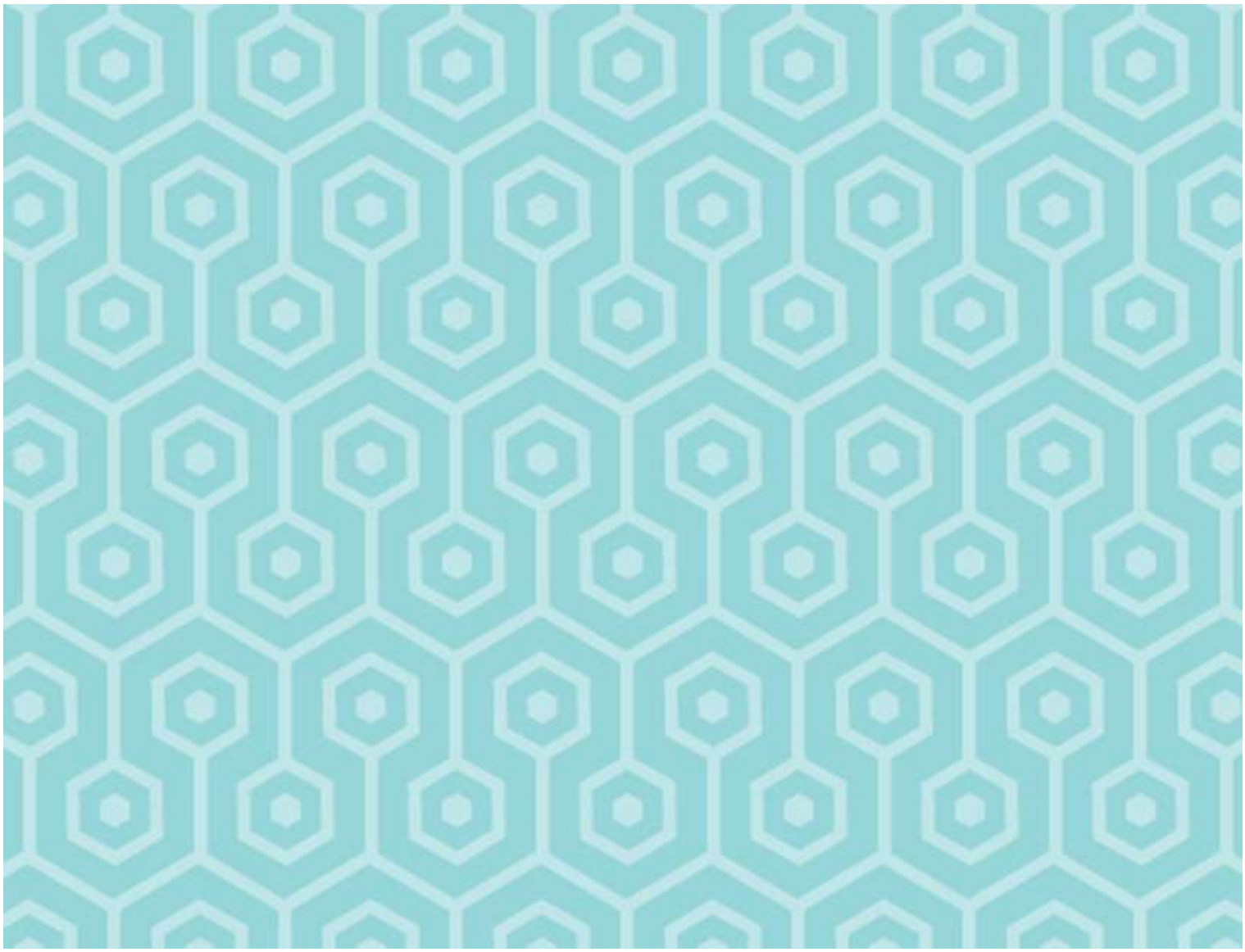
Country progress report - Pakistan

Global AIDS Monitoring 2018



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Pakistan has an estimated 133,299 people living with HIV. The HIV epidemic in the country is concentrated in key populations namely: people who inject drugs (PWID), male, female and transgender sex workers (MSW, FSW & TGSW), men who have sex with men (MSM) and transgenders. The HIV epidemic in Pakistan is following the Asian Epidemic Modelling trend i.e. the epidemic has nearly plateaued in people who inject drugs and, moved into the sexual networks from where its spill-over into the general population will gradually take place.

In Pakistan, although the estimated prevalence of HIV among the general population is less than 0.1%. The fifth Integrated Biological and Behavioural Surveillance Round conducted in 2016 revealed a steady increase in the weighted prevalence of HIV among the key populations namely; PWID = 38.4%, TGSW = 7.5%, TGs = 7.1%, MSW = 5.6%, MSM = 5.4%, and FSW = 2.2%. according to the latest epidemiological evidence 28% of the new infections occurred in PWID, 12% in MSM, 3% in TGs and 2% in FSW. A significant percentage of low risk males, females and clients of KPs were newly infected suggesting an increase in HIV transmission to bridging populations (spouses, partners and clients) of key populations.

The HIV epidemic in Pakistan is heterogeneous with diverse transmission dynamics across the country. In light of the up-to-date epidemiological evidence, the country has designed its HIV response to increase coverage of HIV prevention, treatment, care and support services through a high impact focussed targeted approach that includes introduction of community-based outreach, HIV prevention and testing model, and treatment for all Pakistan. The ultimate aim of this high impact prioritized approach is to reduce the number of new HIV infections, increase treatment uptake to reduce HIV transmission, HIV associated morbidity and mortality in Pakistan.

Post devolution (passage of 18th constitutional amendment-2011), the HIV response has been shaky due to weak coordination, inadequate inter-provincial information sharing, collation reporting and utilization mechanisms, variations in HIV interventions and lack of effective community engagement. The HIV programs are donor dependent (pre-dominantly Global Fund grants) with limited key population specific and geographic coverage. Challenges like access to HIV services, stigma and discrimination, sexual and gender violence, human

rights abuses and lack of community and social support.

HIV testing and treatment cascade

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 Baluchistan and two autonomous states: Azad Jammu Kashmir (AJK) , Gilgit-Baltistan, , 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.

Pakistan modelling exercise conducted in April 2017 estimated to have the highest number of PLHIV in Punjab followed by Sindh. Together these two provinces accounted for 93% of the total number of PLHIV. The city of Karachi has the highest number of PLHIV followed by Faisalabad and Lahore.

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). Our key population estimates, and prevalence rates tell us that 61% of the total estimated number of PLHA are from key populations with 33 % are among PWIDs, 22% MSM, 3% FSWs, 3% TGs and the remaining 39% as Non-Key populations.

The revised Pakistan AIDS strategy proposes integrating HTC into outreach prevention programmes for key populations .The greatest yields for increasing coverage of testing and treatment programmes are likely to be found first and foremost by scaling up programming for PWID and MSM. Shifting testing from clinic settings to community settings and actively involving community members in service delivery.

The treatment coverage has been expanding and there was a notable new spurt in growth of treatment coverage. A key driver of this growth spurt has been the increase in numbers of

PWID coming into treatment. Overall treatment numbers are up 36 % from 8,888 people on treatment at the end of 2016 to 12,046 at the end of 2017.

However, whilst acknowledging these successes it must be conceded that overall treatment coverage rates are still extremely low. No more than 10 % of the total estimated population of people living with HIV is on treatment. For HIV positive people from key populations the treatment coverage rate is even lower at 4%. Whilst people from key populations account for 61% of the estimated number of PLHA, they account for only 36% of those on treatment.

05 new treatment centers have been opened, scaling up from 23 in 2016 to 28 at the end of 2017. The data from these 28 ART clinics, indicated, there were 22,333, PLHIVs registered at ART Clinics, while 12,046 PLHIV currently on ART, out of whom 127 were children.

At present there is very limited data available about viral suppression. The country has signed an agreement with Aga Khan University, which has a network diagnostic, 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 (2017)

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

a) Is solely performed based on voluntary and informed consent

No

b) Is mandatory before marriage

Yes

c) Is mandatory to obtain a work or residence permit

Yes

d) Is mandatory for certain groups

Yes

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 it the implementation status?

No threshold; 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

Prevention of mother-to-child transmission

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

Progress summary

The National AIDS control program evaluated Pakistan PPTCT programme implementation for the duration from 2007 to 2015. The purpose of the evaluation was to see how much PPTCT program was successful in reaching HIV positive women and their families with the package of PPTCT services. Based on the recommendation of the evaluation, UNICEF supported revision of PPTCT strategy, which has been endorsed and being implemented in provinces. UNICEF continued to provide support to the 158 HIV+ pregnant women who received prevention of parent to child transmission (PPTCT) of HIV services, safe delivery services were provided to 127 pregnant ladies, 112 infants were born, all of whom received ART prophylaxis during first six weeks after birth.

System of Early Infant Diagnosis was established and operationalized, where samples are coming from provinces to NACP. So far 33 infants have tested for early infant diagnosis while 20 validation tests have also been conducted. Two HIV exposed infants were diagnosed as HIV+ because there HIV+ mother did not present at the PPTCT site.

Policy questions (2016)

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

HIV prevention; Key populations

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

Pakistan already have an established harm reduction /prevention programming model for PWIDs. The three populations MSMs, TGs and FSWs have been newly included in the GF funding request in 04 priority cities for MSM, four cities for TGs and six cities for FSWs. The entire prevention programme output arrangements are based on community-based programming with the active involvement of key populations CBOs. Domestically funded prevention programmes are also expected to commence. Cities are prioritized for this investment in accordance with the distribution of key populations. Service delivery models will be tailored to the community settings particular to each key population, while WHO will support development of strategy for improving access of key populations to care and treatment

HIV prevention treatment and care services provided in two female prisons of Karachi and Hyderabad in Sindh province, around 347 females prisoners got registered for the services in 2017, 339 female prisoners attended individual counseling sessions, 583 sessions on HIV/AIDS, safer sex and health hygiene conducted with the female inmates, 216 females attended sessions on Symptoms of STIs and opportunistic infections. 167 females received sessions on marital issues, 80 females attended sessions on socio-economic wellbeing & vocational skills, 206 female inmates had sessions on stress coping skills. Peer educators created awareness on HIV prevention and care in both the prisons. 332 females counselled for the testing of HIV and other blood borne and sexually transmitted diseases, Primary Health Care (PHC) and STI treatment services are provided to 250 and 154 females' respectively, 901 Hygiene kits were distributed among female prisoners. WHO supported first even HIV test and treat cascade analysis, in the country, generating evidence on improving coverage, uptake and retention of key populations in care and treatment.

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 (2016)

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

Gender; Stigma and discrimination

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. Punjab Commission on the Status of Women (PCSW) in conducting Social and Economic Wellbeing Survey (SEW) in Punjab Province of Pakistan. A comprehensive list of indicators has been developed for the Social and Economic Wellbeing Survey (SEW) in Punjab Province, guided by international standards and protocols. These indicators will enable Punjab Commission on the Status of Women (PCSW) in collaboration with Bureau of Statistics to generate reliable data on key indicators for women's economic and social wellbeing through a representative district level survey. The finalized list of indicators is aligned with respective indicators under SDG 5 and SDG 8. These indicators can be utilized by other institutions to measure women's economic and social wellbeing and will serve as a valuable addition to existing resources and references on women-centered policy research.

In 2017 Minimum Initial Service Package and GBV actions initiated in two provincial emergency preparedness plans (KP and FATA). At the national level, the CO provided inputs in the HCT Emergency Preparedness Plan which was shared with national counterparts. The security situation and travel restrictions in some parts of the country have made it challenging to keep implementation on track.

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.

Overall 22.7 percent of FSWs experienced arrest, during the past 12 months, 35% being discriminated, 6.6 % treated unfairly and 49.1 % were physically forced to have sex. Among MSMs 18.5 percent were arrested, during the past 12 months, 48.7 experienced physical/sexual violence.

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 (2016)

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

What protections, if any, does your country have for 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

Knowledge of HIV and access to sexual reproductive health services

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

Realizing the full potential of young people and investing in Sexual Reproductive Health programmes for physical, mental emotional and sexual well-being of young people, UNFPA piloted a project to create an enabling environment for adolescent and youth to exercise their sexual reproductive health rights and access timely sexual reproductive health services. The objective of the project is to ensure accessible, safe, effective and affordable youth friendly reproductive health services integrated into regular health care services in the selected district hospitals. Four Adolescent Counseling Centers were established to provide free sexual reproductive health counselling services in district Ghotki, Sargodha, Lahore and Dera Ismail Khan at the District Head Quarter Hospitals in collaboration with Population Welfare Department (s) of KP, Sindh and Punjab provinces. The beneficiaries of the project are adolescent boys and girls and youth 10-29 years, parents, teachers, health care providers and government professionals.

The programme has been adopted by the government and is currently being scaled up in Khyber Pakhtunkhwa, Punjab and Sindh provinces of Pakistan through their annual development programmes. Population Welfare Department has notified Youth Friendly Service protocols in all provinces to assure implementation of services for youth people.

Memorandum of Understanding with Ministry of Federal education and Professional Training, Government of Pakistan has been signed to provide technical assistance for integrating Life skills based education/HIV prevention education into national school curriculum. 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 (2016)

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

Social protection

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

Progress summary

The government of Pakistan insurance program has been extended country wide covering in patient services care for 07 diseases that includes HIV. Travel expenses to and from the hospital are also covered under this programme.

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 insulated, 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 extent of USD 3,000, per annum

Policy questions (2016/2017)

Yes but it is not being implemented

a) Does it refer to HIV?

No

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

No

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?

No

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

No

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

No

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

No

What barriers, if any, 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 HIVLack of information available on the programmesFear of stigma and discriminationLack of documentation that confers eligibility, such as national identity cardsLaws or policies that present obstacles to accessHigh out-of-pocket expensesPeople living with HIV, key populations and/or people affected by HIV are covered by another programme

Community-led service delivery

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

Progress summary

The stronger focus of the revised strategy is on community-based prevention programming for key populations premised on the assumption that the respective gender and age demographics of these populations will be reflected in the community-participants involved in delivering these interventions. This revision also makes recommendations in relation to the need for tailoring community-led interventions for both male and female sex workers to address the vulnerabilities of the significant number of adolescents within those populations. Moreover, it stresses that Hijra and MSM are distinct communities with distinct genders requiring tailored programming with full involvement from members of those respective communities.

Policy questions (2017)

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

Yes

What safeguards in laws, regulations and policies, if any, 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:

-

HIV expenditure

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 measgre expenditure on enabling the environment, key for a successful HIV response in a concentrated epidemic, or development synergies e.g. social protection and services.

Empowerment and access to justice

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 (2016)

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

What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?

-

What barriers in accessing accountability mechanisms does your country have, if any?

Affordability constraints for people from marginalized and affected groups

Awareness or knowledge of how to use such mechanisms is limited

AIDS out of isolation

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 (2016)

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