



Consultancy Agreement

THIS AGREEMENT made as of Feb 10th, 2024 at Islamabad, between CHIP Training and Consulting (Pvt) Ltd. (hereinafter referred to as Contractor), having its principal place of business at Islamabad, and **Mr. Tanweer Hussain** (hereinafter referred to as Consultant), Sindh.

IN CONSIDERATION of the promises and valuable consideration, the parties agree as follows:

1. Position Title

- The Consultant shall be designated as Consultant - HIV and Viral Hepatitis under Communication Diseases Department Project in Pakistan.
- The Consultant shall be required to work in accordance with the TORs which will form an integral part of this agreement.

2. Agreement Validity

The Consultancy Agreement shall be valid from Feb 10th, 2024 to Dec 31st, 2024, during the term of the Contract.

3. Duty Station & Reporting Line

The Consultant shall perform his duties in Sindh. For the smooth execution of the Services under the Agreement, the Consultant will communicate and coordinate with the NPO and WHE Team Lead regularly, through meetings, conference calls, emails and other modes, as requested by the Company and Primary Client.

4. Scope of Services

Consultant shall provide the Services set forth in the TORs, attached as Appendix A, in accordance with all applicable terms and conditions of the Contract.

5. Payment

- The Contractor shall pay Consultant remuneration for the given assignment per month - subject to the deduction of the withholding tax as per below mentioned details:

Remuneration for the Month of Feb-2024	-	PKR. 264,943/-
Remuneration for the Month of March-2024 till Dec-2024	529,886 * 10	PKR. 5,298,860/-
Total Remunerations @ 28,100 * 198 Days	-	PKR. 5,563,803/-

6. No Conflict of Interest

Neither the Consultant nor any member of the Consultant's immediate family is employed by Contractor or related by consanguinity, adoption, or affinity to any person engaged by the Contractor in any management capacity, including as an officer or member of Contractor's board of directors.

- Contractual Relationship:** Nothing in this Agreement shall create or imply an employment relationship between Consultant and Contractor under the Contract. The consultant is not authorized to represent as an agent or representative of the Contractor.

7. Termination

This Agreement will terminate:

- After two weeks prior written notice by either party upon the failure of the other to perform as required by this Agreement, or Contractor upon a reduction of the budget;
- Immediately upon termination of the Contract.

8. Disciplinary Actions

- (a) The Contractor reserves the right to take disciplinary actions against the Consultant if found guilty of any misconduct considered by the company deterrent to its interest or of violation of one or more terms of this Consultancy agreement and/or any other rules contained in the SOPs, which may include inter alia termination of the Consultancy contract without notice.
- (b) The Contractor's decision with regard to the disciplinary actions will be final and will not be subject to revision.
- (c) The Consultant shall strictly adhere to and comply with the SOPs related to the prevention of sexual exploitation and abuse, If consultant is found guilty of involvement in any form of harassment, it shall lead to termination of the contract or other appropriate actions with immediate effect.

9. Notice Period and Contract Extensions

- (a) Both the contractor and consultant - at any time - terminate this consultancy contract by giving prior notice of not less than 02 weeks or 02 weeks' gross salary in lieu of notice period.
- (b) The above clause will not be applicable where the consultancy contract is expired and the contractor has decided not to extend it any further. In such cases, the consultancy contract shall be deemed to be concluded by the contractor.
- (c) It is the absolute discretion of the contractor to discontinue the consultancy contract on its expiration without assigning any particular reason (s) and same cannot be challenged in any court of law.

10. General Terms of Employment

- (a) The consultant shall be abide and govern by the Employee Service Rules for Communication Diseases Department Staff (ESR) and the same shall be read an integral part of this consultancy contract.
- (b) During the course of employment period or subsequent to conclusion/termination/resignation from the service, the consultant must observe strict confidentiality regarding matters which, by their nature are to be treated as secrets or confidential and shall not be disclosed to anyone whatsoever.
- (c) Under this contract, the consultant shall not be termed as "worker" in terms of Workman's Compensation Act 1923.
- (d) In case of any dispute/disagreement, the suits/petitions shall only be instituted in the courts/tribunals situated within the local limits of Islamabad hence the jurisdiction of any other court/tribunal (conferred under the Code of Civil Procedure) shall be excluded.
- (e) The contractor reserves the right to unilaterally alter/modify - from time to time - the terms and conditions of consultancy contracts and such a variation can take effect without consultants' consent being sought.

Yours Truly



The Contractor has caused this agreement to be executed by its duly authorized Consultant and the Consultant has read, understood and agreed to the above terms and conditions and set his hand as of the date mentioned below.

**HR Department
CHIP Training & Consulting**

[Signature] _____

4530254925959

Date: _____



CONSULTANCY

Terms of Reference

ToRs evaluated at national rate equivalent to NO-C

Mirette Kamal, 19 July 2023

This consultancy is requested by:

Unit:	WCO Pakistan
Department:	DCD

1. Purpose of the Consultancy

The purpose of the consultancy is to support Pakistan's Ministry of National Health Services Regulations and Coordination (NHSRC), National Technical Advisory Group (TAG) on HIV & viral hepatitis and the provincial hepatitis control programmes for scaling up a coordinated national hepatitis response and provision of technical support for prevention and control viral hepatitis in the country.

2. Background

Pakistan is experiencing an escalating HIV epidemic, with spillover of HIV infection from the key population groups to general population, as evidenced by ongoing HIV outbreak at Larkana. The rising epidemic is coupled with one of the lowest HIV testing and treatment services in the region.

WHO estimated 296 million people living with chronic hepatitis B virus infection worldwide, while 58 million people were living with chronic hepatitis C virus infection globally in 2021. An estimated 3 million people were newly infected with viral hepatitis (1.5 million new HBV infections, and 1.5 million HCV infections) in 2021. Together, in 2021, the two diseases caused 1.11 million hepatitis related deaths^[1].

Among WHO regions, the African Region has the highest prevalence of hepatitis B infection in the general population: 7.5% (82.3 million), followed by Western Specific Region: 5.9% (115.7 million), and the Eastern Mediterranean Region (EMR): 2.5% (18 million). In the EMR countries, during 2021, 85% of the chronic hepatitis B cases were in five countries, Pakistan, Sudan, Yemen, Somalia, and Egypt. By the end of 2020, prevalence of HBsAg in children under 5 years (cumulative incidence of HBV) was 0.8% compared to 1.6% in 2016. WHO estimated in 2020 that 33,000 deaths were attributed to HBV in 2020.

For HCV, the EMR had the highest prevalence of infection (1.6%) in the general population, followed by European Region (1.3%). The EMR has the highest incidence of number of HCV cases and WHO estimated that 470,000 new HCV infections occurred in 2020. This is mainly driven by high rates (8% of all injections) of unsafe injections. Pakistan is reported to be the bare the highest burden of chronic HCV cases in the region with estimated 70-80% of the chronic HCV cases in the region.

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Pakistan holds the world's largest population of patients living with Hepatitis C Virus (HCV), surpassing even China and India. ~60 million Hepatitis C cases globally and Pakistan is highest contributor to this count. 10 million Pakistanis are living with viremic infection and actively in need of diagnosis and Cure. As a result of high prevalence of Hepatitis C, Pakistan now also faces a liver cancer epidemic. HCV carries the same cancer risk as smoking 20 cigarettes a day, ~20,000 new HCV related Liver Cancer cases surfacing every year. Every 20 minutes, a Pakistani dies of HCV related complications (liver cirrhosis and cancer).

HCV Infections are projected to infect ~11 million individuals by 2035, if the situation remains unaddressed, this might result in ~130,000 HCV related deaths, 500,000+ liver cirrhosis cases, and ~100,000 liver cancer and 30,000+ years of disability annually, 350,000+ years of life lost annually. Consequently, resulting in 'death and disability' related GDP loss of \$285+ million per year (~\$3 Billion GDP loss between 2023-30)

Pakistan has 2.4% prevalence of HBsAg with majority getting infected within a year of their life. There are 500,000 living with cirrhosis and 25,000 HCC. Yearly 32 HBV cases die due to cirrhosis or its complications or HCC.

Pakistan's main challenges in tackling HCV are lack of inter-provincial coordination, expired national and provincial plans for the hepatitis response insufficient testing and lack of access to treatment, while 80% of all HCV infections remain undiagnosed; only 2% infections were treated in 2021.

The Government plans to launch Hepatitis elimination as a national priority through a multi-year commitment of the Planning commission. A Government PC-1 for national elimination exists, yet it is needed to be updated and submitted to the Planning commission for review. With an estimated cost 350 million USD for which the provincial department of health are expected to share 50% cost, an additional \$350 million will be needed over the next 8 years to successfully stop Viral Hepatitis by front-loading expenditure on screening, tests & treatment.

Recognizing the enormity of the problem and working towards achieving WHO global elimination targets by 2030, Pakistan developed its National Hepatitis Strategic Framework (NHSF) for Hepatitis response 2017-2021 in line with the Global Health Sector Strategy (GHSS) for Viral Hepatitis (VH) 2016-2021 and the WHO EMRO Regional Action Plan 2017-2021, through a participatory process with the involvement of Provincial hepatitis programmes, Federal and Provincial partners, including private sector and NGOs. Also, WHO supported development of the Provincial action plans for Punjab and Sindh provinces for implementation of NHSF.

Now, WHO has launched Global Health Sector Strategy for HIV, Viral Hepatitis and STIs (2022 - 2030) for providing guidance in implementing strategically focused responses to achieve the goals of ending AIDS, viral hepatitis B and C and sexually transmitted infections by 2030. The WHO EMR has developed a regional action plan (RAP) for the implementation of GHSS 2020-2030. WHO strategy to eliminate viral hepatitis by 2030 is aimed at reducing HCV and HBV new infections by 90% (2015 baseline) and mortality by 65% by diagnosing 90% of all infections and treating 80% of diagnosed cases.

Considering the high social and economic cost associated with hepatitis, the Government has planned to launch a nation-wide elimination Program to address these challenges and meet country's commitment to WHO Global HIV & Hepatitis elimination by 2030.

3. Planned timelines (subject to confirmation)

Start date: 15 February 2024

End date: 10 December 2024

4. Work to be performed

Output 1. To review and update National Hepatitis Strategic Plan and Provincial Viral Hepatitis Strategies in line with WHO Global Health Sector Strategy (2022-2030) and EM Regional Action Plan

Deliverable 1.1: Review and analyse available data on epidemiology, burden of disease, and status of the current response;

Deliverable 1.2: Convene nationals and counterparts to identify priority interventions and achieve consensus

Deliverable 1.3: Provide technical input and advice on finalizing prioritized interventions based on epidemiological trend and hepatitis response and infrastructure available and legal and policy environment;

Deliverable 1.4: Provide inputs on finalizing implementation arrangement, for the action plan (Governance / oversight / advisory / implementation arrangements), including decentralization / integration with PHC.

Output 2: Participate and provide technical inputs in major national activities involving strategic planning, programme reviews, resource mobilization and national stakeholder meetings.

Deliverable 2.1: Collaborate with the Ministry of NHSRC/DOH to convene biannual 'Technical Advisory Group' (TAG) for Viral Hepatitis in the country;

Deliverables 2.2: Brief TAG members on latest WHO guidance

Deliverables 2.3: Engage related programmes; provincial and district leaders; academic and research institutions; civil society; community-based organizations, NGOs, the private sector ; in some cases; donor's/development partners, including philanthropic foundations, in responding to hepatitis epidemic, in the country.

Deliverables 2.4: Facilitate strategic discussions among stakeholders and TAG to enhance provided support for hepatitis elimination.

Output 3: Advise on provincial viral hepatitis elimination projects including expansion scaling up the macro / micro-elimination in Punjab and Sindh provinces.

Deliverable 3.1: Collaborate with Punjab Hepatitis Control Programme for Punjab & Sindh VH micro-elimination initiative and advise on means for its scale-up;

Deliverables 3.2: Provide technical advice for Punjab & Sindh VH Hepatitis elimination initiative in high burden districts;

Deliverables 3.3: Recommend structure and plan for the decentralization of Viral Hepatitis B & C service delivery to lower levels of health care delivery, including integration with in PHC;

Deliverables 3.4: Provide technical advice to nationals for designing, planning and launching of VH Micro-elimination in Punjab and Sindh province.

Deliverables 3.5: Assist WHO CO in identifying needed advocacy and support required from RO and HQ

Output 4: Support Piloting of PHC Model Care Project in Khyber Pakhtunkhwa, Punjab, ICT and Baluchistan provinces.

Deliverable 4.1: Together with provincial HIV & Hepatitis programmes provide support for implantation and scale-up of PHC Model of Care initiative;

Deliverable 4.2: Technically support decentralization of testing and treatment services for HIV/Viral Hepatitis & STIs in pilot districts / provinces;

Deliverable 4.3: Provide guidance to nationals to monitor the implementation of PHC Model of Care, in pilot districts / provinces;.

5. Technical Supervision

The selected Consultant will work on the supervision of:

Responsible Officer:	Dr M. Safdar Kamal Pasha; NPO HHS, WCO Pakistan	Email:	mpasha@who.int
Manager:	Dr Unaiza Hadi, NPO EPI / Cluster Lead		haidu@who.int

6. Specific requirements

7. - Qualifications required:

University degree in health/public health sciences or related fields

- Experience required:

5 to 6 years of experience in health strategic planning and programme management, including in viral hepatitis;

- Skills/ Technical skills and knowledge:

Demonstrated knowledge in the area of Hepatitis programme management and strategic planning;

Demonstrated skills in provision of policy guidance and technical support on hepatitis strategic plan development;

Understanding of the Global Hepatitis strategies such as Global Health Sector Strategy, etc.

Strong knowledge of health systems and Hepatitis situation in the country;

Experience of doing strategic and implementation planning for hepatitis prevention and control

Strong writing skills including experience in producing reports, developing guidelines / SOPs etc.

- Language requirements:

Fluent English (Read - Write - Speak);

8. Place of assignment

Islamabad / Karachi, Pakistan.

9. Medical clearance

The selected Consultant will be expected to provide a medical certificate of fitness for work.

10. Travel

The Consultant is expected to travel within Pakistan and to other countries depending on need. Travel requests will be raised in due course in coordination with NPO – HIV/Hepatitis/STIs in WHO Pakistan

Travel dates		Location:	
From		To	
Purpose:			

All **travel arrangements** will be made by WHO – WHO will not be responsible for tickets purchased by the Consultant without the express, prior authorization of WHO. While on mission under the terms of this consultancy, the Consultant will receive **subsistence allowance**.

Visas requirements: it is the consultant's responsibility to fulfil **visa requirements** and ask for visa support letter(s) if needed.

[1] Regional Action Plan for the implementation of the global health sector strategies on HIV, Hepatitis and STI 2022-2030