



December  
2024

# Province of Khyber- Pakhtunkhwa

## Constituency Consultation Meeting

20<sup>th</sup> December 2024

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**KHYBER PAKHTUNKHWA CONSTITUENCY CONSULTATION**  
**PUBLIC & PRIVATE SECTOR, CIVIL SOCIETY AND KEY POPULATIONS**  
**PESHAWAR**  
**(20<sup>th</sup> 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 20<sup>th</sup> 2024, the CCM Secretariat held a constituency consultation in Peshawar 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 Khyber Pakhtunkhwa, 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. Fazal Rehman, Director IVMP 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 Peshawar, uniting public, private, and key populations, and for its role in fostering civil society collaboration. Dr. Rehman 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**

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 / AIDS:** 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 KPK - TB PRs**

Dr. Athar Shabir, representative from CMU-TB gave an overview of the TB grant and key services being provided to the people in Khyber Pakhtunkhwa. The implementation of the grant is being done through Provincial TB Control Programme KP and ACD. The estimated burden of disease in Khyber Pakhtunkhwa is 122,039 DSTB cases with an incidence rate of 277 per 100,000 and 2,643 DRTB cases. PTP is providing TB services in all 37 districts of Khyber Pakhtunkhwa with 106 primary health care facilities, 117 secondary, 10 tertiary level and with 217 microscopy labs. LWH Intervention is being carried out in 9 districts, currently. As for the private sector, the TB services are being provided through 1,452 GP clinics, 7 NGO run hospitals, 46 private hospitals and 3 Parastatal hospitals.

The component of Drug-Resistant TB (DRTB); enrolment of RR diagnosed, DST for Second Line drugs is being managed by ACD through 05 PMDT (Programmatic Management of DRTB) sites and 2 decentralized sites in the province namely Lady Reading Hospital Peshawar, Ayub Teaching Hospital Abbottabad, MMMTH D.I.Khan, Saidu Teaching Hospital Swat and Mardan Medical

Complex, Mardan, Bannu and Haripur. PTP has made functional 02 sites for DRTB care services. Currently, 04 decentralized sites and 5 PMDT sites are functional. The culture of TB bacteria and Drug Susceptibility testing is performed through 2 BSL Labs-II and 1 BSL-III laboratory. The molecular diagnostics GeneXpert in the province total to 70 GeneXpert Sites and will be expanded to 118 by Year 2026.

TB-HIV screening - Currently PTP is screening TB patients for HIV in 11 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, Ms Afshan Sadiq, gave overview of the grant in the province with 2 Sub-Recipients (ACD and GSM) in 23 districts with PPM interventions (Private GPs, large private hospitals and pharmacies). MC is conducting mobile X-Ray screening chest camps in 18 districts through 6 vans. Mercy Corps also presented activities done by its Sub-Recipients (SRs) and are detailed below:

- **ACD** is engaged in 18 districts; Abbottabad, Bannu, Battagram, Buner, Charsadda, Haripur, Kohat, Lower Dir, Malakand, Manshera, Mardan, Swat, Chitral, Shangla, Upper Dir, Hangu, Nowshera, Swabi (GPs = 1058, ECF hospitals = 34)
- **GSM** is in 5 districts; DI Khan, Tank, Lakki Marwat, Karak, Peshawar (GPs = 501, ECF hospitals = 18)
- Total **GPs** engaged are 1,559
- **MC** has notified 7756 TB cases during the period July- September 2024 with 94% treatment success rate and notified 32 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 Manzoor from the Malaria Program emphasized that GP engagement under the PPM model should align with catchment areas, noting the lack of physicians serving the canal side area where TB patients travel to BHUs.

PR and SR representatives agreed to share details of all GPs within Peshawar city for stakeholder reference.

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 KPK - 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 Sidra Azmat, Program Officer, gave an overview of HIV/AIDS interventions implementing grants with NACP, PACP, CBOs (APLHIV), 2 NGOs (URDO and Active Health Organization). 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.

She updated the house that in KPK 13 ART centers as Hayatabad Medical Complex, Peshawar, Lady Reading Hospital, Peshawar, DHQ Kohat, Khalifa Gulnawaz Hospital, Bannu, Mufti Mehmood Teaching Hospital, DI Khan, DHQ, Batkhela, Saidu Group of Hospitals, Bacha Khan Medical Complex, DHQ Hospital (Mardan, Parachinar, Miranshah, Bajour) and Ayub Teaching Hospital.

Shabbir Ahmad, Provincial Coordinator, Nai Zindagi 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 CoPC sites are established in Peshawar, Charsadda, Mardan, Swat, Lower Dir, Kohat, Banuu, Mansehra, Central Prison Peshawar and District Prison Mansehra. He further said that 1606 PWIDs are registered with NZ in which 72 are HIV positive and six spouses are HIV positive from 148.

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 KPK – MALARIA PRs**

The representative of the Directorate of Malaria Control, Dr Sohail, and Sana Ullah from IHHN, gave an overview of the services being provided in the province. CMU has coverage in 15 districts of KP and IHHN has presence in 13 districts of KP. 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 updates on the ITN mass distribution campaign were shown. Total of about 5.4 million standard insecticide treated nets planned to be distributed were procured through the Global Fund pooled procurement mechanism (PPM). The implementation of Integrated Community Case Management (iCCM), under C19RM grant is in progress. CMU will implement iCCM in 6 districts and IHHN will implement it in 6 districts.

The GF grant in KP is being implemented by the Government of Khyber Pakhtunkhwa, Directorate General Health Services and private PR Indus Hospital & Health Network (IHHN). IHHN implemented grants through case management in 1193 diagnostic and treatment centers. IHHN focuses on 3 areas including vector control (mass campaign and ITNs distribution), BCC and disease surveillance & response. IHHN has screened more than 2 million people for malaria and

has identified 220,635 positive cases from Jan-Nov 2024. Currently, IHHN has been implementing iCCM in 2 districts in DI Khan and Nowshera and will expand to 6 districts in Year 2025.

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:



**Dr. Fazal Rehman Director IVMP Malaria KPK delivered welcomed remarks.**



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



**Dr. Faizal Rifaq, Executive Secretary CCM gave closing remarks.**



**Participants from different Sectors of KPK**