PANOS

UNGASS Monitoring
Civil Society Perspectives
Pakistan

The Declaration of Commitment on HIV/AIDS was adopted by 189 member states at the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) in June 2001. The Declaration of Commitment outlines the requirements for a comprehensive response to HIV/AIDS.

As part of a consortium of partners, the Panos Global AIDS Programme is monitoring the implementation of the UNGASS Declaration of Commitment from a civil society perspective in selected countries, aiming to feed into the official review assessing progress in the implementation of the UNGASS Declaration five years after its adoption.

The Panos Global AIDS Programme commissioned studies in Bangladesh, Ethiopia, Haiti, Latvia, Malawi, Pakistan and Sri Lanka to identify achievements and challenges faced by these countries in relation to the Declaration of Commitment. This briefing note presents a summary of findings from Pakistan.

Above
Low levels of awareness among both vulnerable groups and the general population can potentially fuel the spread of HIV in Pakistan. Stigma against those living with HIV/AIDS and taboos around sex and sexuality prevent effective communication on HIV/AIDS in the media.

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HIV/AIDS in Pakistan

Pakistan is the sixth most populous country in the world, with a population of 151.6 million, growing at an annual rate of 2.2 per cent. In 2001, under one-third of the population was living below the poverty line, while another two-thirds are classified as vulnerable: they could fall beneath the poverty line because of scarce resources. The country has one of the lowest literacy rates in South Asia, estimated at 54 per cent in 2003. Gender disparities are deep-rooted in Pakistan; its patriarchal society, with a long-established pattern of the active suppression of women's rights by successive governments, has contributed to an escalation in violence against women.

Approximately 45 per cent of the population has no access to health services; 38 per cent of children under five are underweight; and 80 per cent of births are not attended by skilled health personnel. Only 0.9 per cent of gross domestic product (GDP) is spent on healthcare, compared to 4.5 per cent spent on the military.

Official government figures indicate that there are 2,755 people living with HIV/AIDS (PLWHA) in Pakistan. However, the Joint UN Programme on HIV/AIDS (UNAIDS) classifies Pakistan as a 'high-risk, low-prevalence country' and puts the figure between 24,000 and 150,000 (0.1 per cent of the adult population). A recent study by Family Health International further indicates a rise in cases of HIV/AIDS and sexually transmitted infections (STIs) among high-risk groups. Concentrated epidemics are noticeable among vulnerable populations such as injecting drug users (IDUs) and transvestites in Karachi. The potential of HIV spreading into the general population is high, due to a closely weaved social network.

The national response to HIV/AIDS

The Ministry of Health's AIDS prevention and control programme started on a small scale in 1987, with the establishment of the Federal Committee on AIDS (FCA). Three years later, the Ministry of Health established the National AIDS Control Programme (NACP), which focused on setting up screening centres and launching an awareness campaign. The NACP has units in all of the country's four provinces; these are independent bodies with financial autonomy, whose efforts are co-ordinated and consolidated by the NACP.

Financial support

In 1994, NACP was expanded, with increased financial commitment for three years. The programme was later extended to 2003, as it was included under the Social Action Programme (designed to enhance government spending on the social sector). Fund allocations increased from US$416,000 in 1997 to US$3 million in 2001/2. An additional US$4.2 million was allocated for 2002/3. However, even then resource allocations did not match programme requirements. The majority of funds came from federal government, with about 20 per cent from donors. Provincial contributions were quite small. Programme achievements were limited however, as a result of: the low priority policy-makers gave to HIV/AIDS; low fund allocations; bureaucratic delays in releasing funds by the Ministry of Finance; low expenditure; and interrupted supplies.

HIV/AIDS prevention and control in Pakistan currently receives US$47.77 million for a comprehensive five-year Enhanced HIV/AIDS Programme (2003–2008), with financial assistance from the World Bank and other bilateral donors such as the UK's Department for International Development (DFID) and the Canadian International Development Agency (CIDA). Despite the fact that the contract for the Enhanced Programme was signed in 2003, funds were only released to the provinces in 2004. Although fund release efforts are more co-ordinated now, they still need to be improved.

National strategic framework

Although NACP has been operational since 1990, Pakistan does not yet have a formal HIV/AIDS policy. It works instead through a country strategic framework, formulated in 1999–2000 with the assistance of UNAIDS, other development partners and civil society organisations, including groups of PLWHA. The framework identifies the following priority areas:

- an expanded, multi-sectoral approach to ensure an effective, well co-ordinated and sustainable response to HIV/AIDS
- reducing the risk of HIV infection among 'high-risk groups' such as IDUs, female and male sex workers, migrant males, transgenders and long-haul truck drivers
- reducing the vulnerability of young people to HIV/AIDS
- surveillance and research to expand the knowledge base and facilitate planning, implementation and evaluation of STI/HIV/AIDS programmes
- reducing the prevalence and preventing the transmission of STIs, both as a health issue in its own right, and as part of the effort to tackle HIV
- increasing general awareness of HIV/AIDS to reduce the risk of infection
- reducing the risk of transmitting HIV and other blood-borne infections through transfusions by ensuring the safety of blood and blood products
- preventing HIV transmission in formal and non-formal healthcare settings by enhancing knowledge of, and compliance with, universal precautions
- improving the quality of life of PLWHA by providing quality care and support – meeting people's medical, social, and sometimes material needs, and ensuring a secure environment for all people living with, or affected by, HIV/AIDS.

The plan lays down an important role for public sector health services in the long term: strengthening and expanding blood transfusion screening, surveillance centres, and care, support and treatment facilities for HIV/AIDS. While the private sector is also highlighted as a major implementation partner, it is in fact the non-governmental organisation (NGO) sector that is implementing some of the major programme interventions – working with vulnerable groups, running harm reduction programmes and managing community-based voluntary counselling and testing centres.

Weak implementation of HIV surveillance, care, support and treatment programmes

Representatives of sex workers and PLWHA have revealed that, despite dynamic public sector leadership, there are still major co-ordination, accountability and monitoring issues around existing HIV prevention and control efforts.

Though a major component of the NACP focuses on care, support and treatment, stigma and discrimination against PLWHA remains a major problem. As a result, people are reluctant to disclose their positive status to their immediate family, community and care providers, and continue to consult informal care providers for treatment. The scarcity of testing, counselling and treatment services also prevents people from learning, and coming to terms with, their HIV status.

The availability of antiretrovirals (ARVs) remains a controversial issue. In the Enhanced Programme, responsibility for ARV provision and distribution rests with the public sector, but bureaucratic delays in the procurement process have created rifts between PLWHA, partner organisations and government. PLWHA are forced to procure ARVs through their own means.

Surveillance data is also unreliable; although 47 surveillance centres have been established in various cities, the data they produce is not very significant. Surveillance currently takes place once a year, but there are plans for a second-generation surveillance project to assess HIV prevalence among vulnerable groups.

Low levels of awareness

Efforts to raise HIV/AIDS awareness need to be stepped up. In Karachi, one-third of sex workers have not even heard of HIV/AIDS; one in five does not recognise a condom; and three-quarters do not know that condoms prevent the spread of HIV. While the programme's behavioural change communication component has been contracted out to a media firm at the federal level, it is still at the planning stage at provincial level.

An ill-equipped health system

The overall public health system suffers from inadequate infrastructure and a lack of skilled, professional staff. Co-ordination, accountability and monitoring mechanisms are poor. There is one doctor per 1,400 people, one nurse per 3,261, and one hospital bed to every 1,531 people.

Five centres of excellence for STI/HIV/AIDS management and treatment have been created at tertiary-level hospitals (one in each province and one in Islamabad), but they are not yet truly functional. One doctor and one nurse from each province have been trained in India; these will become master trainers within Pakistan, but a training programme still needs to be developed.

No multi-sectoral response

Despite the fact that the low social status of women, high illiteracy rates and poverty all increase people's vulnerability to HIV/AIDS, no multi-sectoral interventions have been developed. Major stakeholders such as the ministries of Education, Labour and Population Welfare are struggling to find an appropriate space in the HIV/AIDS programme. Although many government policies and programmes on reproductive health include a component on HIV/AIDS and STIs, many of these are in their early stages. The Ministry of Education received NACP funding to incorporate HIV/AIDS education into the curriculum in schools and colleges, but the work is still under development. A Ministry of Labour programme was supposed to provide health-related education (including HIV/AIDS awareness) to their workers. Yet awareness of national HIV/AIDS policy or the strategic framework, including UNGASS and its goals, remains low among ministry employees.

Lack of comprehensive information

The lack of comprehensive information from all provinces has prevented national-level planning and implementation. Data and research tends to focus on a particular area or on high-risk groups, and is therefore not nationally representative. The little information that is available is not easily accessible.

Recommendations

- A systematic surveillance system, with easily accessible information on all districts and populations, needs to be set up to ensure effective planning of HIV/AIDS prevention and control programmes.
- Awareness and prevention programmes for vulnerable groups and the general population must be strengthened. Awareness programmes must also be conducted among medical staff.
- To mitigate the spread of HIV, prevention, care and treatment measures should be streamlined. Services such as pre- and post-test counselling, testing and treatment for STIs and opportunistic infections should be easily available and accessible. Support groups for PLWHA should be strengthened. Immediate steps must be taken to improve the accessibility of ARVs.
- To reduce stigma and discrimination, messages that do not associate HIV with promiscuity and immoral behaviour need to be developed.
- Universal precautionary measures to prevent infection through medical procedures should be available in healthcare settings.
- HIV/AIDS prevention programmes need to make linkages with poverty reduction, gender and education programmes.
- The healthcare system must be strengthened to ensure that it meets not only the needs of PLWHA, but also of all patients requiring treatment for any illness.

Contact us

To find out more about the Global AIDS Programme and the HIV/AIDS activities of individual Panos offices, visit our website: **www.panosaids.org**

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