



December
2024

Province of Sindh

Constituency Consultation Meeting

31st December 2024

TABLE OF CONTENTS

Executive Summary:	2
Proceedings:	3
Agenda # 1: Presentation about GFATM, CCM Pakistan, Role and Responsibilities of CCM.....	3
Agenda # 2: Presentation – Current & Future interventions in Sindh - TB PRs	5
Agenda # 3: Presentation - Current & Future interventions in Sindh - HIV/AIDS PRs	7
Agenda # 4: Presentation - Current & Future interventions in Sindh – Malaria PRs	8
Wrap up:	9
Picture Gallery:	10

SINDH CONSTITUENCY CONSULTATION
PUBLIC & PRIVATE SECTOR, CIVIL SOCIETY AND KEY POPULATIONS
KARACHI
(31st 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 31st 2024, the CCM Secretariat held a constituency consultation in Karachi 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)
- Directorate of Malaria Control (DoMC)
- Indus Hospital & Health Network (IHHN) (Malaria)

Sub-Recipients (SRs) based in Sindh, 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. Mushtaq Deputy DG, VBD Sindh, 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 Karachi, uniting public, private, and key populations, and for its role in fostering civil society collaboration.

Dr. Samreen, Additional Director CDC – TB, Sindh 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. Dr Ghula Ali Bozdar CDC, HIV Sindh expressed his gratitude to all participants and highlighted the situation of HIV and government commitment towards HIV response. HE said that more funding is required by the TGF to accelerate the HIV response.

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 SINDH 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 SINDH - TB PRs

Mr. Athar Representative from PR/ SR (Grant Coordinator CMU) gave overview of the TB grant and key services being provided to the people in Sindh. The implementation of grant is being done through Provincial TB Control Programme Sindh. The estimated burden of disease in Sindh is 154,278 DSTB cases with incidence rate of 277 per 100,000 and 3,397 DRTB cases. PTP is providing TB services in all 30 districts of Sindh with 244 primary health care facilities, 99

secondary, 12 tertiary level and with 558 microscopy labs. The active case finding with 5 mobile X-ray vans. LWH Intervention is being carried out in all 30 districts. The specimen transportation is done in 110 health facilities. As for private sector, the TB services are being provided through 3788 GP clinics, 23 NGO run hospitals and 37 private hospitals. The private sector provides diagnostic services through 195 microscopy labs and 98 GeneXpert Labs. The ACF is performed through 12 mobile vans.

The component of Drug-Resistant TB (DRTB); enrolment of RR diagnosed, DST for Second Line drugs is being managed by both PTP through 16 DRTB treatment sites (9 PMDT sites and 7 Decentralized sites) in the province. The culture of TB bacteria and Drug Susceptibility testing is performed through 7 BSL Labs-II and 3 BSL-III laboratories. The molecular diagnostics, GeneXpert in the province total to 101 GeneXpert labs.

Currently PTP is screening TB patients for HIV in 13 TB-HIV Sentinel Sites. To meet the target of 90% TB-HIV screening 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 Sindh namely; GSM, BCF, MC-PIU, Dopasi Foundation, JSI, IRD, MALC and Behbood Organization.

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 missing TB cases were shown for 5 districts with highest proportion to identify the areas where focus is more required for strengthen the implementation.

The representative from Mercy Corps, Dr Ghulam Zainab, Regional Manager, gave overview of the grant in the province with 2 Sub-Recipients (BCF and GSM) in in all 30 districts with PPM interventions (Private GPs, large private hospitals and pharmacies). MC is conducting mobile X-

Ray screening chest camps in 27 districts through 12 vans. Sputum transport mechanism is being implemented in 30 all districts. The districts engaged by MCs are:

- **MC-PIU** (5 districts); Jamshoro, Matiari, Sujawal, Tando Allahyar, Tando Muhammad Khan (GPs = 214, ECF hospitals = 2)
- **BCF** is engaged in 15 districts; Badin, Benazirabad, Dadu, Jacobabad, Kashmore, Khairpur, Larkana, Mirpurkhas, Nausher Feroze, Qambar Shahdadkot, Sanghar, Shikarpur, Tharparkar, Thatta, Umerkot (GPs = 1624, ECF hospitals = 41)
- **GSM** is in 10 districts; Ghotki, Hyderabad, Karachi Central, Karachi East, Karachi Korangi, Karachi Malir, Karachi South, Karachi West, Karachi Kemari, Sukkur (GPs = 1950, ECF hospitals = 76)
- Total **GPs** engaged are 1559 and 52 hospitals (ECF).
- **MC** has notified 14229 TB cases during the period July to September 2024 with 94% treatment success rate and notified 152 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 SINDH- HIV/AIDS PRs

The overview of HIV/AIDS was shown by UNDP (Dr Sheeraz) and Nai Zindagi Trust. 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 3 CBOs in Sindh, 28 ART Centers in Sindh in 14 districts.

Representative from Nai Zindagi, Dr Ghous Malik, Coordination Manager Sindh, gave overview of the Program in Sindh. They are covering 24 districts, 14 CoPC sites, Continuum of Prevention

Control, giving services to IDUs, NSEP (Needle Syringe Exchange Program, HIV Testing and Counseling services, social component (link up PWID with HIV treatment & care) and ART Adherence Unit Sindh.

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 shared their concern regarding the non-availability of PreP and also short expiry.

UNDP PR representatives responded that they are procuring PreP and new stock will be distributed within few days.

AGENDA # 4 PRESENTATION - CURRENT & FUTURE INTERVENTIONS IN SINDH – MALARIA PRS

The representative from VBD Sindh, Mr Hameedullah, gave overview of the interventions being carried out in Sindh province under GF Grants. The representative of VBD Sindh overview of the services being provided in Sindh. The services are being provided in all 30 districts with 3201 health facilities and 1250 lab networking. The malaria diagnostic and treatment centers in Sindh for microscopy are 357 and RDT are in 1316. The presence of co-PR; IHHN is in 6 districts of Sindh. The districts are Tharparkar, Dadu, Naushero Feroze, Khairpur, Sukkur and Shikarpur.

The malaria services include Diagnostic and treatment Services, Training of Health Care Providers, Strengthening Surveillance and Prevention. The grant is being implemented by Government of Sindh Vector Borne Diseases (VBDs), Directorate General Health Services.

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).

Abdul Hameed Provincial M&E Surveillance Coordinator raised his concern and requested that there is need to increase Malaria disease component funding as you all know that 35 districts of Sindh province have been suffering since last year. Due to insufficient resources, we are unable to expand our interventions in all districts.

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. Mushtaq Deputy DG VBD Sindh delivered welcomed remarks.



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



Participants from different Sectors of Sindh



Participants from different Sectors of Sindh