



PROJECT REPORT

Community-Led Loss To Follow Up (LTFU) Tracing
and Mental Health & Psychosocial Support
under C19RM



Foreword and Acknowledgements

I am honored to present this End of Project Report for APLHIV's community-led interventions under the Global Fund's COVID-19 Response Mechanism (C19RM), covering the period December 2022 – December 2025. This report marks the successful conclusion of a three-year journey defined by resilience, collaboration and measurable impact.

Over this period, the project evolved from a pilot initiative into a trusted lifeline for Pakistan's HIV community. By combining systematic Loss to Follow-Up (LTFU) tracing with Mental Health & Psychosocial Support (MHPSS), APLHIV established a proven **PLHIV-led model** that re-engaged thousands of people living with HIV (PLHIV) into care, strengthened psychosocial wellbeing, reinforced adherence and contributed meaningfully toward national HIV targets. Importantly, all peer trackers were PLHIV with **51% women**, demonstrating a feminist approach to leadership, empowerment and meaningful representation within HIV programming.

I am proud to highlight that **more PLHIV previously presumed lost were found alive than deceased**, demonstrating the life-saving impact of peer-led tracing and the urgent need to expand this approach nationwide. In Punjab, where full implementation was **not permitted except for a very limited pilot**, the potential impact remains significant.

APLHIV sincerely appreciates the dedication and contributions of all involved. Mr. Omer Haider provided exemplary leadership, strategic guidance and unwavering commitment to the HIV community throughout the project lifecycle. Ms. Sidra Tul Muntaha brought integrity, dedication and a deep concern for patient welfare, while Mr. Waqas Saleem strengthened implementation through reliability and consistent effort. We are deeply grateful to the Peer Trackers, whose tireless on-ground work ensured trust, reach and impact in communities across Pakistan. Special thanks to the finance team led by Mr. Taimur Khan for operational support, and Deputy National Coordinator Mr. Uzair Tariq for guidance throughout the project.

Our heartfelt gratitude extends to institutional partners, including the National AIDS Control Programme (NACP/CMU), Provincial AIDS Control Programs (KPK-ACP, BACP) and CDC/HIV-Sindh. We also acknowledge the cooperation of ART centers in ICT and cooperating provinces, which enabled smooth implementation and client engagement.

As this chapter concludes, we do so with a strong sense of accomplishment and gratitude for the trust placed in APLHIV. We remain committed to sustaining the spirit and learnings of this initiative and advocating for **full implementation of community-led LTFU tracing and MHPSS across all provinces**.

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Abbreviations

APLHIV	Association of People Living with HIV
ART	Antiretroviral Therapy
C19RM	COVID-19 Response Mechanism
GC8	Global Fund Grant Cycle 8
HIV	Human Immunodeficiency Virus
KPK	Khyber Pakhtunkhwa
LTFU	Loss to Follow-Up
MHPSS	Mental Health & Psychosocial Support
NACP	National AIDS Control Programme
PACPs	Provincial AIDS Control Programs
PLHIV	People Living with HIV
SSR	Sub-Sub Recipient
ICT	Islamabad Capital Territory
BACP	Balochistan AIDS Control Program
CDC	Centers for Disease Control (Sindh)

Executive Summary

Through the Global Fund's COVID-19 Response Mechanism (C19RM), APLHIV implemented two critical community-led interventions addressing long-standing gaps in Pakistan's HIV response: **Loss to Follow-Up (LTFU) tracing and re-engagement into ART** and **Mental Health & Psychosocial Support (MHPSS)**.

Between December 2022 and December 2025, APLHIV traced **6,435 PLHIV** recorded as lost to follow-up. Of these, **3,592 were verified as alive**, compared with **2,843 deceased outcomes**. Among those alive, **2,244 PLHIV were successfully re-linked to ART**, while hundreds were confirmed as active patients, silent transfers or individuals who had migrated abroad.

In parallel, APLHIV established Pakistan's only HIV-integrated MHPSS platform. Between October 2022 and December 2025, **3,594 psychosocial support sessions** were delivered nationwide via helpline and in-person counselling. This corresponds to **4–5 sessions per working day** over more than three years.

This report documents these achievements and underscores the **unique life-saving impact of a PLHIV-led feminist approach**, while highlighting the need to expand coverage in Punjab, where full implementation was not permitted except for a short pilot.

Background and Context

Pakistan's HIV response has long confronted two deeply entrenched challenges that continue to hinder progress toward universal treatment coverage and durable health outcomes. The first is the **large number of people living with HIV (PLHIV) recorded as lost to follow-up**, coupled with limited mechanisms to verify their status or facilitate re-engagement in care beyond phone-based facility tracing. In many cases, outdated contact information, mobility of patients and systemic constraints render conventional facility approaches insufficient, leaving thousands unaccounted for in national treatment data and at risk of preventable morbidity and mortality. The second is the **near absence of professional mental health and psychosocial support services** integrated within HIV care. Persistent stigma, concerns over confidentiality and a shortage of trained providers have historically discouraged PLHIV from seeking help, leaving emotional wellbeing neglected and adherence vulnerable to disruption.

These gaps were further magnified during the COVID-19 pandemic and subsequent emergencies, including floods, lockdowns and interruptions in routine health services, exposing the fragility of conventional systems. The Global Fund's COVID-19 Response Mechanism (C19RM) therefore provided a **critical opportunity not only to safeguard continuity of HIV treatment but also to demonstrate scalable, community-driven solutions** that respond to the multifaceted needs of PLHIV. As Pakistan's only national network led by PLHIV, APLHIV was uniquely positioned to implement these interventions, leveraging the trust, lived experience and credibility of its peer workforce to deliver **targeted, culturally sensitive and responsive support** in close coordination with NACP/CMU, provincial AIDS control programs and ART centers, ensuring that services reached those most in need even under challenging circumstances.

Precedent and Pathway to the C19RM Intervention

The community-led LTFU tracing and re-engagement work implemented under the Global Fund's COVID-19 Response Mechanism (C19RM) did not emerge in isolation. It was directly informed by, and built upon, an earlier pioneering initiative led by APLHIV with technical and financial support from the World Health Organization (WHO) between October 2020 and January 2022. The project titled *Loss to Follow-Up Search & Rescue* initiative represented the first systematic, community-based effort in Pakistan to physically trace, verify outcomes, and re-link PLHIV recorded as lost to follow-up within the national HIV program. At the time, no formal mechanism existed to trace LTFU in Pakistan.

Implemented initially as a pilot across selected ART centers and later expanded in Phase II, the WHO-supported project demonstrated that PLHIV-led tracing was feasible, ethical, and operationally effective even under the extraordinary constraints of the COVID-19 pandemic. Across both phases, a total of **2,032 LTFU PLHIV** were traced, of whom **1,070 were successfully re-linked to ART centers, 817 deaths were confirmed, 117 silent transfers identified, and 28 individuals found to have moved abroad**, collectively representing approximately **10% of the national estimated LTFU population**. These verified outcomes not only strengthened treatment continuity but also enhanced the credibility of national HIV data, providing the first robust, field-based evidence of community-led re-engagement in Pakistan.

Equally important, the initiative established trust-based working relationships between peer trackers, ART centers, and national and provincial AIDS control programmes. The work was formally **published in a peer-reviewed journal** (Elsfoury et al., 2024) and also presented as an **in-person abstract at the AIDS Conference 2024** (Haider et al., 2024), demonstrating both the scientific rigor and international recognition of the model.

The evidence, operational learning, and confidence generated through this first-of-its-kind initiative directly informed the design and scale-up of subsequent community-led interventions. When COVID-19 further disrupted routine HIV services, the Global Fund's C19RM provided an opportunity to institutionalize and expand this proven approach, integrating systematic LTFU tracing with mental health and psychosocial support (MHPSS) to address both biomedical and psychosocial barriers to retention. The C19RM project therefore represents a deliberate progression from pilot innovation to large-scale implementation, translating earlier lessons into a more comprehensive, nationally relevant model capable of delivering life-saving impact during crisis and beyond.

Project Objectives

- Trace PLHIV recorded as lost to follow-up and verify outcomes
- Re-link eligible PLHIV to ART and support treatment re-initiation
- Strengthen the accuracy and credibility of national HIV treatment data
- Provide accessible, confidential and stigma-free psychosocial support
- Demonstrate the value of **community-led PLHIV-driven models** in achieving durable HIV outcomes

References:

- 1- Elsfoury S, Mugisa B, Pasha MS, Satti A, Haider O, Tariq U, Alaama AS, Jamil MS, Hutin Y, Hermez J. Community-led interventions to re-engage people living with HIV into care in Pakistan. *East Mediterr Health J.* 2024 Oct 1;30(9):603-611. doi: 10.26719/2024.30.9.603. PMID: 39574378.
- 2- Haider, M. O., Satti, A., & Tariq, U. (2024). *Loss to follow up search & rescue: Tracking, engaging & re-linking LTFU to HIV treatment, care & support services through community-led interventions* [Abstract]. In *AIDS 2024: Abstract*

Description of Interventions

1- HIV LTFU Tracing and Re-engagement

APLHIV implemented a structured, **PLHIV-led LTFU tracing model** building on its 2020–21 pilot. Peer trackers — **all PLHIV, 51% women** — conducted tracing via phone follow-ups, home visits, coordination with ART centers, peer led counselling and physical accompaniment to ART sites. This model complements facility-based tracing, which is limited to phone calls and constrained by outdated contacts, workload and mobility.

2- Mental Health & Psychosocial Support (MHPSS)

To address the absence of psychosocial care within HIV services, APLHIV integrated a qualified psychologist into the National HIV Helpline, transforming it into a toll-free stigma-free national access point for mental health support. Services included psychosocial assessments, counselling, short-term therapy, crisis intervention, referrals and in-person sessions during emergencies.

This PLHIV-led platform normalized mental health care in HIV programming and reinforced adherence, providing a critical safety net for PLHIV during floods, disruptions and other crises.

Key Results and Achievements

1- LTFU Tracing Outcomes

December 2022 – December 2025

- **6,435 PLHIV** traced
- **2,244** successfully re-linked to ART
- **2,843** deceased
- **720** active and adherent patients or patients wrongly recorded as LTFU
- **592** silent transfers (moved to another ART center)
- **36** migrated abroad

Alive outcomes total: 3,592 (56%), exceeding deaths (**2,843**), highlighting the life-saving impact. (See Table 1)

Implementation was primarily in **Sindh, KP, Balochistan and ICT**. **Punjab remained largely inaccessible**, with only a **three-week pilot in 2023**, during which 76% of shared cases were traced and 90 PLHIV re-linked to ART. This underscores the enormous **unrealized potential** in the province with the highest LTFU burden.

Table 1: C19RM LTFU Tracing Outcomes (Dec 2022 – Dec 2025)

Outcome Category	Number of PLHIV	% of Total Traced (n=6,435)
Successfully re-linked to ART	2,244	35%
Active / adherent / wrongly recorded	720	11%
Silent transfers (another ART center)	592	9%
Migrated abroad	36	<1%
Total Alive*	3,592	56%
Deceased	2,843	44%
Total Traced	6,435	100%

Alive outcomes include re-linked, active, silent transfer, and migrated abroad. Alive outcomes exceed deceased, highlighting the life-saving impact of peer-led tracing.

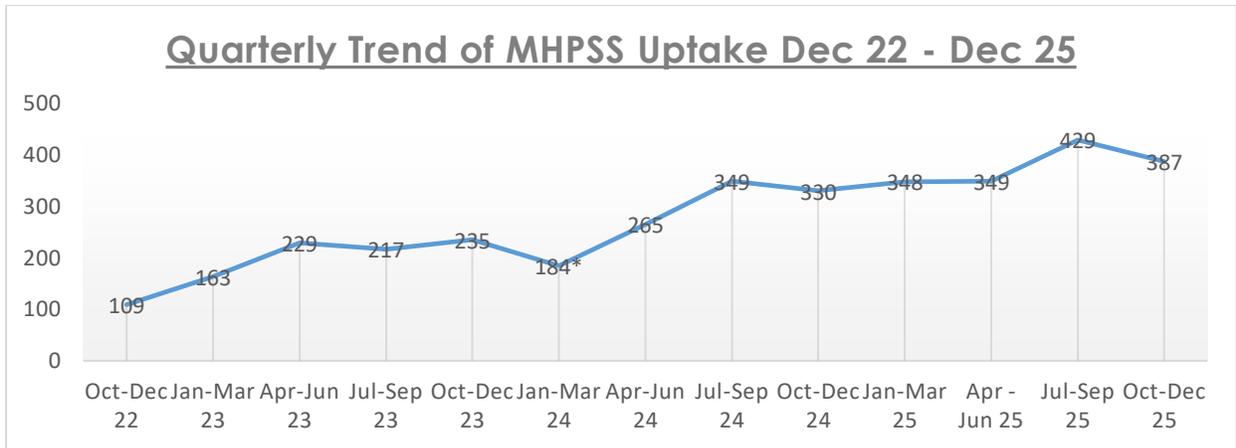
2- Mental Health & Psychosocial Support (MHPSS) Outcomes

October 2022 – December 2025

- **3,594 psychosocial support sessions delivered**
- Average **4–5 sessions per working day**
- Majority telephonic with increasing in-person sessions for crisis response
- Progressive growth from **109 sessions (Oct–Dec 2022)** to **387 sessions (Oct–Dec 2025)**

This remains Pakistan's **only national HIV-integrated MHPSS platform**, providing cost-effective, confidential and scalable services.

Table 2: MHPSS Uptake Trend (Dec 2022 – Dec 2025)



*Decline reflects a ~3-month delay in contract finalization between SR and SSR.

Interpreting Mortality Findings

Mortality among LTFU cohorts reflects **late diagnosis, advanced disease and prolonged disengagement**, not a failure of the intervention. Without community-led tracing, these individuals would have remained invisible within program data. The fact that **alive outcomes exceeded deaths** highlights the life-saving potential of PLHIV-led engagement.

Added Value of the PLHIV-Led Model

- **Trust and reach:** Peer trackers accessed clients unreachable by facility systems
- **Feminist leadership:** 51% women peer trackers ensured gender-sensitive outreach
- **System complementarity:** ART centers benefited from verified outcomes and physical re-linkage
- **Data integrity:** Hundreds of false LTFU cases corrected
- **Formal recognition:** PACPs and provincial HIV stakeholders requested APLHIV support

Challenges

□ Limited **access to Punjab LTFU data:** The province with the largest burden of lost-to-follow-up cases remains largely inaccessible, preventing nationwide scale-up and leaving thousands of PLHIV unaccounted for.

□ Constraints **of facility-only tracing:** Phone-based tracing by ART centers is insufficient to locate and support clients, especially those who have changed

contact information, moved, or require in-person counselling and accompaniment.

□ **Absence of sustained financing:** With the closure of C19RM, there is no dedicated funding to continue community-led LTFU tracing and MHPSS, putting life-saving services at risk.

□ **Risk of service discontinuation:** Without renewed support, the peer-led LTFU model and the national HIV-linked MHPSS platform may cease operations, removing critical support for PLHIV and eroding the gains achieved over three years.

Sustainability and Need for Continuity

Evidence from the completed C19RM initiative clearly demonstrates that facility-only models are insufficient to reach all PLHIV, particularly those who have disengaged from care or face psychosocial barriers. The PLHIV-led, community-driven approach proved essential not only for restoring treatment continuity but also for safeguarding psychosocial wellbeing, strengthening adherence, and improving the accuracy of national HIV data. Without continued support, these life-saving services risk being interrupted, leaving vulnerable individuals without care and eroding the gains achieved over three years.

Restarting and sustaining these interventions is therefore critical. Doing so would:

- **Consolidate gains in cooperating provinces**, ensuring that PLHIV already re-linked remain engaged and that data corrections are maintained
- **Enable scale-up in Punjab**, where full implementation was not permitted except for a short pilot, addressing the largest remaining gap in the national response
- **Sustain Pakistan's only national HIV-linked MHPSS platform**, providing accessible, confidential and stigma-free psychosocial support across the country
- **Strengthen ART-site performance and data quality**, complementing facility systems with peer-led follow-up, home visits, counselling and accompaniment
- **Serve as a bridge toward inclusion under GC8 & Future grants**, demonstrating a tested, cost-effective and scalable model that can be formally integrated into future funding cycles

Continuity of these interventions is not only a matter of service delivery but also a commitment to **community-led, PLHIV-driven approaches** that empower

communities, uphold gender balance and advance the national HIV response toward 95-95-95 targets.

Key Advocacy Messages

The findings and experience from the C19RM interventions offer clear evidence for stakeholders and policymakers: **community-led, PLHIV-driven approaches are essential to saving lives, strengthening adherence and improving national HIV program performance**. These lessons must inform the design and funding of future initiatives, particularly in provinces with the largest gaps.

- **Among PLHIV presumed lost, more were found alive than deceased**, demonstrating the life-saving impact of peer-led tracing
- **Community-led PLHIV-driven tracing saves lives and corrects national data**, complementing facility systems and ensuring accurate treatment records
- **Mental health support is essential for adherence**, reinforcing treatment continuity and resilience during emergencies and service disruptions
- **The model is proven, nationally implemented and feminist**, with 51% of peer trackers being women and all peer staff living with HIV
- **Punjab remains a critical gap for urgent expansion**, representing the largest population of untraced PLHIV and a key target for scaling this approach

These messages highlight the urgent need to **restart, sustain and scale community-led LTFU tracing and MHPSS**, ensuring no PLHIV is left behind and that Pakistan continues to advance toward committed HIV targets.

Conclusion

The C19RM experience clearly demonstrates that **community-led, PLHIV-driven interventions are not optional but essential** to Pakistan's HIV response. Through systematic LTFU tracing and psychosocial support, APLHIV has proven that peer-led models save lives, restore treatment continuity, and strengthen the accuracy of national data. The fact that **more PLHIV previously presumed lost were found alive than deceased** underscores the life-saving potential of this approach.

This initiative also represents a **feminist and inclusive model**, with all peer trackers living with HIV and 51% being women, ensuring meaningful representation, empowerment and gender-sensitive outreach. Despite impressive achievements in Sindh, KP, Balochistan and ICT, **Punjab remains a critical gap**, highlighting the urgent need for nationwide scale-up.

With the closure of C19RM, these life-saving services risk discontinuation. Sustaining and expanding these interventions is therefore crucial not only to

preserve past gains but also to provide a tested, scalable, and cost-effective model that can be integrated into future funding cycles, including GC8. **Restarting and institutionalizing community-led LTFU tracing and MHPSS is an investment in lives, resilience and the national HIV response**, ensuring that no PLHIV is left behind.