# Pakistan Report NCPI

## NCPI Header

COUNTRY

**Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**
Dr Muhammed Imran
**Postal address:**
NACP. NIH, Chakshazad, Islamabad 44000, Pakistan
**Telephone:**
92-51-9255629
**Fax:**
92-51-9255623
**E-mail:**
drimrannacp@gmail.com

**Describe the process used for NCPI data gathering and validation:**
The Technical Working Group on Global AIDS Response Progress Report 2012 identified 6 respondents for Part A and 7 respondents for Part B in their first meeting in February 2012. Each respondent was allocated sub-parts relevant to their organizational response to HIV & AIDS. All respondents were informed of the revised structure of the 2012 report and permission was sought to conduct interviews at their convenience. Five interviews were conducted face-to-face while the remaining eight respondents chose to complete and submit the questionnaires electronically. Results were tabulated and analyzed according to the following mechanisms: • The Yes/No responses were presented according to the majority response • The scale responses were presented by stating the mode value. For questions that had more than one mode, no mode or extremes of scale values, consensus was obtained during the validation meeting of key stakeholders • For open text questions, comments common to all respondents of the specific sub-part were listed. Additional comments were subjected to discussion and consensus during the validation meeting and recommended suggestions added to the list
**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**
A Validation and Consensus meeting was held and attended by key stakeholders' representatives from NACP, UN agencies, bi-laterals and civil society organizations. All questions having more than one response were highlighted and discussion encouraged achieving consensus for a single answer. The final rating for each sub-part of Part A &B with comments on key achievement and challenges were also presented for a collective review and consensus achieved. Recommended answers were submitted.
**Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):**
none

NCPI - PART A [to be administered to government officials]

| Organization | Names/Positions | A.I | A.II | A.III | A.IV | A.V | A.VI |
|---|---|---|---|---|---|---|---|
| National AIDS Control Program | Dr Sajid Ahmed/ National Program Manager | Yes | Yes | Yes | Yes | Yes | Yes |
| Punjab AIDS Control Program | Dr Salman Shahid, Provincial Program Manager | Yes | Yes | Yes | Yes | Yes | Yes |
| Sindh AIDS Control Program | Dr Arshad Mehmood, Provincial Program Manager | Yes | Yes | Yes | Yes | Yes | Yes |
| Khyber Pakthunkhwa AIDS Control Program | Dr Sher Mohammed, Provincial Program Manager | Yes | Yes | Yes | Yes | Yes | Yes |
| Balochistan AIDS Control Program | Dr Nasir Khan, Provincial Program Manager | Yes | Yes | Yes | Yes | Yes | Yes |
| Planning Commission | Dr Asghar Abbasi, Chief Health | Yes | Yes | Yes | Yes | No | No |

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

| Organization | Names/Positions | B.I | B.II | B.III | B.IV | B.V |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| Nai Zindagi | Mr Tariq / CEO Zafar, CEO | Yes | Yes | Yes | Yes | Yes |
| Association of People living With HIV | Ms Nayyara / President Executive Board | Yes | Yes | Yes | No | Yes |
| New Lights AID ControlS Society | Mr Nazir Masih / Chief Executive | Yes | Yes | Yes | Yes | Yes |
| Pakistan Society | Mr Azhar Hussein / Project Manager | Yes | Yes | Yes | Yes | Yes |
| Saathi Foundation | Ms Laila Butt / Director | Yes | Yes | Yes | Yes | No |
| Socio Pakistan | Mr Amanullah Kaker / CEO | Yes | Yes | Yes | Yes | No |
| UNICEF | Dr Nasir Sarfaraz, HIV Advisor | No | No | Yes | Yes | Yes |

# A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?
**(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):**
Yes
**IF YES, what was the period covered:**
Last one was 2007-11; New one is under development and is for the period 2012-2016
**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.**
**IF NO or NOT APPLICABLE, briefly explain why.:**
In line with the 18th amendment to the constitution of Pakistan, from 1st July 2011 the Federal MoH has been devolved and provinces now have the responsibility for strategic planning. The provinces are now developing their own AIDS strategies and the overall Pakistan AIDS Strategy 2012-16 is being developed in the 'post-devolution' scenario. This Strategy will be the consolidation of the four provincial strategies and will also a have strategic plan for the federally administered areas and AJK.

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**
1. Ministry of Inter-Provincial Coordination, 2. Provincial Departments of Health

1.2. Which sectors are included in the multisectoral strategy with a specifc HIV budget for their activities?

SECTORS

| Included in Strategy | Earmarked Budget |
|---|---|
| Yes | No |
| Yes | Yes |
| Yes | No |
| No | No |
| No | No |
| Yes | No |
| Yes | No |

**Other [write in]:**
Ministry of Narcotics; Has an earmarked budget for Drug users Rehabilitation Centers
**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specifc activities?:**
Action plans are being prepared at provincial level which will be finalized and approved by respective health & planning departments in Provinces. The ministry and departments other than health use the resources allocated by the health sector for activities in the sectors i.e., education etc. Ministry of Narcotics has a budget for Drug Rehabilitation centers across the four Provinces. Women and young people do not have HIV specific funding since the epidemic in Pakistan is concentrated amongst the KAPs. However, women and young people within the KAPs benefit under their specific KAP targeted services and are also addressed in the activities targeted at the general populations on specific occasions like WAD.

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

**Men who have sex with men:**
Yes
**Migrants/mobile populations:**
Yes
**Orphans and other vulnerable children:**
Yes
**People with disabilities:**

No
**People who inject drugs:**
Yes
**Sex workers:**
Yes
**Transgendered people:**
Yes
**Women and girls:**
Yes
**Young women/young men:**
No
**Other specific vulnerable subpopulations:**
Yes
**Prisons:**
Yes
**Schools:**
Yes
**Workplace:**
No
**Addressing stigma and discrimination:**
Yes
**Gender empowerment and/or gender equality:**
Yes
**HIV and poverty:**
No
**Human rights protection:**
Yes
**Involvement of people living with HIV:**
Yes

**IF NO, explain how key populations were identifed?:**
-
**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:**
• IDUs, • MSWs, • HSWs, • FSWs, • Migrants, • Coal miners in Balochistan • Spouses of IDUs • Street Children
**1.5. Does the multisectoral strategy include an operational plan?:** Yes

1.6. Does the multisectoral strategy or operational plan include

**a) Formal programme goals?:**
Yes
**b) Clear targets or milestones?:**
Yes
**c) Detailed costs for each programmatic area?:**
Yes
**d) An indication of funding sources to support programme implementation?:**
Yes
**e) A monitoring and evaluation framework?:**
Yes

1.7

**1.7. Has the country ensured "full involvement and participation" of civil society in the development of the multisectoral strategy?:**
Active involvement
**IF ACTIVE INVOLVEMENT, briefly explain how this was organised:**
Most of the HIV/AIDS prevention and control interventions in the country since the beginning of the response to the epidemic have been implemented through public-private partnership. Even currently, all services to key at risk populations are being delivered through civil society organizations. Civil society and community groups, particularly, PLHIV, have been part of the extensive consultative process undertaken for the development of the strategies at the provincial level. All these Provincial strategies will be compiled into a Pakistan AIDS Strategy.

**1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:**
Yes

1.9

**1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:**
Yes, some partners

**IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:**
Coordination with all partners is under progress

**2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:**
Yes

2.1. IF YES, is support for HIV integrated in the following specifc development plans?

**Common Country Assessment/UN Development Assistance Framework:**
Yes
**National Development Plan:**
Yes
**Poverty Reduction Strategy:**
Yes
**Sector-wide approach:**
No
**Other [write in]:**
Annual Provincial Development Plan for each of the four provinces

2.2. IF YES, are the following specifc HIV-related areas included in one or more of the development plans?

**HIV impact alleviation:**
No
**Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:**
Yes
**Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:**
No
**Reduction of stigma and discrimination:**
Yes
**Treatment, care, and support (including social security or other schemes):**
Yes
**Women's economic empowerment (e.g. access to credit, access to land, training):**
No
**Other[write in below]:**
-

**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:**
No
**4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:**
Yes
**5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:**
Yes
**5.1. Have the national strategy and national HIV budget been revised accordingly?:**
Yes
**5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:**
Estimates of Current and Future Needs
**5.3. Is HIV programme coverage being monitored?:**
Yes

5.3

**(a) IF YES, is coverage monitored by sex (male, female)?:**
Yes
**(b) IF YES, is coverage monitored by population groups?:**
Yes
**IF YES, for which population groups?:**
PWID, MSWs, HSWs and FSWs and Spouses and Children of PWID
**Briefly explain how this information is used:**
The information is being used by Provincial AIDS control programs to make programmatic adjustments and also to develop future strategies, programs and interventions
**(c) Is coverage monitored by geographical area:**
Yes
**IF YES, at which geographical levels (provincial, district, other)?:**
Mostly City and District wise
**Briefly explain how this information is used:**
The information is being used by provincial AIDS control programs to make programmatic adjustments and also to

develop future strategies, programs and interventions.

**5.4. Has the country developed a plan to strengthen health systems?:**
Yes
**Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:**
The overall health system strengthening has been instrumental in dealing with HIV & AIDS issues at all levels e.g. up-gradation of hospital facilities and involvement of various vertical programs in support of HIV & AIDS e.g. the LHW (Lady Health Worker) PHC and FP program for improving knowledge about HIV/AIDS & referral to service delivery, diagnostic and treatment services, capacity building and sensitization of Health care providers.
**6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:**
8
**Since 2009, what have been key achievements in this area:**
(a) Development of provincial AIDS strategies with costed action plans that cater best to the provincial needs (b) Involvement of various key sectors/departments in HIV prevention and control response
**What challenges remain in this area:**
(a) Actual provision of funds to operationalize the strategy (b) Decreasing donor commitment to HIV prevention and control (c) Increasing number of Key At-Risk populations especially PWID (d) The devolution of the Health Ministry to provincial level; the transition process was a challenge and continues to remain so. However, the same process can be simultaneously also be viewed as an opportunity as the provinces are now more autonomous and could directly mobilize resources through bilateral contacts with donors.

# A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high offcials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

**A. Government ministers:**
Yes
**B. Other high offcials at sub-national level:**
Yes

1.1

**(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):**
Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:**
• Last year the Prime Minister of Pakistan met Special UN Secretary General Special Envoy on HIV/AIDS for Asia Pacific Ms. Nafis Sadiq at PM house and assured his support for HIV/AIDS and human rights issues in the country. • A number of Provincial Ministers across the four provinces have talked about HIV/AIDS issue in their respective provinces in their public forum addresses. • Parliamentarians regularly conduct review meetings on HIV response in the National assembly and Senate of Pakistan. • Involvement in World AIDS Day activities as well as participation in high level HIV & AIDS conferences by delegations led by high officials
**2. Does the country have an offcially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:**
No
**IF NO, briefly explain why not and how HIV programmes are being managed:**
At the national level a Harm Reduction Advisory group exist which is chaired by secretary Ministry of Narcotics control and has representation from provinces beside civil society and health departments. Also a treatment, care and support coordination committee exists at national level which is multisectoral and has defined ToRs. At provincial level multisectoral steering/coordination committees exist which are chaired by respective Health Ministers or Secretaries.

2.1. IF YES, does the national multisectoral HIV coordination body

**Have terms of reference?:**
-
**Have active government leadership and participation?:**
-
**Have an official chair person?:**
-
**Have a defined membership?:**
-
**Include civil society representatives?:**
-

**Include people living with HIV?:**
-
**Include the private sector?:**
-
**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:**
-

**3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:**
Yes
**IF YES, briefly describe the main achievements:**
The CCM secretariat (Country Coordination Mechanism) has representatives from CSOs, donor agencies and Government of Pakistan; CCM provides a forum for interaction between, Government, CSOs, PLHIV and private sectors on resource mobilization, and implementation of the HIV, TB and Malaria. Beside the CCM several coordination forums exist at national and provincial levels for various thematic areas which provide sufficient opportunities for interaction between government, civil society, PLHIV and the private sector.
**What challenges remain in this area:**
Devolution of Health Ministry of health from the national level has left a vacuum at national level and Provinces will take some time for the institutionalizing of some roles which have been devolved to Provinces.
**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:**
43%

5.

**Capacity-building:**
Yes
**Coordination with other implementing partners:**
Yes
**Information on priority needs:**
Yes
**Procurement and distribution of medications or other supplies:**
Yes
**Technical guidance:**
Yes
**Other [write in below]:**
-

**6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:**
No
**6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:**
-
**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:**
6
**Since 2009, what have been key achievements in this area:**
1. Recognition of HIV issue at provincial level 2. Commitment of Provincial governments to provide funds from their own resources 3. The commitment of the Federal government to ensure full budget allocation for the HIV & AIDS control program implementation as per the current National Finance Committee award. 4. Scaling up of treatment care and support services across the four Provinces and doubling of the number of PLHIV who are on ART.
**What challenges remain in this area:**
1. Stronger commitment at national level required to reach targets defined in the 2011 Political declaration. 2. Uncertainty about interprovincial coordination, donor coordination and who will undertake surveillance related activities.

# A - III. HUMAN RIGHTS

1.1

**People living with HIV:**
Yes
**Men who have sex with men:**
No
**Migrants/mobile populations:**
Yes
**Orphans and other vulnerable children:**
Yes

**People with disabilities:**
Yes
**People who inject drugs:**
No
**Prison inmates:**
Yes
**Sex workers:**
No
**Transgendered people:**
Yes
**Women and girls:**
Yes
**Young women/young men:**
Yes
**Other specific vulnerable subpopulations [write in]:**
-

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**
No
**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:**
YES to 1.1: 1. THE HIV & AIDS PREVENTION AND TREATMENT ACT, 2007: It is a comprehensive law that lays down a complete and exhaustive procedure for the protection of PLHIV in Pakistan; Chapter III of the Act of 2007 specifically states that no person shall be discriminated against on the basis of his/her HIV status in any form in relation to any activity in the private, public sectors of employment, health facilities, education and accommodation 2. Article 11 of the Constitution of Islamic Republic of Pakistan, 1973 guarantees prohibition of forced labor under the age of 14. While Article 24(3) of the Constitution prohibits all kinds of acts of discrimination and provides an affirmative discrimination in favor of women and children to have special laws to the exclusion of other; 18th amendment in the Constitution states it has become a fundamental right of every citizen to get education free of cost. 3. Disabled Persons (Employment and Rehabilitation) Ordinance, 1981: is a comprehensive code of conduct that protects the rights of people with disabilities 4. Prisoners Act, 1894: As per Section 59 of the Parent Act of 1894, this is a provincial subject allowing provinces to amend rules; Pakistan Prisoners Rules, 1976 governs in detail a complete and exhaustive law for maintenance, food, clothing, employment, education and medical facilities to be provided to the Prison inmates. 5. Acknowledgement of transgendered people as 'Third Gender" by a Supreme Court decision; giving them the right to be issued a National Identity Card under the category of She-Male and hence the right to vote, own and inherit property 6. The Protection of Harassment of Women in the Workplace Act 2010 which obliges all workplaces in the public and private sector to adopt the polices outlined in the law to provide protection against sexual harassment and an avenue to address grievances; Amendment of section 509. XLV of 1860 of the Pakistan Penal Code deals with sexual harassment in the public place as well. 7. Prevention of Domestic Violence Act 2008 covers all intentional acts of gender-based, physical and psychological abuse, but also includes "economic abuse, harassment, stalking, sexual abuse, verbal abuse and any other repressive behavior" committed against women, children or other vulnerable people, with whom those accused have been or still are in a domestic relationship. Explanation of lack of law on non-discrimination 8. Pakistan does not have a general law specifically dealing with the subject of non-discrimination. However, Pakistan's constitution on the other hand has given constitutional guarantee under Article 3 of the Constitution whereby, it has been made obligatory on the state to eliminate all kinds of exploitation. Article 25 of the Constitution further guarantees that all citizens of the country shall be equal before law and shall be entitled to equal protection of law. The same Article further states that there cannot be any discrimination on the basis of sex. However, the state can make laws, which discriminates, in favor of women and children (Affirmative Discrimination). Non-discrimination is a fundamental right. As per Article 8 of the Constitution, there can be no law in violation of the fundamental rights and any law if is in violation of fundamental rights shall be struck down to the extent of the inconsistency. Therefore, there can be no law in Pakistan which generally or specifically discriminates. Any law which would discriminate would be unconstitutional and can be struck down on the touchstone of the constitution.
**Briefly explain what mechanisms are in place to ensure these laws are implemented:**
1. The PLHIV protection law binds the national and provincial AIDS control programs to provide PLHIV and other vulnerable groups ways and means to prevent AIDS transmission to others by using Universal Precautions including education, training, personal protective equipment and by employing safe working practices, including the distribution of condoms, provision of clean syringes etc. 2. NADRA, the government body was issued instructions by the Supreme Court to add a third category of She-Male to gender of person. This was effectively carried out and transgender community members have been issued with national identity cards with which they can vote, own and inherit property and gain employment 3. The women protection laws have been passed but their implementation is slow and is being undertaken by NGO such as Meherghar and AASHA (Alliance Against Sexual Harassment )
**Briefly comment on the degree to which they are currently implemented:**
The HIV & AIDS response in Pakistan fully endorses and implements the law protecting PLHIV The transgender community has been issued with National Identity cards enabling them to gain employment and making them eligible for inheritance. The Chief Justice of Pakistan is taking particular interest in this implementation; However, there are no further laws for their protection and welfare for this population. The Sexual Harassment laws have been adopted by a wide range of government, academic and corporate organizations by part of their organizational policies.
**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**
Yes

IF YES, for which subpopulations?

**People living with HIV:**
No
**Men who have sex with men:**
Yes
**Migrants/mobile populations:**
No
**Orphans and other vulnerable children:**
No
**People with disabilities:**
No
**People who inject drugs :**
Yes
**Prison inmates:**
No
**Sex workers:**
Yes
**Transgendered people:**
No
**Women and girls:**
No
**Young women/young men:**
No
**Other specific vulnerable subpopulations [write in below]:**
-

**Briefly describe the content of these laws, regulations or policies:**
1. Section 377 (Pakistan Penal Code) deals with MSM and states " Whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal, shall be punished with imprisonment for life, or with imprisonment of either description for a term which shall not be less than two years nor more than ten years, and shall also be liable to fine. Penetration is sufficient to constitute the carnal intercourse necessary to the offense described in this section" Section 269 and 270 of Pakistan Penal Code addresses transmission of infectious diseases relating to MSM activity state "Whoever unlawfully or negligently OR malignantly does any act which is, and which he knows or has reason to believe to be, likely to spread the infection of any disease dangerous to life, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine, or with both. 2. Control of Narcotic Substances Act 1997: Deals with laws relating to narcotic drugs, psychotropic substances, and control of production, processing and trafficking of such drugs and substances. No punishment is provided under this law for using drugs by an addict, rather treatment and rehabilitation is given under sections 52 and 53 of the Act. 3. Section 371A (Pakistan Penal Code) and Shariat Law make prostitution illegal in Pakistan ; Whoever sells, lets to hire, or otherwise disposes of any person with intent that such a person shall at any time be employed or used for the purpose of prostitution or illicit intercourse with any person or for any unlawful and immoral purpose, or knowing it to be likely that such person shall at any time be employed or used for any such, purpose, shall be punished with imprisonment which may extend to twenty-five years, and shall also be liable to fine 4. Section 371B (Pakistan Penal Code) - When a female is sold, let for hire, or otherwise disposed of to a prostitute or to any person who keeps or manages a brothel, the person so disposing of such female shall, until the contrary is proved, be presumed to have disposed of her with the intent that she shall be used for the purpose of prostitution. For the purposes of this section and section 371B, "illicit intercourse" means sexual intercourse between persons not united by marriage. There is a special law i.e. Punjab Suppression of Prostitution ordinance, 1961 which specially deal with the subject and prescribes punishment for such offences as well.
**Briefly comment on how they pose barriers:**
All these laws have a common effect of that the KAP generally do not trust official authority personnel and avoid them. These laws present obstacles in access to sex workers (male, female and Hijra) to provide prevention service delivery by CSO and NGOs. Sex workers tend to avoid formal settings where their identities may be revealed. Although use of drug is not a crime and in fact dictates the state to provide harm reduction and treatments, the anti-narcotics laws push drug users further underground into the shadows of society as they have daily dealings with drug peddlers who are, by legal definition, the real criminals. Hence PWID generally avoid and harbor innate mistrust of uniformed persons and general society

# A - IV. PREVENTION

**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:**
Yes

IF YES, what key messages are explicitly promoted?

**Abstain from injecting drugs:**
Yes
**Avoid commercial sex:**
Yes
**Avoid inter-generational sex:**

No
**Be faithful:**
Yes
**Be sexually abstinent:**
Yes
**Delay sexual debut:**
Yes
**Engage in safe(r) sex:**
Yes
**Fight against violence against women:**
Yes
**Greater acceptance and involvement of people living with HIV:**
Yes
**Greater involvement of men in reproductive health programmes:**
No
**Know your HIV status:**
Yes
**Males to get circumcised under medical supervision:**
No
**Prevent mother-to-child transmission of HIV:**
Yes
**Promote greater equality between men and women:**
Yes
**Reduce the number of sexual partners:**
Yes
**Use clean needles and syringes:**
Yes
**Use condoms consistently:**
Yes
**Other [write in below]:**
-

**1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:**
No
**2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:**
No

2.1. Is HIV education part of the curriculum in

**Primary schools?:**
No
**Secondary schools?:**
No
**Teacher training?:**
Yes

**2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:**
No
**2.3. Does the country have an HIV education strategy for out-of-school young people?:**
No
**3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:**
Yes
**Briefly describe the content of this policy or strategy:**
Addressed as part of National HIV/AIDS strategic framework.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

| IDU | MSM | Sex workers | Customers of Sex Workers | Prison inmates | Other populations |
|---|---|---|---|---|---|
| Yes | Yes | Yes | No | Yes | - |
| No | No | No | No | No | - |
| Yes | Yes | Yes | No | Yes | - |
| Yes | No | No | No | No | - |
| Yes | Yes | Yes | No | Yes | - |
| Yes | No | No | No | No | - |

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| | | | | | |
|---|---|---|---|---|---|
| Yes | Yes | Yes | No | Yes | - |
| No | No | No | No | No | - |

**3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:**
5
**Since 2009, what have been key achievements in this area:**
1. Commitment of resources for prevention interventions by the provincial governments to sustain the current service and scale it up in the coming years
**What challenges remain in this area:**
1. Post devolution, provincial policies development and implementation 2. Competing priorities due to natural disasters e.g. the floods of the 2010/2011 as well as securities issues 3. Standardization of data collection tools
**4. Has the country identified specifc needs for HIV prevention programmes?:**
Yes
**IF YES, how were these specific needs determined?:**
The needs were determined as part of NSF development process and included a detailed situation and response analysis in each of the four provinces and federal level. The process was consultative and involved all relevant stakeholders

4.1. To what extent has HIV prevention been implemented?

**Blood safety:**
Agree
**Condom promotion:**
Agree
**Harm reduction for people who inject drugs:**
Agree
**HIV prevention for out-of-school young people:**
Disagree
**HIV prevention in the workplace:**
Disagree
**HIV testing and counseling:**
Agree
**IEC on risk reduction:**
Disagree
**IEC on stigma and discrimination reduction:**
Disagree
**Prevention of mother-to-child transmission of HIV:**
Agree
**Prevention for people living with HIV:**
Agree
**Reproductive health services including sexually transmitted infections prevention and treatment:**
Agree
**Risk reduction for intimate partners of key populations:**
Disagree
**Risk reduction for men who have sex with men:**
Disagree
**Risk reduction for sex workers:**
Disagree
**School-based HIV education for young people:**
Disagree
**Universal precautions in health care settings:**
Disagree
**Other[write in]:**
-

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:**
6

# A - V. TREATMENT, CARE AND SUPPORT

**1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:**
Yes
**If YES, Briefly identify the elements and what has been prioritized:**
It includes ARVs, provision of medicines for opportunistic infections, lab facilities including CD4 and viral load testing, VCT,

nutritional support, psychosocial and legal support for people living with and affected by HIV.

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

HIV treatment care and support services are available through 17 ART and 15 community and home based sites across the country. All services identified above are available free of coat to all PLHIV and also cover their immediate family members. These services will be further scaled up in coming three years under GF R-9 support.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

**Antiretroviral therapy:**
Strongly Agree
**ART for TB patients:**
Strongly Agree
**Cotrimoxazole prophylaxis in people living with HIV:**
Strongly Agree
**Early infant diagnosis:**
Agree
**HIV care and support in the workplace (including alternative working arrangements):**
Disagree
**HIV testing and counselling for people with TB:**
Agree
**HIV treatment services in the workplace or treatment referral systems through the workplace:**
N/A
**Nutritional care:**
Agree
**Paediatric AIDS treatment:**
Strongly Agree
**Post-delivery ART provision to women:**
Agree
**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**
Disagree
**Post-exposure prophylaxis for occupational exposures to HIV:**
Agree
**Psychosocial support for people living with HIV and their families:**
Agree
**Sexually transmitted infection management:**
Agree
**TB infection control in HIV treatment and care facilities:**
Agree
**TB preventive therapy for people living with HIV:**
Agree
**TB screening for people living with HIV:**
Agree
**Treatment of common HIV-related infections:**
Disagree
**Other [write in]:**
-

**2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:**

No

**Please clarify which social and economic support is provided:**

However on small scale such support is being provided to a certain percentage of PLHIV through GF R-9 support. In one province [KPK] efforts are being made to integrate these services in the social welfare ministry initiatives.

**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:**

No

**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:**

Yes

**IF YES, for which commodities?:**

For ARVs through Global Fund Voluntary Pool Procurement (VPP) and UNICEF For CD4 and viral load kits through UNICEF

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

• Free provision of all HIV treatment, care and support services • Establishment of CHBC sites under GF Round-9 funds

**What challenges remain in this area:**

• More VCCT centers needed to reduce the difference between estimated and registered PLHIV • New ART regimens and

drug combinations. • Capacity to implement community based care and support services. • Getting PWID and other KAPs on ART.

**6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:**
No

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:**
5

**Since 2009, what have been key achievements in this area:**
Development of care and support framework for HIV infected and affected children under support from SAARC secretariat

**What challenges remain in this area:**
Recognition of OVC as at-risk key population at strategy level

# A - VI. MONITORING AND EVALUATION

**1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:**
Yes

**Briefly describe any challenges in development or implementation:**
Lack of resources and clarity on roles and responsibilities especially in post devolution scenario.

**1.1 IF YES, years covered:**
Five years

**1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:**
Yes, some partners

**Briefly describe what the issues are:**
Some partners work under their own organizational mandate and do not share their workplans and activities with NACP Provincial AIDS Control Programmes.

2. Does the national Monitoring and Evaluation plan include?

**A data collection strategy:**
Yes

**Behavioural surveys:**
Yes

**Evaluation / research studies:**
Yes

**HIV Drug resistance surveillance:**
No

**HIV surveillance:**
Yes

**Routine programme monitoring:**
Yes

**A data analysis strategy:**
Yes

**A data dissemination and use strategy:**
Yes

**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):**
Yes

**Guidelines on tools for data collection:**
Yes

**3. Is there a budget for implementation of the M&E plan?:**
Yes

**3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :**
5%

**4. Is there a functional national M&E Unit?:**
Yes

**Briefly describe any obstacles:**
After the devolution the role of this unit is not clear. With GFATM support M&E officers have been put in PACP which will strengthen M&E capacity at provincial level.

4.1. Where is the national M&E Unit based?

**In the Ministry of Health?:**
No

**In the National HIV Commission (or equivalent)?:**
Yes

**Elsewhere [write in]?:**
-

Permanent Staff [Add as many as needed]

| POSITION [write in position titles in spaces below] | Fulltime | Part time | Since when? |
|---|---|---|---|
| Epidemiologist | full time | - | 2005 |
| M&E specialist with Global Fund Rd 9 | full time | - | 2011 |
| M&E Officer under Global Fund Rd 9 | Full time | - | 2011 |

Temporary Staff [Add as many as needed]

| POSITION [write in position titles in spaces below] | Fulltime | Part time | Since when? |
|---|---|---|---|
| - | - | - | - |

**4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:**
No
**Briefly describe the data-sharing mechanisms:**
In post evolution scenario, mechanisms have yet to be developed for collation, analysis, sharing and use of information.
**What are the major challenges in this area:**
Uncertainity of the role of the NACP in the area of M&E.
**5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:**
Yes
**6. Is there a central national database with HIV- related data?:**
Yes
**IF YES, briefly describe the national database and who manages it.:**
There is a Central Data Coordination Unit (CDCU) at NACP that mainly is responsible for conducting annual rounds of IBBS in the country and managed by NACP.
**6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:**
No, none of the above

6.2. Is there a functional Health Information System?

**At national level:**
Yes
**At subnational level:**
Yes
**IF YES, at what level(s)?:**
National, Provincial and District level Health Management Information System (HMIS)

**7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:**
Yes

8. How are M&E data used?

**For programme improvement?:**
Yes
**In developing / revising the national HIV response?:**
Yes
**For resource allocation?:**
Yes
**Other [write in]:**
-

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any:**
Data used to develop NSF, provincial strategies, plans and funding proposals to donors including GFATM.

9. In the last year, was training in M&E conducted

**At national level?:**
Yes
**IF YES, what was the number trained:**
around 25
**At subnational level?:**
Yes
**IF YES, what was the number trained:**
Around 60
**At service delivery level including civil society?:**
Yes

**IF YES, how many?:**
Above 80

**9.1. Were other M&E capacity-building activities conducted` other than training?:**
Yes
**IF YES, describe what types of activities:**
Mainly under GF Round-9 for grant specific indicators that included ART center and CHBC site staff on data reporting
**10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:**
7
**Since 2009, what have been key achievements in this area:**
• IBBS Round 4 across Pakistan in about 19 cities • Standardization of Data collection tools and procedures in ART centers and CHBC sites
**What challenges remain in this area:**
• Availability of dedicated funds for M&E plan operationalization • Limited capacity in M&E • Lack of clarity on roles and responsibilities of NACP in post devolution scenario • Mechanism for verification of data needed

# B - I. CIVIL SOCIETY INVOLVEMENT

**1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:**
2
**Comments and examples:**
• Fragmented effort on part of the CSOs ; further disadvantaged by the fact that the total number of CSO dealing with HIV & AIDS are still limited in number, despite the fact that the number has increased over the past decade. • In the last few years the Association of PLHIV has been able to strengthen its position and represent the community at national and provincial level forums to advocate for their rights particularly for treatment care and support services.
**2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:**
2
**Comments and examples:**
Civil society has been involved in the processes of the strategic planning and costing. During the development of provincial strategies civil society was part of the TWGs and think tank groups.

3.

**a. The national HIV strategy?:**
4
**b. The national HIV budget?:**
2
**c. The national HIV reports?:**
3
**Comments and examples:**
• Often coverage is reported without focusing or mentioning quality of service being provided • Figures on coverage are often inflated. • Through One UN Team on AIDS through UNFPA initiated few projects on Sex Workers in Pakistan which ended in Nov 2011. • CSOs often have to arrange other sources of funds through their own efforts for the welfare of vulnerable community they service because the budgets do not cover all the proposed aspects.

4.

**a. Developing the national M&E plan?:**
4
**b. Participating in the national M&E committee / working group responsible for coordination of M&E activities? :**
0
**c. Participate in using data for decision-making?:**
1
**Comments and examples:**
CSOs participated in the M&E framework development. However, the process of monitoring and evaluation in response of HIV is mainly lead by the government. The use of M&E data for decision making was shared in previous years. In the current reporting period , it is not applicable since data is under collection and stage of using it has not yet reached due to devolution related interruption of the program.

**5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:**
2

**Comments and examples:**
• The epidemic is concentrated, so diversity within the MARPs is not so much – most groups dealing with the MARPs in Pakistan epidemic are included, the latest entrant being the first organization of MSM of Pakistan. • Civil society organization are playing a role in the presentation of diverse groups but community based organization are playing vital role in response of the HIV presentation.

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access

**a. Adequate financial support to implement its HIV activities?:**
3
**b. Adequate technical support to implement its HIV activities?:**
3
**Comments and examples:**
• Decreased funding in the HIV sector means both types of support were difficult to access. • In 2011, there were no funds released because of the devolution, hence we got funds from UN for OI treatment and Lab tests but no capacity training was done. • Small grants were made available by the government but mostly international NGOs/funders provided adequate funds for the Implementation of the project activities.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

**People living with HIV:**
>75%
**Men who have sex with men:**
>75%
**People who inject drugs:**
>75%
**Sex workers:**
>75%
**Transgendered people:**
>75%
**Testing and Counselling:**
25-50%
**Reduction of Stigma and Discrimination:**
51-75%
**Clinical services (ART/OI)*:**
<25%
**Home-based care:**
>75%
**Programmes for OVC**:**
<25%

**8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:**
7
**Since 2009, what have been key achievements in this area:**
Provincial Chapters (four) of the Association of PLHIV established • National Association of PLHIV became a sub-recipient of GFATM Round 9 grant. • Principle Recipient of Regional Global Fund Rd 10 was a CSO (APN Plus) and its main SR is the ALPHIV • Involvement in effective policy making • Moderate Access of HIV prevention, treatment, care and support services to MARPs continued despite the halting of funds due to devolution process
**What challenges remain in this area:**
• Diminishing resources; causing a tug of war between Federal and Provincial governments • Devolution of governance has led to fewer resources and fewer, interrupted services coverage to MARPs • More resourcing for Stigma & Discrimination reduction required • Lack of communication and Advocacy Programs with General Public • Implementation of GIPA Principle at all levels • Limited technical capacity of civil society organizations

# B - II. POLITICAL SUPPORT AND LEADERSHIP

**1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:**
Yes
**IF YES, describe some examples of when and how this has happened:**
1. Representatives of PLHIV and Key Affected Populations (KAP) were involved and contributed in the development of Interim Action Plan in 2010 for continuation of prevention services for KAPs in Punjab through government money after discontinuation of International funding. 2. Similarly representatives of KAP and PLHIV were involved in the development of AIDS strategies (2012-16) by all provinces of Pakistan 3. The CCM has PLHIV as its members 4. In national and provincial consultations members of PLHIV and other MARPs communities are invited by government bodies 5. In Sindh, PLHIV are some of the members of technical working groups that interact with government officials

# B - III. HUMAN RIGHTS

1.1.

**People living with HIV:**
Yes
**Men who have sex with men:**
No
**Migrants/mobile populations:**
Yes
**Orphans and other vulnerable children:**
Yes
**People with disabilities:**
Yes
**People who inject drugs:**
No
**Prison inmates:**
Yes
**Sex workers:**
No
**Transgendered people:**
Yes
**Women and girls:**
Yes
**Young women/young men:**
Yes
**Other specific vulnerable subpopulations [write in]:**
-

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**
Yes
**If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:**
1. The HIV & AIDS Prevention and treatment Act provides protection of PLHIV in Pakistan; and ensures that a PLHIV is not discriminated against on the basis of his/her HIV status in any form in relation to any activity in the private or public sectors. 2. Disabled Persons (Employment and Rehabilitation) Ordinance, 1981: is a comprehensive code of conduct that protects with people with disabilities 3. The Prisoners Act, 1894: provides protection to prisoners in terms of food, clothing, medical care and education facilities while in jail. Acknowledgement of transgendered people as 'Third Gender" by a Supreme Court decision; giving them the right to be issued a National Identity Card under the category of She-Male and hence the right to vote, own and inherit property 4. The Protection of Harassment of Women in the Workplace Act 2010 protects women in the workplace against sexual harassment and provides a protocol to address grievances; Prevention of Domestic Violence Act 2008 protects women against all types of violence in the house; 5. Non-discrimination: Pakistan's constitution guarantees that all citizens of the country shall be equal before law and shall be entitled to equal protection of law. Non-discrimination is a fundamental right. Anyone can file a case against discrimination in the normal routine manner and it will be entertained in the court of law
**Briefly explain what mechanisms are in place to ensure that these laws are implemented:**
1. The PLHIV protection law is implemented through the National and Provincial AIDS Control Programs and PLHIV are ensure provision of all prevention, treatment, care and support services 2. All transgenders have been issued National Identity cards and can now gain employment, own, manage and inherit property as well as vote. 3. The women protection laws have been passed but their implementation is slow and is being undertaken by NGO such as Meherghar and AASHA (Alliance Against Sexual Harassment )
**Briefly comment on the degree to which they are currently implemented:**
The HIV & AIDS response in Pakistan fully endorses and implements the law protecting PLHIV Although the transgender community is now issued national Identity cards there are no further laws for their protection and welfare
**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**
Yes

2.1. IF YES, for which sub-populations?

**People living with HIV:**
No
**Men who have sex with men:**
Yes
**Migrants/mobile populations:**
No
**Orphans and other vulnerable children:**
No
**People with disabilities:**
No

**People who inject drugs:**
Yes
**Prison inmates:**
No
**Sex workers:**
Yes
**Transgendered people:**
No
**Women and girls:**
No
**Young women/young men:**
No
**Other specific vulnerable subpopulations [write in]:**
-

**Briefly describe the content of these laws, regulations or policies:**
1. Section 377 (Pakistan Penal Code) condemns MSM activity making it punishable with Life imprisonment or with imprisonment of either description for a term which shall not be less than two years nor more than ten years, and shall also be liable to fine. 2. Control of Narcotic Substances Act 1997: Deals with laws relating to narcotic drugs, psychotropic substances, and control of production, processing and trafficking of such drugs and substances. No punishment is provided under this law for using drugs by an addict, rather treatment and rehabilitation is given under sections 52 and 53 of the Act. 3. Section 371A (Pakistan Penal Code) and Shariat Law make commercial sex work illegal in Pakistan making it punishable with imprisonment which may extend to twenty-five years, and shall also be liable to fine
**Briefly comment on how they pose barriers:**
These laws make access to the MARPS a difficult process where the CSO have to first build trust and goodwill amongst the community before they can have any meaningful impact of their service interventions. Often goodwill and trust can evaporate overnight if a police raid takes place taking our impact a couple of yards back. The IDUs are a little different in that , although use of drug is not a crime and in fact dictates the state to provide harm reduction and treatments, the anti-narcotics laws pushes drug users further underground into the shadows of society because they have daily dealings with drug peddlers who are, by legal definition, the real criminals. Hence IDUs generally avoid and harbor innate mistrust of uniformed persons and general society.
**3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:**
Yes
**Briefly describe the content of the policy, law or regulation and the populations included:**
Prevention of Domestic Violence Act 2008 ; This law is not HIV specific but applicable to all women of all ages in Pakistan. It covers all intentional acts of gender-based, physical and psychological abuse, but also includes “economic abuse, harassment, stalking, sexual abuse, verbal abuse and any other repressive behavior” committed against women, children or other vulnerable people, with whom those accused have been or still are in a domestic relationship. Under this law, protection committees – each consisting of female councillors, a female SHO, a sub-divisional police officer and a protection officer – would be set up at the Tehsil level by provincial governments to handle all reported cases.
**4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:**
Yes
**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**
• Human rights is specifically mentioned with National Strategic Framework • A policy of non-stigma and discrimination is being observed in all HIV Treatment centers in the country
**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:**
No

6. Does the country have a policy or strategy of free services for the following?

| Provided free-of-charge to all people in the country | Provided free-of-charge to some people in the country | Provided, but only at a cost |
|---|---|---|
| Yes | No | No |
| Yes | No | No |
| No | Yes | No |

**If applicable, which populations have been identified as priority, and for which services?:**
Since the Pakistan epidemic is concentrated, all MARPs (i.e. IDUs, Male, female and Hijra Sex workers, migrants, truckers, prison inmates, MARAs) and IDU spouses/families have been identified as vulnerable. However they all have to be first registered with an NGO or HIV Treatment center before they can avail services. The Government of Pakistan provides ART, PPTCT and preventions services free of cost to all identified and registered key populations; Other clinical presentation (STIs/OIs/lab tests etc) are funded by UN agencies and undertaken by CSOs and NGOs.
**7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:**

Yes

**7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:**

Yes

**8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:**

Yes

**IF YES, Briefly describe the content of this policy/strategy and the populations included:**

No written policy but all MARPs have access to the prevention and treatment services but only on registration with the program; MARPs in Pakistan are IDUs, Male, female and Hijra Sex workers, migrants, truckers, prison inmates, MARAs and IDU spouses/families.

8.1

**8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:**

Yes

**IF YES, briefly explain the different types of approaches to ensure equal access for different populations:**

All KAPs are accessed by CSOs and NGOs who adapt their approach according to the cultural sensitivities; there is no one policy dictating these approaches e.g. IDU are approached by offering NEP in the hotspots and then through them, their spouses/children are accessed; FSW and MSW are approached through their community leaders/in-charges. ALL MARPs, once registered, have equal access to all services

**9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:**

No

10. Does the country have the following human rights monitoring and enforcement mechanisms?

**a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:**

Yes

**b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:**

No

**IF YES on any of the above questions, describe some examples:**

Governmental Human Rights bodies in Pakistan include Ministry of Human rights which has set up a National Human Rights Commission of Pakistan and the 'Wafaqi Mohtasib' Ombudsman of Pakistan. The majority of work in the human rights arena is carried out by NGOs mainly Human Rights Commission of Pakistan (HRCP), Asia Human Rights Commission (AHRC), Pakistan International Human Rights Organization (PIHRO), Human Rights Forum Pakistan (HRFP). However, HIV related case work is seldom dealt with in the workings of both government and NGO human rights organizations.

11. In the last 2 years, have there been the following training and/or capacity-building activities

**a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:**

Yes

**b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:**

No

12. Are the following legal support services available in the country?

**a. Legal aid systems for HIV casework:**

Yes

**b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:**

No

**13. Are there programmes in place to reduce HIV-related stigma and discrimination?:**

Yes

IF YES, what types of programmes?

**Programmes for health care workers:**

Yes

**Programmes for the media:**

Yes

**Programmes in the work place:**

No

**Other [write in]:**
-

**14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:**
3
**Since 2009, what have been key achievements in this area:**
1. Swift implementation of the supreme court ruling acknowledging transgenders as the 'Third Gender". The Chief Justice of the Supreme court has taken a personal interest; All transgenders have been issued national ID cards giving them for the first time in history, the right to vote, own, inherit and manage property and gain employment outside the sex/entertainment industry e.g. many jobs were created within NADRA (National Database and Registration Authority. 2. Establishment of the first ever MSM organization in Pakistan called the NAZ Male Health Alliance which has received funding for operations from Regional Global Fund Rd 9.
**What challenges remain in this area:**
The voice of the affected population is not loud enough to have any meaningful impact; the affected people organizations need to unite on one forum to have an effect
**15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:**
3
**Since 2009, what have been key achievements in this area:**
Introduction of new laws addressing violence against women and sexual harassment of Women in the workplace and public area are two key achievements.
**What challenges remain in this area:**
Implementation is a key challenge since many human rights issues often go against the fabric of the Pakistani culture e.g. misogyny, prejudice against minority religion groups e.g. Christians, Hindus and key populations such as sex workers and drug users.

# B - IV. PREVENTION

**1. Has the country identified the specific needs for HIV prevention programmes?:**
Yes
**IF YES, how were these specific needs determined?:**
• Mapping and HASP surveillance (integrated biological and behavioral surveillance) • Door to door qualitative surveys; focus group discussions during seminars • identified based on program monitoring

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**
Agree
**Condom promotion:**
Agree
**Harm reduction for people who inject drugs:**
Agree
**HIV prevention for out-of-school young people:**
Disagree
**HIV prevention in the workplace:**
Disagree
**HIV testing and counseling:**
Agree
**IEC on risk reduction:**
Disagree
**IEC on stigma and discrimination reduction:**
Agree
**Prevention of mother-to-child transmission of HIV:**
Agree
**Prevention for people living with HIV:**
Agree
**Reproductive health services including sexually transmitted infections prevention and treatment:**
Agree
**Risk reduction for intimate partners of key populations:**
Disagree
**Risk reduction for men who have sex with men:**
Disagree
**Risk reduction for sex workers:**
Disagree
**School-based HIV education for young people:**
Disagree
**Universal precautions in health care settings:**

Disagree
**Other [write in]:**
-

**2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:**
3
**Since 2009, what have been key achievements in this area:**
Even after the completion of Enhanced HIV/AIDS Control Program in 2008 and with the extension up to 2010 implementation HIV prevention programs, in most provinces, continued, through government's Own funding, e.g., in Punjab or through UN support, e.g., in Sindh and Balochistan
**What challenges remain in this area:**
• Financial resources and capacities of service providers remain the biggest challenge in this area. • Inadequate coverage and interruption of ongoing programs also present a challenge • Poor planning augmented with diminished resources and inability to deliver previous targets has led to a substantial down scaling of prevention efforts in the country

# B - V. TREATMENT, CARE AND SUPPORT

**1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:**
Yes
**IF YES, Briefly identify the elements and what has been prioritized:**
It includes ARVs, provision of medicines for opportunistic infections, lab facilities including CD4 and viral load testing, VCT, nutritional support, psychosocial and legal support etc.
**Briefly identify how HIV treatment, care and support services are being scaled-up?:**
HIV treatment care and support services are being made available through 17 ART and 15 community and home based sites across the country. All services identified above are available free of cost to all PLHIV and also cover their immediate family members. These services will be further scaled up in coming three years under GF R-9 support. Through a 'Family Care Center' in Khyber Pukhthukwa, inaugurated in 2011, all HIV related treatment, care and support services are now available under one roof. The model is planned to be replicated in other three provinces in coming years.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

**Antiretroviral therapy:**
Strongly Agree
**ART for TB patients:**
Strongly Agree
**Cotrimoxazole prophylaxis in people living with HIV:**
Strongly Agree
**Early infant diagnosis:**
Agree
**HIV care and support in the workplace (including alternative working arrangements):**
Agree
**HIV testing and counselling for people with TB:**
Agree
**HIV treatment services in the workplace or treatment referral systems through the workplace:**
N/A
**Nutritional care:**
Disagree
**Paediatric AIDS treatment:**
Agree
**Post-delivery ART provision to women:**
Agree
**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**
Disagree
**Post-exposure prophylaxis for occupational exposures to HIV:**
Agree
**Psychosocial support for people living with HIV and their families:**
Disagree
**Sexually transmitted infection management:**
Agree
**TB infection control in HIV treatment and care facilities:**
Agree
**TB preventive therapy for people living with HIV:**
Agree
**TB screening for people living with HIV:**
Agree
**Treatment of common HIV-related infections:**

Disagree
**Other [write in]:**
-

**1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:**
5
**Since 2009, what have been key achievements in this area:**
Despite interrupted funding due to the devolution process, with funding from UN, we ensured that all PLHIV registered with us had no break in their ARV therapy and all lab testing
**What challenges remain in this area:**
• Poor planning, diminished resources and inability to deliver previous targets has led to a massive down scaling to of HIV treatment, care and support efforts in the country • More VCCT centers are needed to widen the catchment of at-risk populations. • We must introduce coordination with Hepatitis programs since both infections follow similar dynamics.
**2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:**
No
**3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":**
5
**Since 2009, what have been key achievements in this area:**
Development of care and support framework for HIV infected and affected children
**What challenges remain in this area:**
OVC are not a big group of vulnerable populations, so they are not recognized as a key MARP in Pakistan which presents a challenge since in reality they are a vulnerable sub-population

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