



December
2024

Province of Balochistan

Constituency Consultation Meeting

23rd December 2024

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BALUCHISTAN CONSTITUENCY CONSULTATION
PUBLIC & PRIVATE SECTOR, CIVIL SOCIETY AND KEY POPULATIONS
QUETTA
(23rd DECEMBER, 2024)

EXECUTIVE SUMMARY:

The Country Coordinating Mechanism (CCM) is a national forum responsible for submitting funding applications to the Global Fund. Its membership comprises representatives from government, the private sector, technical partners, and civil society, including people living with or affected by the targeted diseases and key populations. The CCM coordinates national funding requests, nominates the Principal Recipient, oversees grant implementation, approves reprogramming requests, and ensures alignment between Global Fund grants and other national health programs.

On December 23rd 2024, the CCM Secretariat held a constituency consultation in Quetta with civil society, the private sector, and key affected populations of AIDS, TB, and Malaria. The consultation aimed to orient public sector stakeholders in the province on the Global Fund and CCM operations, the implementation of Global Fund grants, and to gather input from civil society.

Representatives from the following Principal Recipients (PRs) attended:

- National TB Control Program and Mercy Corps (TB)
- United Nations Development Programme (UNDP)
- Nai Zindagi Trust (HIV/AIDS); and Directorate of Malaria Control (DoMC)
- Indus Hospital & Health Network (IHHN) (Malaria)

Sub-Recipients (SRs) based in Baluchistan, implementing the Global Fund grant for all disease components, also participated.

The consultation had two main objectives:

1. To provide a platform for people living with or affected by the three diseases and key affected populations receiving services from Global Fund-supported centers to provide feedback on service improvement and address barriers to accessing diagnosis and treatment, as well as to gather inputs for future planning.

2. To orient private sector stakeholders on Global Fund guidelines, CCM functions, and the roles and responsibilities of CCM members.

PROCEEDINGS:

The meeting commenced with a Quran recitation, followed by introductions of participants, including patients and community members. Dr. Amir Raeisani, Director VBD Malaria, delivered welcome remarks, commending the CCM and Global Fund for their efforts in combating the three diseases. He also thanked the CCM secretariat for organizing the event in Quetta, uniting public, private, and key populations, and for its role in fostering civil society collaboration.

Dr. Muhammad Awais DCP, PTP, Balochistan welcome all the participants and especially CCM team for organizing very important meeting and emphasized the importance of enhanced coordination and efficient resource utilization to achieve grant outcomes.

On behalf of the Country Coordinating Mechanism (CCM), Dr. Faisal Rifaq, Executive Secretary of the CCM, welcomed participants, highlighting the forum's commitment to addressing the challenges of HIV, TB, and Malaria. He stressed the dedication to creating a supportive and inclusive environment and the potential for collective efforts and partnerships to drive sustainable progress and impact lives.

AGENDA # 1: PRESENTATION ABOUT GFATM, CCM PAKISTAN, ROLE AND RESPONSIBILITIES OF CCM

Mr. Hafiz Hammad from CCM Secretariat updated about The Global Fund and CCM. He said that The Global Fund (TGF) is a disease-specific funding institution established in 2002, providing grants to fight against HIV/AIDS, TB, and Malaria globally. It's funded by governments, the private sector, and non-government donors. He further enlightened about Global Impact of the global Fund in 2023 as

- **HIV:** 17.9 million people received prevention services, 25 million on antiretroviral therapy, and 695,000 mothers received medicine to prevent HIV transmission to their babies.
- **TB:** 7.1 million people treated, 121,000 on treatment for drug-resistant TB, and 2 million received preventive therapy.

- **Malaria:** 227 million mosquito nets distributed, 335 million cases tested, and 171 million cases treated.

He updated the house that the Global Fund functions as a financial institution and supports programs aligned with national priorities. TGF maintains a balanced approach across regions and ensures transparency and accountability.

He further updated the house about core structures of the Global Fund as:

- **Country Coordinating Mechanism (CCM):** At country level.
- **Global Fund Secretariat:** Manages the grant portfolio.
- **Technical Review Panel (TRP):** Independent experts.
- **Board:** Representatives from various sectors.
- **Principal Recipient (PR):** Legal grant agreement with PR, monitored by Local Fund Agents (LFAs).

Mr. Hafiz Hammad said that TGF has allocated \$281,561,896 for Grant Cycle - 7 (2024-2026) in which:

- **HIV:** \$65,446,113
- **TB:** \$181,689,888
- **Malaria:** \$34,425,895

In the second presentation phase, Mr. Hammad provided an update on Pakistan's Country Coordinating Mechanism (CCM), a partnership of key stakeholders responding to AIDS, TB, and Malaria. The CCM coordinates national proposals for each disease, facilitates their development, approves and endorses a single, coordinated country proposal, and monitors the implementation of proposed activities. Its functions include submitting national proposals, selecting Principal Recipients (PRs), overseeing grant implementation, requesting continued funding, and ensuring alignment between Global Fund (GF) grants and other national health and development programs.

The presentation detailed the CCM's working mechanism, highlighting its 21 members, with a minimum of 40% representing the non-governmental sector. The CCM reviews its processes, functions, and membership relevance every three years. The CCM Chair and Vice Chair, elected

from different sectors, must be domestic entities. Currently, the CCM Chair in Pakistan is from the government sector, specifically the Federal Secretary of the Health Ministry.

Participants are also informed that CCM membership comprises of 9 Public sector members (Secretary, M/o NHSRC; Planning Commission of Pakistan; Provincial Health Secretaries of Punjab, KPK, Balochistan, and Sindh; Economic Affairs Division; Ministry of Human Rights; Health Services Academy), 1 Key Affected population (Transgender), 3 People living with and/ or affected by diseases HIV/AIDS, TB and Malaria, 4 Multilateral and Bilateral Agencies (WHO, UNAIDS, FCDO, USAID) and 4 civil society organizations one from each province.

Participants are also informed about Oversight Committee which includes representatives from USAID, WHO, UNAIDS, FCDO, HSA, and PALHIV. The presentation also noted that the National AIDS Control Programme (NACP) will become the Treatment PR for HIV/AIDS from January 2025. The TB and Malaria programs are currently implementing Grant Cycle 7 for 2024-2026.

Mr. Hammad also emphasized the CCM's three primary functions 1) developing and submitting national proposals, 2) nominating PRs, and 3) overseeing grant implementation. He stated that the CCM Secretariat operates independently from PRs to ensure proper oversight and has its own annual budget and workplan.

Finally, Mr. Hammad provided an update on the Principal Recipients (PRs) for GC-7:

- **HIV/AIDS:** CMU - NACP, UNDP, Nai Zindagi (NZ)
- **TB:** CMU - NTP, Mercy Corps (MC)
- **Malaria:** CMU - Malaria, The Indus Hospital (TIH)

AGENDA # 2: PRESENTATION – CURRENT & FUTURE INTERVENTIONS IN BALOCHISTAN - TB PRS

Mr. Athar Shabir, representative from CMU-TB gave an overview of the TB grant and key services being provided to the people in Balochistan. The implementation of grant is being done through Provincial TB Control Programme Balochistan. The estimated burden of disease in Balochistan is 38,428 DSTB cases with incidence rate of 277 per 100,000 and 909 DRTB cases. PTP is providing TB services in all 36 districts of Balochistan with 121 primary health care facilities, 39 secondary, 7 tertiary level and with 167 microscopy labs. LWH Intervention is being carried out in 8 districts, currently. As for private sector, the TB services are being provided through 349 GP clinics, 4 NGO run hospitals, 18 private hospitals and 6 Parastatal hospitals.

The component of Drug-Resistant TB (DRTB); enrolment of RR diagnosed, DST for Second Line drugs is being managed by PTP through 06 PMDT (3 PMDT and 3 Decentralized sites). The culture of TB bacteria and Drug Susceptibility testing is performed through 1 BSL Labs-II and 1 BSL-III laboratory. The molecular diagnostics, GeneXpert in the province total to 44 GeneXpert labs.

TB-HIV screening - Currently PTP is screening TB patients for HIV in 41 TB-HIV Sentinel Sites. To meet the target of 90% in Grant Cycle 7 (2024-2026) HIV screening of all TB registered cases at all TB facilities will be expanded.

The representative from Mercy Corps, Dr Aminullah, gave overview of the grant in the province with 2 Sub-Recipients (GSM and SPO) in 19 districts with PPM interventions (Private GPs, large private hospitals and pharmacies). MC is conducting mobile X-Ray screening chest camps in 19 districts through 5 vans.

- **SPO** is engaged in 7 districts; Pishin, Jaffarabad, Lasbela, Sibi, Panjgur, Kech, Usta Muhammad (GPs = 77, ECF hospitals = 3)
- **GSM** is in 2 districts; Gwadar and Naseerabad (GPs = 38, ECF hospitals = 0)
- **MC PIU** in 10 districts; Kila Saifullah, Loralai, Duki, Quetta, Noshki, Khuzdar, Chaghi, Qalat, Zhob and Kharan (GPs= 151, ECF Hospitals= 19)
- Total **GPs** engaged are 264
- **MC** has notified 1154 TB cases during the period July- September 2024 with 93% treatment success rate and notified 05 RR cases

During a Q&A session, the beneficiaries of TB were asked to share their experiences of how they reached on the service delivery outlet, what kinds of difficulties faced while reaching on the service delivery site, what kind of services provided to them and they were asked to share their point of view on satisfaction level for various services provided. It was found that none of the beneficiaries shared any inconveniences faced during the whole process of diagnosis, treatment or follow-up. All the patients showed their profound satisfaction provided by all the PRs and SRs.

Dr. Faisal, the Executive Secretary, requested TB PRs to provide lost-to-follow-up data, including target numbers and the district with the highest loss, to inform patient-retrieval

AGENDA # 3 PRESENTATION - CURRENT & FUTURE INTERVENTIONS IN BALOCHISTAN - HIV/AIDS PRs

The representative from HIV/AIDS PRs also gave an overview of the interventions being carried out in the province under GF Grants. The overview of HIV/AIDS was shown by UNDP and Nai Zindagi Trust. The UNDP representative, Ms Batool, Program Officer, gave an overview of HIV/AIDS interventions implementing grants with NACP, BACP, CBOs (APLHIV), NGOs (SOCIO PAK). She told that UNDP covers the districts of Quetta, Turbat, Loralai, Naseerabad and Hub. The key areas of services of UNDP were described which are prevention, PTCT (Prevention of parent-to-child transmission), treatment care support, HIV testing services, removing barriers to services, community system strengthening for MSMs, TGs and FSWs.

She updated that the key areas of services of UNDP were described which are prevention, PTCT (Prevention of parent-to-child transmission), treatment care support, HIV testing services, removing barriers to services, community system strengthening for MSMs, TGs and FSWs. UNDP also providing services of STIs, Condom and Lubes to the communities.

Mr. Faisal Ghkhki, Provincial Coordinator, gave an overview of the Program in the province by explaining the services being provided including CoPC sites, Continuum of Prevention Control, HIV Testing and Counseling services and social component (link up PWID with HIV treatment & care). He said that there are two CoPC sites in Balochistan that are Quetta and Turbat. He further said that 82 PWIDs are registered with NZ in which 25 are HIV positive.

During a Q&A session, HIV community beneficiaries, including IDU representatives, discussed their experiences accessing service delivery outlets, the challenges they encountered, the services received, and their satisfaction levels.

Beneficiaries reported no issues with diagnosis, treatment, or follow-up, expressing high satisfaction with services from PRs and SRs.

MSM and TG community beneficiaries requested extended ART center hours and multi-month dispensing. PR representatives responded that they are collaborating with the government to address these gaps.

Dr. Faisal Rifaq, Executive Secretary, advised PRs/SRs to include a slide on loss to follow-up rates, broken down by target district.

AGENDA # 4 PRESENTATION - CURRENT & FUTURE INTERVENTIONS IN BALOCHISTAN – MALARIA PRs

The representative of Directorate of Malaria Control, Dr Sohail, and from IHHN, gave overview of the services being provided in the province. CMU has coverage in 06 districts of Balochistan and IHHN has presence in 24 districts of Balochistan. IHHN implementing through BRSP in 17 districts and SIDs (Self Implementing) in 7 districts.

Major Malaria control interventions include; Free of cost malaria diagnosis & treatment services through microscopy and RDT centers, capacity building of healthcare service providers including doctors & paramedics on Malaria case management, quality assurance and DHIS-2 and prevention of Malaria in high-risk population through the Insecticide Treated Nets (ITN) and Indoor Residual Spray (IRS), enhancing technical and managerial capacity of Provincial malaria control programs for planning, managing and monitoring of malaria control interventions, Quality Assurance of diagnostics and Strengthened Surveillance (DMUs, weekly watch charts, Weekly Reporting, cluster meetings on quarter basis).

The people affected by disease were requested to share their feedback and experience with implementing partners to understand their difficulties and needs, and to incorporate their feedback for provision of better health care services to affected and key populations by all concerned implementing partners and in planning future actions to improve service delivery and quality and to adopt patient centered approach.

In question-and-answer session, the beneficiaries of Malaria were asked to share their experiences of how they reached on the service delivery outlet, what kinds of difficulties faced while reaching on the service delivery site, what kind of services provided to them and they were asked to share their point of view on satisfaction level for various services provided. It was found that none of the beneficiaries shared any inconveniences faced during the whole process of diagnosis, treatment or follow up. All the patients showed their profound satisfaction provided by all the PRs and SRs.

WRAP UP:

The Executive Secretary of CCM thanked stakeholders, partners, and community members for attending this important session, emphasizing that their commitment and passion are crucial to success. He urged them to leverage this opportunity to strengthen resolve and reaffirm their commitment to eradicating HIV, TB, and Malaria.

PICTURE GALLERY:



Participants from different Sectors of Balochistan



Mr. Hammad Murtaza gave overview of TGF grants & CCM Role in Pakistan



Ms. Batool from UNDP gave overview of HIV interventions in Balochistan



Participants from different Sectors of Balochistan