

Country progress report - Pakistan

Global AIDS Monitoring 2017



Contents

Overall - Fast-track targets	3
Commitment 1 - Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020	4
Commitment 2 - Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018	7
Commitment 3 - Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners	9
Commitment 4 - Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020	16

Commitment 5 - Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year	18
Commitment 6 - Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020	20
Commitment 7 - Ensure that at least 30% of all service delivery is community-led by 2020	22
Commitment 8 - Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers	24
Commitment 9 - Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights	25
Commitment 10 - Commit to taking AIDS out of isolation through people-centered systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C	27

Overall

Fast-track targets

Progress summary

The HIV epidemic in Pakistan is heterogeneous with diversity in the transmission dynamics at the provincial, district and local levels. Together, the regional and temporal changes make the challenge of selecting, targeting and scaling up the appropriate program strategies and tactics highly complex. In Pakistan, the estimated prevalence of HIV among the general population is less than 0.1%. Like many other Asian epidemics, the HIV epidemic in Pakistan is following a comparable trend. Surveillance results clearly indicated that the epidemic has become established among certain key populations and has shifted to a concentrated level. Despite of services being offered the infection is on the rise.

In 2011 as a result of the 18th constitutional amendment, the Ministry of Health was dissolved at the federal level even though the provincial governments had not developed plans on how to address the new health related environment under the Constitutional change. Although NACP and Provincial AIDS Control Programs were engaged in meaningful collaboration in a semi-devolved relationship since 2003. Devolution has negatively impacted the cohesion of the overall HIV response. Weak coordination authority at Federal level to streamline HIV interventions in the country; inadequate inter-provincial information sharing, collation reporting and utilization mechanisms are major issues impacting the HIV response.

Effective community engagement is lacking. Community Based organizations are providing services through Global Fund Grants which does not adequately cover all the key populations. Key populations like PWIDs and MSM are dependent on Global Fund Grants. The preventive, care and support services are confined to major cities. KPs face multiple challenges like accessing HIV services, stigma and discrimination, sexual and gender violence, human rights abuses and lack of community and social support. Linkages between interventions for KPs are frequently inadequate at every stage of the HIV continuum of prevention, care, and treatment.

Commitment 1

Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

Progress summary

Currently, Pakistan has an estimated 133,299 People Living with HIV (PLHIV) living in the four main provinces of Punjab, Sindh, Khyber Pakhtunkhwa and Balochistan and two autonomous states: Azad Jammu Kashmir (AJK) and Gilgit-Baltistan, as well as the Federally Administered Tribal Areas (FATA) and the Islamabad Capital Territory (ICT). Of those estimated, 69 percent are male (92,121) and 31 percent female (41,178); 2.2 percent children <14 years (1.2 percent male children and 1.1 percent female children – of the total number); and 2,583 women in need of Prevention of Mother/Parent to Child Transmission services.

During the AIDS Epidemic Modeling (AEM) exercise conducted at the end of 2015 for Punjab and Sindh; 'PWIDs were producing the bulk of new infections'. The model also predicated an increasing prevalence of HIV in all key population groups, including transgender persons and especially men who have sex with men (MSM).

At the end of June 2016, data from 23 ART clinics, indicated, there were 18,405, PLHIVs registered at ART Clinics, while 8,888 PLHIV currently on ART, out of whom 127 were children. 'Relative to the estimated number of PLHIV in the country, the number of registered PLHIV within the health care system remained low and ART coverage for those eligible remained low at 6.7 percent end December 2016, for both adults and children'

The country has signed an agreement with Aga Khan University, which has a network diagnostics, all over the country, The collection point will collect blood samples all over the country for viral load testing and the results will be shared with the HIV treatment centre and will boost VL testing in the country. NACP has developed ART MIS which will help in monitoring of HIV care and treatment cascade

Policy questions

Is there a law, regulation or policy specifying that HIV testing:

a) Is solely performed based on voluntary and informed consent

Yes

b) Is mandatory before marriage

No

c) Is mandatory to obtain a work or residence permit

No

d) Is mandatory for certain groups

No

What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?

TREAT ALL regardless of CD4 count; Not implemented in practice

Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?

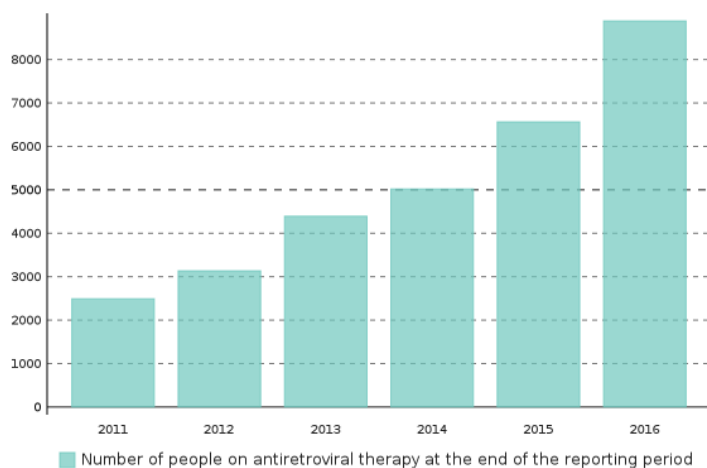
a) For adults and adolescents

Yes, partially implemented

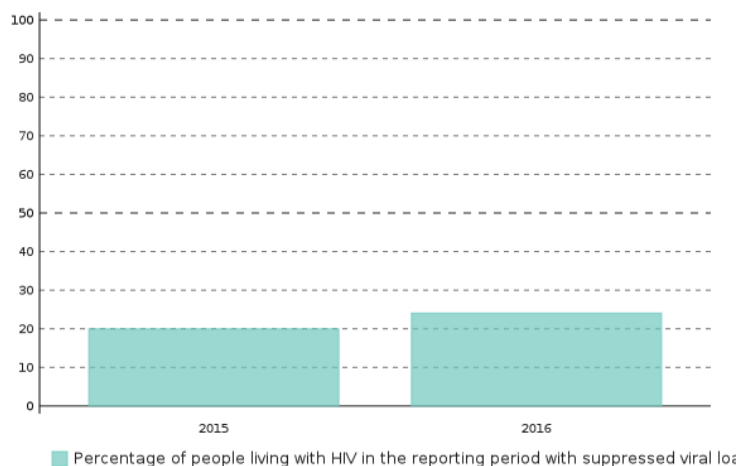
b) For children

Yes, partially implemented

1.2 People living with HIV on antiretroviral therapy, Pakistan (2011-2016)



1.4 People living with HIV who have suppressed viral loads, Pakistan (2015-2016)



Commitment 2

Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

Progress summary

With an estimated 2,913 children children living with HIV/AIDS, in 2016, only 127, were reportedly receiving ARsT till end December, 2016, suggesting a paediatric coverage of 4.4 percent of the estimated children living with HIV/AIDS.

The country has introduced Early Infant Diagnosis and developed Country PPTCT strategy. The SOPs are developed to facilitate the PPTCT and Pediatricians sites, for taking blood samples from infants for HIV virological tests. HIV Virological test have now become a routine care for all infants born to HIV positive mothers

Policy questions

Does your country have a national plan for the elimination of mother-to-child transmission of HIV?

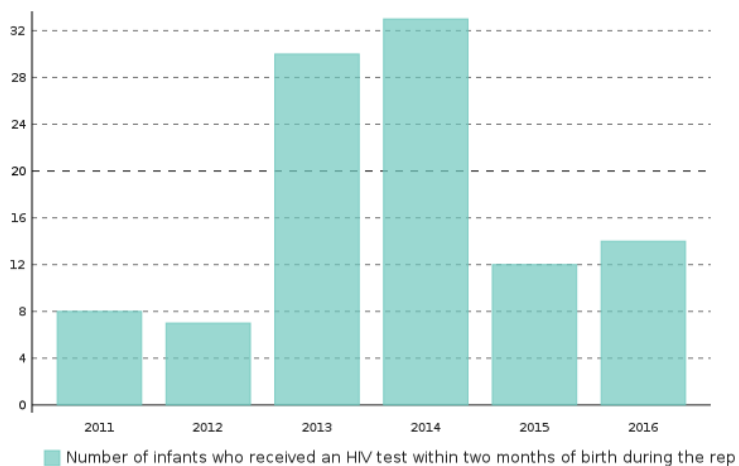
No

Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?

Yes, with an age cut-off to treat all of <5 years

Implemented countrywide

2.1 Early infant diagnosis, Pakistan (2011-2016)



2.3 Preventing the mother-to-child transmission of HIV, Pakistan (2011-2016)



Commitment 3

Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners

Progress summary

Data was used from recently conducted 2016 IBBS Round V, and was assessed through indicators - i.e. "Do you know where you can go if you wish to receive an HIV test and in the last twelve months?" and "In the last month, have you been given condoms?" Data on this indicator (percentage of sex workers who answered "Yes" to both questions) clearly indicate that the overall coverage for sex workers is low - for FSW, it is around 5.2%, MSW 9.7%, and for HSW 19.8%. The rate of SW reached with HIV prevention programming was lowest in the youngest cohorts, often the most vulnerable. Only 2.8% MSWs were reached and 4.9% of 20-24 years. Last reported awareness rates of service delivery programs in their area (IBBS 2016) were 12.7% for male sex workers, 31.6% for hijra sex workers and 18.9% for female sex workers.

At present, harm reduction programs are implemented through Punjab and Sindh provincial budgets and through GFATM. Data collected from CSOs from across the country implementing NSEP, including GF, indicates that in 2014; 771,452,4 syringes were distributed among 43,300 PWIDs (178 syringes pp/yr).

The pre-exposure prophylaxis, has been included in the consolidated guidelines for the prevention and treatment of HIV in Pakistan, based on the latest global recommendation

Policy questions: Key populations

Criminalization and/or prosecution of key populations

Transgender people

Neither criminalized nor prosecuted

Sex workers

Selling and buying sexual services is criminalized

Men who have sex with men

Yes, death penalty

Is drug use or possession for personal use an offence in your country?

Drug use or consumption is a specific offence in law

Legal protections for key populations

Transgender people

A third gender is legally recognized

Sex workers

No

Men who have sex with men

-

People who inject drugs

No

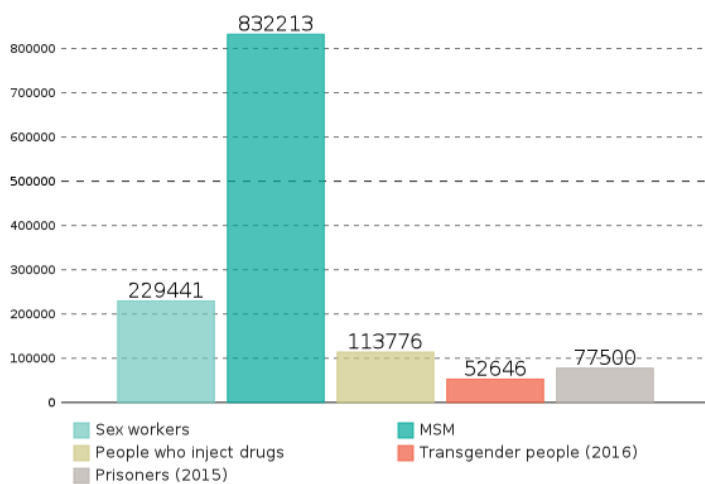
Policy questions: PrEP

Is pre-exposure prophylaxis (PrEP) available in your country?

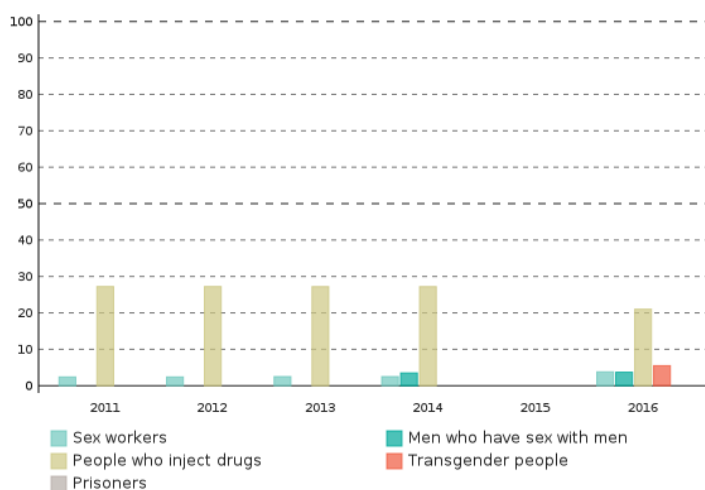
Yes

Provided as part of a pilot project

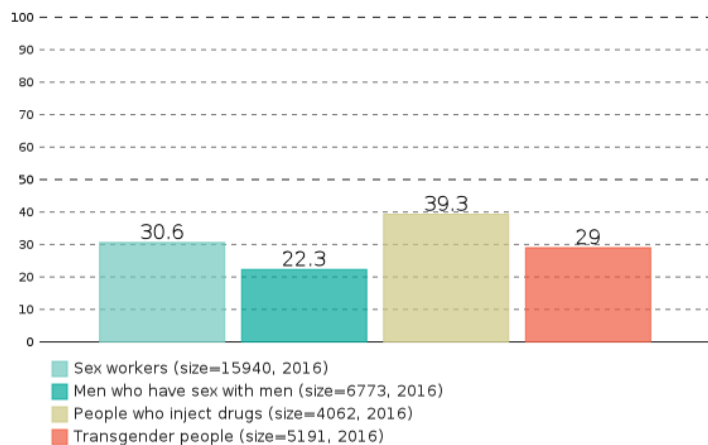
3.2 Estimates of the size of key populations, Pakistan



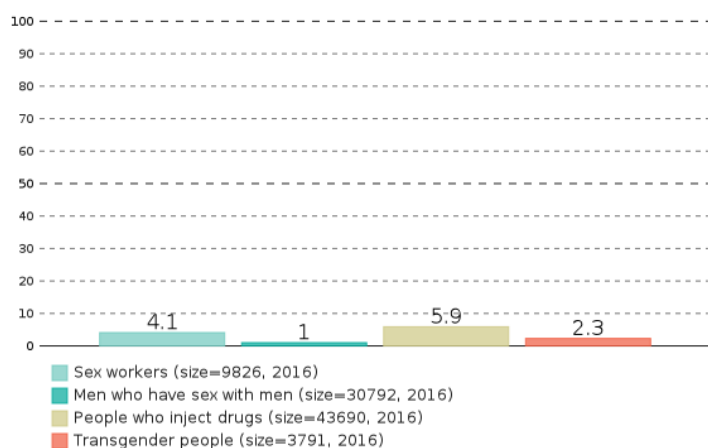
3.3 HIV prevalence among key populations, Pakistan (2011-2016)



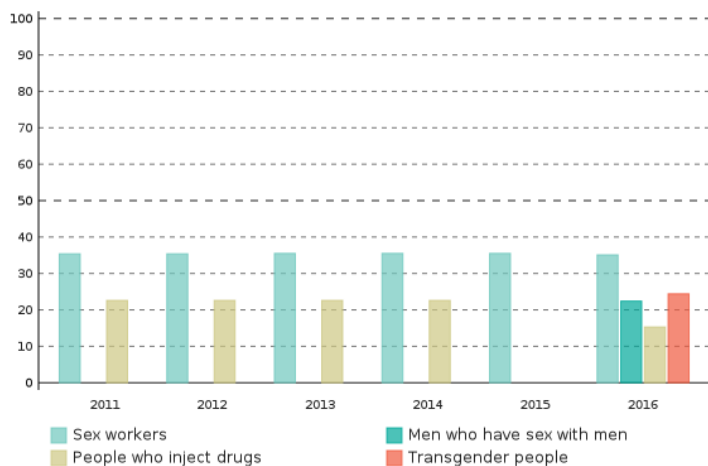
3.4 Knowledge of HIV status among key populations, Pakistan



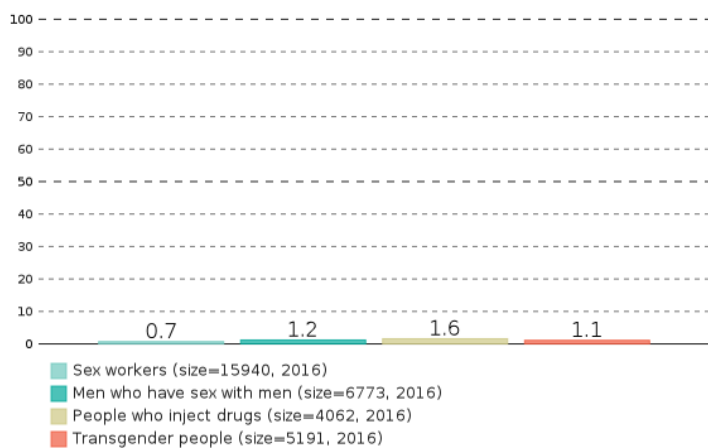
3.5 Antiretroviral therapy coverage among people living with HIV in key populations, Pakistan



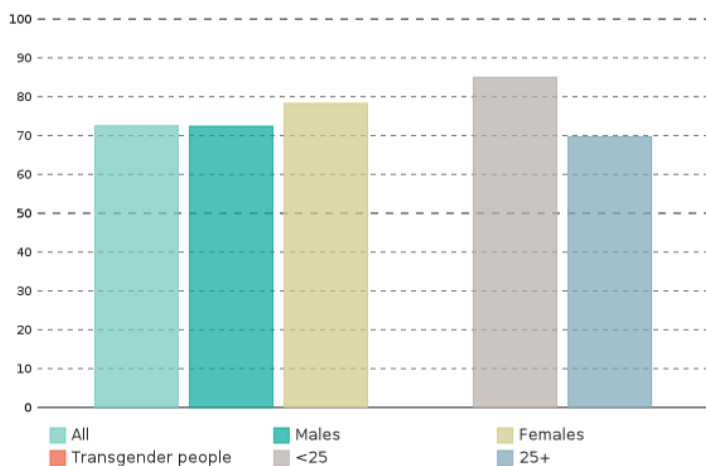
3.6 Condom use among key populations, Pakistan (2011-2016)



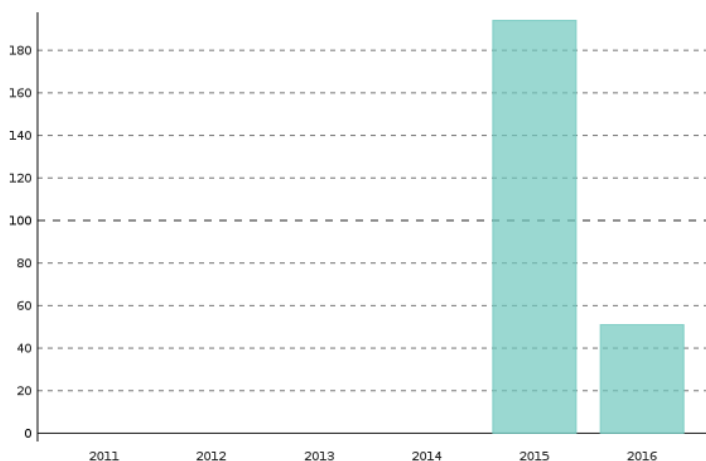
3.7 Coverage of HIV prevention programmes among key populations, Pakistan (2016)



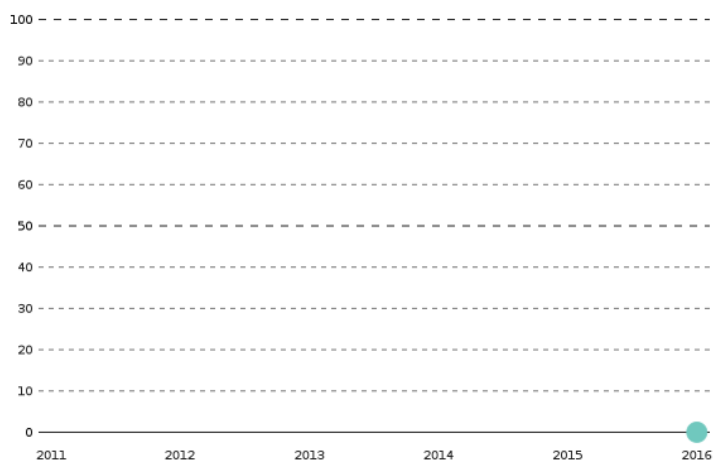
3.8 Safe injecting practices among people who inject drugs, Pakistan (2016)



3.9 Needles and syringes distributed per person who injects drugs, Pakistan (2011-2016)



3.10 Coverage of opioid substitution therapy, Pakistan (2011-2016)



Commitment 4

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020

Progress summary

Gender inequalities exist in Pakistan. Some of these inequalities are found in the HIV epidemic in Pakistan. An example is that it is considered normal and acceptable that a woman will not negotiate condom use with spouse/intimate partner. Or the cultural barriers to the discussion of SRH for adolescent girls and boys. Punitive laws against behaviours that are not viewed as acceptable by the wider society, make key populations hard to identify, monitor and reach with HIV prevention programmes. The Penal Code, Section 377, criminalizes male-to-male sex as “carnal intercourse against the order of nature” with the punishment of imprisonment with the possibility of fines. Sharia law also carries heavy penalties for homosexuality – of imprisonment for 2-10 years or for life, or of 100 lashes or stoning to death (depending on whether the person is married or not). Sex work is also illegal and Section 9 of the Control of Narcotics Substances Act (CSNA), 1997 allow for the death penalty for drug offences depending on the quantity of the narcotic drug, psychotropic substance or controlled substance.

Data from the IBBS 2011, indicated that a significantly higher proportion of male than female IDUs (19.3 percent) reported being arrested in the past six months. Sexual violence was reported by 2.1 percent of IDUs. Overall 10.1 percent of FSWs experienced arrest, during the past six months, while another 10.1 percent were subjected to physical/sexual violence, during the same period. 21 percent expressed no control over their money. Among MSWs 11.5 percent were arrested, during the past six months, slightly higher (15.8 percent) experienced physical/sexual violence, while fewer (6.1 percent) reported shared their earning.

In Pakistan AIDS Strategy 2015-2020; a gender-responsive M&E system will track gender-responsive activities, strategies and programmes to monitor funds allocation and to understand and analyse outcomes of these activities on uptake of services and HIV prevalence by age and gender.

Policy questions

Does your country have a national plan or strategy to address gender-based violence* and violence against women that includes HIV

Yes

Does your country have legislation on domestic violence*?

Yes

Does your country have any of the following to protect key populations and people living with HIV from violence?

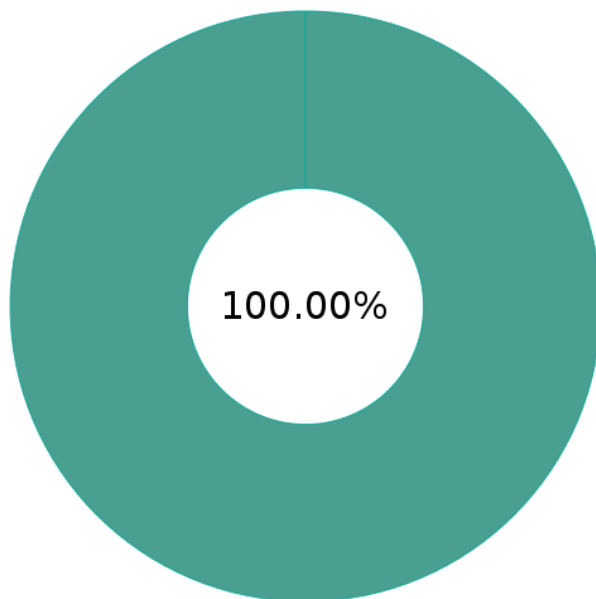
General criminal laws prohibiting violence

Specific legal provisions prohibiting violence against people based on their HIV status or belonging to a key population

Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?

Yes, policies exist but are not consistently implemented

Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



15 / 15

Commitment 5

Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year

Progress summary

A study on Sexual and Reproductive Health and Rights of People Living with HIV/AIDS, in 2015 recorded that for HIV-Positive females in Pakistan, exercising their basic sexual and reproductive health rights remained a challenge. Widespread stigma and discrimination among health care providers and at the community level created significant barriers to accessing basic services and deprived many HIV-Positive females of realizing their sexual and reproductive health and rights. Additionally, the current setup of vertical service delivery programs meant that staff trained to provide maternal and child health or family planning services are often unaware of and untrained in the needs of HIV-Positive females. Likewise, providers who work in HIV-care centers are not trained in or aware of how to address the unique sexual and reproductive health needs of the HIV-Positive females that they serve.

Policy questions

Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education*, according to international standards*, in:

a) Primary school

No

b) Secondary school

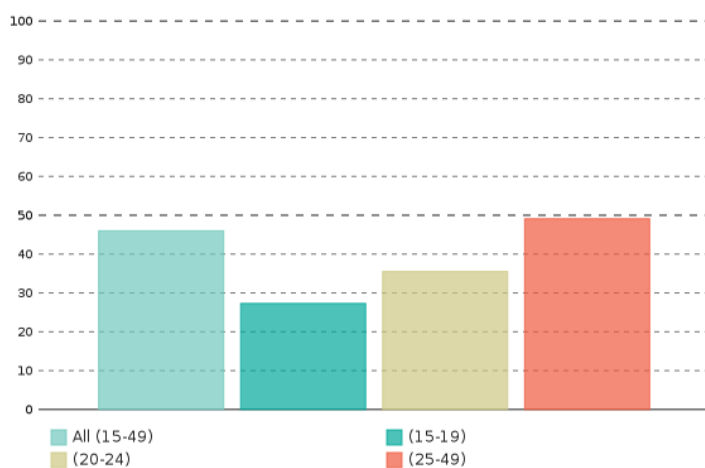
No

c) Teacher training

No

5.2 Demand for family planning satisfied by modern methods, Pakistan (2016)

Percentage of women of reproductive age (15-49 years old) who have their demand for family planning satisfied with modern methods



Commitment 6

Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

Progress summary

A recent regional study by APN+, indicated 32.3 percent (N=145) reported being excluded from social gatherings, a higher fraction (59.7 percent; N=268) were verbally insulted, another 30.7 (N=138) were reported physically assaulted. 28.3 percent (N=127), were resorted to change their residence, and another 21.4 percent (N=96) reported their children discuss from school, due to their HIV status.

The HIV related social protection services are more focused on food nutrition and education without legal supporting measures, in the country.

Recently the Government of Pakistan, has launched national health insurance, which covers seven diseases including HIV/AIDS, and have specified a reasonable amount for its management, including transportation charges to the extend of USD 3,000, per annum

Policy questions

Yes

a) Does it refer to HIV?

Yes

b) Does it recognize people living with HIV as key beneficiaries?

Yes

c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?

Yes

d) Does it recognize adolescent girls and young women as key beneficiaries?

Yes

e) Does it recognize people affected by HIV (children and families) as key beneficiaries?

Yes

f) Does it address the issue of unpaid care work in the context of HIV?

Yes

Do any of the following barriers limit access to social protection* programmes in your country

Social protection programmes do not include people living with HIV, key populations and/or people affected by HIV
Lack of information available on the programmes
Fear of stigma and discrimination
Lack of documentation that confers eligibility, such as national identity cards
Laws or policies that present obstacles to access
High out-of-pocket expenses
People living with HIV, key populations and/or people affected by HIV are covered by another programme

Commitment 7

Ensure that at least 30% of all service delivery is community-led by 2020

Progress summary

Effective community engagement is lacking. Mainly the community based organizations are providing the services through Global Fund Grants which does not adequately cover all the key populations. Largely the HIV community and the key populations like PWIDs and MSM are dependent on Global Fund Grants. The preventive, care and support services are offered in major cities. KPs face multiple challenges accessing HIV services, including stigma and discrimination, sexual and gender violence, human rights abuses, and a lack of community and social supports. Linkages between interventions for KPs are frequently inadequate at every stage of the HIV continuum of prevention, care, and treatment.

Policy questions

Does your country have a national policy promoting community delivery of antiretroviral therapy?

No

Are there any of the following safeguards in laws, regulations and policies that provide for the operation of CSOs/CBOs in your country?

Registration of HIV CSOs is possible

Registration of CSOs/CBOs working with key populations is possible

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

Number of condoms and lubricants distributed by NGOs in the previous year

a) Male condoms:

-

b) Female condoms:

-

c) Lubricants:

-

Commitment 8

Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers

Progress summary

Using parallel financing arrangements, in partnership with the private sector, the United Nations and other donors have supported the HIV response since its inception. The funding landscape has changed over the last several years, from primarily World Bank soft loan and grant funding, to increased domestic allocations through PC-1s and strengthened GF support. In 2013 GF (including regional grants) accounted for over 50 per cent of the total HIV response, Provincial Government 37 per cent, the UN 7 per cent, other external donors 3 per cent and National Government 3 per cent. From 2011 through 2013, expenditures by the National Government decreased given Devolution, while expenditures by Provincial governments and Global Fund increased, primarily due to the World Bank loan contribution to the Punjab Government for Health Systems Strengthening, which includes HIV.

Looking at the eight areas of expenditure outlined by the Global AIDS Reporting system, expenditures in prevention have gone up over the past 3 years. Given the low ART coverage rates, expenditures need to be strengthened in care and treatment, dependent on PLHIV being identified for care (HTC), which comes under prevention and needs to continue to be strengthened. There is meagre expenditure on enabling the environment, key for a successful HIV response in a concentrated epidemic, or development synergies e.g. social protection and services.

Commitment 9

Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights

Progress summary

The APN+ regional study, in 2013 undertaken by the APLHIV looking at ART access, initiation and adherence, found that 49.2 per cent of the total respondents (n=525) reported being denied medical services due to their HIV status; another 40 per cent experienced some type of housing instability (forced to change place of residence or been unable to rent accommodation because of HIV status) and 25 per cent reported that their children were prevented, dismissed, or suspended from attending school in last 12 months.

Although there are no HIV specific laws, Pakistan's constitution articulates equality and non-discrimination as fundamental rights. Articles 3 and 25 obligate the state to eliminate all kinds of exploitation, and to guarantee that all citizens of the country shall be equal before law and shall be entitled to equal protection of law.

Policy questions

In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?

Yes, at scale, at the sub-national level

Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?

No

Does your country have any of the following accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings?

-

Does your country have any of the following barriers to accessing accountability mechanisms present?

Affordability constraints for people from marginalized and affected groups

Awareness or knowledge of how to use such mechanisms is limited

Commitment 10

Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Progress summary

Pakistan is the 5th highest burden countries globally in terms of TB burden. Guidance is provided by National and Provincial TB control programs in the country that has a robust TB control program which also includes drug resistance monitoring and treatment. Guidelines for the management of DR-TB and HIV-TB co-infection are in place and trainings of treating physicians have been conducted.

Collaborative and referral linkages between TB, and HIV control programs have been established, including staff trained to provide VCCT services at 25 TB sentinel sites; routine TB screening of all HIV registered patients with testing for TB conducted at HIV testing lab instead of the previous strategy of referring PLHIV to TB Centres for testing; and lastly, access to TB treatment is free for PLHIV who need treatment.

Meanwhile, National TB Control Program (NTP) has submitted a concept note to Global Fund in 2014, which also a component on HIV/TB Co-infection, through which the GF-supported HIV/TB collaborative activities have been intensified. Screening of TB patient for HIV has increased from 3% to 10% and screening PLHIV for TB will be increased up to 90% by establishing linkages and improving access to HIV screening and TB diagnosis for people living in cities with known concentrated epidemics.

Policy questions

Is cervical cancer screening and treatment for women living with HIV recommended in:

a. The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)

Yes

b. The national strategic plan governing the AIDS response

Yes

c. National HIV-treatment guidelines

Yes

What coinfection policies are in place in the country for adults, adolescents and children?

TB infection control in HIV health-care settings