



December  
2024

# Province of Punjab

## Constituency Consultation Meeting

27<sup>th</sup> December 2024

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**PUNJAB CONSTITUENCY CONSULTATION**  
**PUBLIC & PRIVATE SECTOR, CIVIL SOCIETY AND KEY POPULATIONS**  
**LAHORE**  
**(27<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 27<sup>th</sup> December 2024, the CCM Secretariat held a constituency consultation in Lahore 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)

Sub-Recipients (SRs) based in Punjab, 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. Bilal Khan Deputy Director PTP Punjab , 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 Lahore, uniting public, private, and key populations, and for its role in fostering civil society collaboration.

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 OF CCM**

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, 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 PUNJAB - TB PRs**

Dr Qasim Senior Provincial Programme Officer, Punjab, gave overview of the TB grant and key services being provided to the people in Punjab. The implementation of grant is being done through Provincial TB Control Programme Punjab and ASD. The estimated burden of disease in Punjab is 316,142 DSTB cases with incidence rate of 277 per 100,000 and 7,352 DRTB cases. PTP is providing TB services in all 36 districts of Punjab with 371 primary health care facilities, 158 secondary, 29 tertiary level and with 558 microscopy labs. The active case finding with 6 mobile Xray vans. LWH Intervention is being carried out in 12 districts, currently. The specimen transportation is done in 558 health facilities. As for private sector, the TB services are being provided through 7,147 GP clinics, 5 NGO run hospitals and 239 private hospitals. The private sector provides diagnostic services through 343 microscopy labs and 18 GeneXpert Labs. The ACF is performed through 14 mobile vans.

The component of Drug-Resistant TB (DRTB); enrolment of RR diagnosed, DST for Second Line drugs is being managed by both PTP and ASD through 26 DRTB treatment sites (12 PMDT sites and 14 Decentralized sites) in the province. The culture of TB bacteria and Drug Susceptibility

testing is performed through 8 BSL Labs-II and 2 BSL-III laboratory. The molecular diagnostics, GeneXpert in the province total to 171 GeneXpert Sites.

TB-HIV screening - Currently PTP is screening TB patients for HIV in 45 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. He also updated that 5 partners are implementing TB grants in Punjab namely; ASD, GSM, MC-PIU, Dopasi Foundation and MSF.

PTP as implementer in Grant Cycle 7 (2024-2026) has core interventions focused on Primary Healthcare Strengthening & Multi-Sectoral Accountability Framework, sputum transport mechanism, PMDTs expansion & Decentralization, engagement of LHWs for TB Case notification, screening of TB presumptive through x-pert (Upfront Technique) and on non GeneXpert sites all notified pulmonary cases and presumptive screening through GeneXpert to detect MDR cases at an early stage (Maximum utilization of sputum transport mechanism in all districts), screening of All PLWHIV+ patients for TB and in non-infective cases starting Preventive Therapy, screening of all HH Contacts of B+ TB patients and starting of Preventive therapy in non-infective HH contacts as per PMTPT guideline.

The representative from Mercy Corps, Ms Afshan Sadiq, gave overview of the grant in the province with 2 Sub-Recipients (ASD and GSM) in in all 36 districts with PPM interventions (Private GPs, large private hospitals and pharmacies). MC is conducting mobile X-Ray screening chest camps in 32 districts through 15 vans. Sputum transport mechanism is being implemented in 36 all districts. The districts engaged by MCs are:

- **MC-PIU;** DG Khan, Gujranwala, Hafizabad, Kasur, Khanewal, Mandi Bahauddin, Multan, Narowal, Sialkot, Vehari (GPs = 1840, ECF hospitals = 61)
- **ASD is engaged in 14 districts;** Attock, Bhakkar, Chakwal, Chiniot, Jhang, Jhelum, Khushab, Layyah, Mianwali, Nankana Sahib, Okara, Toba Tek Singh, Sargodha, Sahiwal (GPs = 2048, ECF hospitals = 61)
- **GSM is in 12 districts;** Bahawalpur, Bahawalnagar, Faisalabad, Gujrat, Lahore, Lodhran, Muzaffargarh, Pakpattan, Rahim Yar Khan, Rajanpur, Rawalpindi, Sheikhpura (GPs = 3013, ECF hospitals = 119)

- Total GPs engaged are 5,817 and 300 hospitals (ECF). The breakdown of GPs with ASD are 1,321, 3,051 with GSM and 1,445 with MC-PIU. As for ECF hospitals, ASD has engaged 77 hospitals, GSM has 136 MC-PIU has engaged 87 hospitals.
- MC has notified 28,010 TB cases during the period July to September 2024 with 94% treatment success rate and notified 238 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.

Green star SR representative flagged that Government of Punjab and The Global Fund is not supporting baseline test of MDR patients.

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 PUNJAB- HIV/AIDS PRs**

The overview of HIV/AIDS was shown by UNDP The UNDP representative, Ms Sidra Azmat, National Program Officer, gave overview of HIV/AIDS interventions implementing grant with NACP, PACP, 6 CBOs with Punjab (APLHIV) and 1 NGOs in 12 districts and 30 lots. The CBOs and SRs are Dostana (6 lots), Dareecha (3 lots), Sathi Foundation (6 lots), Khawaja Sara Society (6 lots), BAHAM (2 lots), Active Health Organization (7 lots). 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 has 45 ART Centers in the province in 36 districts. In Punjab, on average 1800 are new HIV cases.

The representative from Nai Zindagi, Mr Shehryar, District Manager Lahore, gave presentation. The coverage in Punjab is in 25 CoPC+ sites. He displayed the Services cycle of CoPC+ sites with focus on the clients who is followed by either Social Mobilizer, Out Reach Worker, Female Outreach worker or HTC Counselor followed by the registration of the patient on ART.



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 – MALARIA PRs**

The representative of Directorate of Malaria Control, Dr Sohail, gave overview of the services being provided in the province. No district of Punjab in Stratum-I and Stratum-II. All 36 districts fall under Stratus-III and no GF supported interventions in Punjab. Punjab is in Elimination Phase. In this phase, the province has to consider changing approach to malaria surveillance and investigate each case to ascertain whether it is locally acquired or imported.

Major Malaria control interventions in Pakistan 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).

**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. Qasim SPPO PTP Punjab was giving overview of TB interventions in Punjab**



**Participants from different Sectors of Punjab**



**Ms. Sidra Azmat NPO UNDP Punjab was giving overview of HIV interventions in Punjab**