The budget template for this year is clear, making such division unhelpful.

Ms. Jasmina from The Global Fund indicated that recent changes to budget formats have led all PRs to adopt annual budgets, suggesting that a meaningful comparison can only be made at the year's end in December for a clearer financial picture.

AGENDA ITEM # 9	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

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. Umar Riaz, 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. He provided updates on the progress and key achievements of the reporting quarter:

- 120 % men who have sex with men reached with HIV prevention programs - defined package of services
- 120 % transgender people reached with HIV prevention programs - defined package of services

- 120 % sex workers reached with HIV prevention programs - defined package of services
- 74 % men who have sex with men that have received an HIV test during the reporting period and know their results
- 95 % transgender people that have received an HIV test during the reporting period and know their results
- 72 % sex workers that have received an HIV test during the reporting period and know their results
- 83 % adults (15 and above) on ART among all adults living with HIV at the end of the reporting period
- 76 % children (under 15) on ART among all children living with HIV at the end of the reporting period

He further stated that the expansion of prevention services from 16 to 53 sites is completed and

- I) CBOs received over 40 trainings across all levels.
- II) All equipment has been procured and delivered.
- III) All medical supplies have been procured and a procurement management push system has been established.

He presented the reasons for the performance variations in the indicators:

- The prevention expansion launched in January 2023 now includes 16 CBOs across 19 cities, adding 11 new geographic areas, totalling 53 centres (including Peshawar and Quetta) for the first time.
- The quality of services provided by CBOs improved through comprehensive capacity-building training in prevention, finance, procurement management, and governance during the reporting period.
- Delays occurred in the mobilization of CBOs/new lots during Q1 and Q2 due to office setup, staff hiring, and the receipt of furniture and equipment at CBO sites.
- Testing kit deliveries to CBOs were delayed in Q2, and there were stockouts of C/L in Q1.
- The number of MSMs tested decreased by 15% (from 35,096 in the last PUDR to 29,696 in the current PUDR).
- The number of FSWs tested decreased by 13.7% (from 8,371 in the last PUDR to 7,356 in the current PUDR).
- UNDP has revised its methodology for Forecasting & Quantification (F&Q) with CBOs from pull to push and is collaborating with the CMU warehouse to address delays in dispatching HIV commodities, as well as contracting provincial storage warehouses to ensure timely delivery.

Dr. Umar highlighted the following key challenges:

- PrEP has been rolled out in Lahore and Karachi for high-burden ART centers and CBOs, but uptake is low as the community is reluctant to visit ART centers for continued delivery.
- Centers are initiating more patients onto ART, but the high rate of loss to follow-up affects patients, the pipeline, grant management, and the overall response quality.
- Due to numerous allegations and complaints to GF and UNDP against CBOs, an OAI investigation was launched, causing service disruptions as contracts are suspended pending the investigation outcome.
- SR partners' burn-rate remains low. For CBOs, this is justified given the extensive prevention expansion that required significant time and resources, causing delays due to staff vacancies at the ACP level.
- Frequent changes in HIV response management at national and provincial levels result in constant priority shifts and implementation delays.
- Limited storage and distribution capacity for health products at the provincial level may increase risks with ART centers and CBOs expansion.
- Most ART centres face space constraints; sufficient working space is recommended for centers with high enrolment.
- There is a lack of integrated efforts on Quality Assurance/Quality Control for the three grants.
- Insufficient HR for logistics/supply management at the provincial level.
- Lack of a fully functional electronic LMIS at provincial levels.
- Currently, UNDP, as a PR of the GF-HIV grant, is working on forecasting and quantification for health products.

- Delays from MOFA persist and have increased.
- OAMT procurement has yet to be initiated due to the lack of national guidance / protocols, approval of forecasting and quantification, and the final procurement strategy. It was noted CMU has been working with Ministry to call at TWG meeting at earliest possible.

Dr. Umar noted that while significant progress has been made in revising follow-up efforts, further work is needed. It's crucial to enhance differentiated service delivery and expand programs aimed at reducing stigma and discrimination.

Ms. Izaskun, the Senior Fund Portfolio Manager of the Global Fund, informed the assembly about her meeting with the Prime Minister's coordinator. The coordinator requested detailed information on the OAMT work plan and was informed that the long-delayed service provision should be expedited. She highlighted the potential of the OAMT initiative and urged attention to the remaining steps. Ms. Izaskun expressed concern over the ongoing loss to follow-up, emphasizing the need for a resolution. She commended the IBBS, which received \$4 million from the Global Fund, but raised concerns about its methodology and results. She suggested organizing a meeting with internal experts and key implementers to align on finalizing this complex initiative for effective HIV grant programming.

Dr. Safdar from WHO mentioned that the government is launching a micro-elimination program, noting a high HIV positivity rate among confirmed HCV cases. This presents an opportunity to test HCV-positive individuals for HIV. An investment case is being developed based on data from two major provinces, with operational planning consultations ongoing and expected to conclude this month. This initiative could enhance overall testing and treatment coverage.

Dr. Umar acknowledged the contributions of Heather Doyle, who led the HIV grant before moving to a new role in Bangkok.

Mr. Omer Haidar from APLHIV emphasized the absence of a centralized policy on Loss to Follow-Up, which is hindering progress. While small interventions are being implemented with the UNDP and NACP under the C19RM grant, the lack of a national policy, particularly one involving community participation in tracking loss to follow-up, is impeding progress. He pointed out that tracking activities are not taking place in Punjab province and urged the NACP to finalize the national loss-to-follow-up strategy that was initiated 4-5 months ago. This would clarify stakeholder roles, as current efforts by the HIV community and case managers at ART centers are overlapping rather than being coordinated towards a common goal. The NC CMU acknowledged that LTFU is a significant concern for the HIV response and stated that he will follow up on the matter and provide updates on the LTFU National Strategy at the next CCM Meeting.

AGENDA ITEM #10	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

Salman Qureshi, representative of Nai Zindagi, shared updates on the main interventions of the Nai Zindagi as

- Needle Syringe Exchange Program (NSEP)
- HIV Testing & Counseling (HTC)
- Spouse Prevention Program
- Basic Medical Care

- Linking HIV-positive people who inject drugs (PWID) and their spouses to ART centers
- Rehabilitative ART adherence support
- Differentiated ART follow-up and adherence monitoring
- Point-of-care viral load testing
- Provincial and district-level coordination for an enabling environment

He further updated the house about performance as

- 93% of PWID reached with HIV prevention services
- 82% of PWID received HIV tests during the reporting period and know their results
- 131 spouses of HIV-positive PWID tested and informed of their results
- 152% of newly diagnosed PWID linked to HIV care
- 92% of HIV-positive PWID who initiated ARVs completed 3-6 weeks of treatment with adherence support
- 75% of PWID accessed NSEP services at least 10 times in a month
- 133% of PWID on ART for at least six months with viral load test results
- 128% of people in prisons and closed settings reached with HIV prevention services
- 4,447 individuals in prisons tested for HIV and informed of their results

Mr. Salaman further said that lack of OAMT, a critical intervention for PWID accessing services under the grant is a key challenge along with ART centers in Punjab impose conditions (e.g., CNIC, biometric verification, limited registration slots) that delay treatment initiation and adherence for HIV-positive PWID

He reported a burn rate of 89% for the period and noted 55 vacant positions, with hiring underway to fill them soon.

Dr. Laeeq from the WHO inquired about testing and follow-up procedures in prisons. Dr. Salman assured that comprehensive follow-up is in place, with staff in larger prisons conducting ongoing tests and follow-ups for individuals released from prison. A linked database tracks individuals' movements, ensuring continued care. Trained HIV counselors, including psychologists, adhere to established protocols.

Mr. Trouble Chikoko from UNAIDS expressed appreciation for emphasizing preventive measures over reactive approaches, noting their cost-effectiveness. He praised the impressive results and suggested documenting and sharing research-based practices from the program to enhance national responses, particularly for challenging populations.

Summarization of action points

DECISION(S)

- The NC will submit the case regarding immunities and privileges as discussed in the meeting with the Chair of the CCM to proceed further.
- It was decided that the PR will include a slide on challenges and the way forward in the every upcoming CCM members meetings.
- It was decided that all-relevant partners will organize a meeting immediately to validate and finalize the IBBS data.
- It was decided that CMU with support of UNDP and UNAIDS to prioritize gaining approvals and further procurement steps, to expedite provision of OAMT services.

Closing Remarks:

Dr. Qasim NC-CMU, representing the Ministry of National Health Services Regulation and Coordination, expressed gratitude to partners, CCM Members+ especially the Global Fund, WHO, and UNAIDS, for their active participation in a productive discussion. We look forward to collaborating closely with our partners for the benefit of the public.

	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 >		16
		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 4th 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	
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 <u>2 weeks</u> 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 week</u> 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.

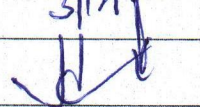
GLOSSARY FOR ACROYNMS USED IN THE MINUTES:

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

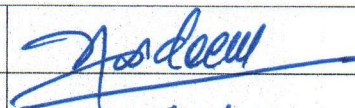
DNC	Deputy National Coordinator
CMU	Common Management Unit
NC	National Coordinator
TGs	Transgenders
NFM	New Funding Model
ASP	Additional Safegaurd Policy
PF	Performance Framework
TWG	Technical Working Group
IRS	Indoor Residual Spray

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 >	3/12/2024
FUNCTION>	CCM Coordinator	SIGNATURE >	

CCM MINUTES APPROVED BY:

APPROVED BY (NAME) >	Mr. Nadeem Mahbub	DATE >	
FUNCTION>	Secretary M/o NHSR &C/Chair CCM	SIGNATURE >	 5/12/24