

Terms of Reference

This consultancy is requested by:

Unit:	WCO Pakistan
Department:	DCD

1. Purpose of the Consultancy

WHO Country Office has supported development of national guidelines on prevention and treatment of HIV in Pakistan, based upon the WHO Global guidelines. These guidelines emphasize rapid ART initiation and a package of interventions for management of advanced HIV disease (AHD)^{1 2} and opportunistic infections. However, the application of these guidelines vary by province and across treatment sites.

The purpose of this consultancy is to support the national AIDS control program to develop standard procedures and tools for consistent application of recommendations for rapid ART initiation and AHD package.

2. Background

Pakistan continues to have a low estimated prevalence of HIV among the general population (at 0.1%) but high HIV positivity rates concentrated among key populations (KPs), especially people who inject drugs (PWID) (22.7%), men who have sex with men (MSM) (1.1%), female sex workers (0.5%) and transgender people (3.6%).

Although significant investments have been made by the Government of Pakistan and external donors for more than two decades, it seems likely that the number of people living with HIV continues to increase, particularly among PWID and MSM, and demand for ART is far outstripping the availability of such treatment services. Rates of viral load suppression - meaning that a person living with HIV cannot transmit the virus to others - are extremely low. Even those people able to enrol onto ART are often dropping out of this life-long treatment and, to-date, efforts to follow-up with such people are woefully inadequate. In addition, Crude mortality among registered ART patients has increased by thirty-six percent.

The estimated number of people living with HIV/ AIDS (PLHIV) in the country is 270,000 as of 2022. According to National AIDS Control Program, near 54,000 are registered for treatment and only 32,000 are taking antiretrovirals. The anti-retroviral therapy (ART) outcome study 2020, highlights high attrition rate for those enrolled in treatment. There is no data on presentation of advanced HIV disease in Pakistan, however, given high attrition rates, huge gap between PLHIV estimates and those who know their status, it is safe to assume that many people present to ART clinic with advanced disease. Advanced HIV disease carries high mortality and morbidity. Globally 650,000 people lost their lives due to HIV in 2021. Commonest cause of death among PLHIV is co-infection with tuberculosis (TB) with TB-HIV coinfection claiming 214,000 lives in 2020. Other common infections include, bacterial infections, pneumonia, cryptococcal infections, histoplasmosis, mycobacterium avium complex (MAC) infections etc.

3. Planned timelines (subject to confirmation)

Start date: 15 February 2025

¹ <https://www.who.int/publications/i/item/9789241550062>

² <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hiv/treatment/advanced-hiv-disease#cms>

End date: 30 June 2025

4. Work to be performed

The national consultant will work closely with WHO National Professional Officer HIV/Hepatitis/STIs, and is expected to provide support to conduct the following activities:

Deliverable 1: Carry out consultations with key ART physicians on current practices on linkage to care and barriers to rapid ART initiation, including current practices on linkage to care and barriers to rapid ART initiation;

Deliverable 2: Draft SOPs and tools (flowcharts, job aids) to support rapid ART initiation, in line with latest national and global WHO guidelines and recommendations and validate with national and provincial programmes and disseminate for implementation;

Deliverable 3: Validate the SOPs and tools with national and provincial programmes and disseminate for implementation.

Deliverable 4: Carry out consultations with key ART physicians on current practices for management of advanced HIV disease and OIs, screening capacity for AHD and OIs and identify gaps;

Deliverable 5: Draft SOPs, AHD package and tools (flowcharts, job aids) to support implementation of AHD management, including routine screening for AHD with CD4 testing and/or clinical staging, in line with latest national and global WHO guidelines and recommendations;

Deliverable 6: Carry out consultation with ART physicians in Sind province on AHD package;

Deliverable 7: Propose a surveillance system for reporting of AHD cases from the ART clinics

Deliverable 8: Submit a final report on the assignment

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:	JADAMBAA, Narantuya, Disease Control Cluster, WCO Pakistan	Email:	jadambaan@who.int ;

6. Specific requirements

- Qualifications required:

Master's degree in health/public health sciences or related field;

- Experience required:

5- years of experience in HIV treatment and care. Programmatic and service delivery experience would be an asset;

- Skills / Technical skills and knowledge:

Demonstrated knowledge in the area of HIV care and treatment

Demonstrated skills in development of national policy documents or guidelines, technical support; facilitation skills and good writing skills

Demonstrated experience at the national level, to guide development of model / plans for expansion and / or decentralization of HIV treatment services, in the country

- **Language requirements:**

English (Read - Write - Speak / Expert or Intermediate);

7. Place of assignment

Islamabad.

8. Medical clearance

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

9. 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		Lahore, Karachi
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.*

*schedule will be worked out once the consultant will be on board