

PAKISTAN

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
By the end of 2021, the number of people who know their HIV status increases to 25% (from 16% in 2018), and at least 25% are enrolled in ART (from 11.4% in 2018). By 2021, 90% of newly diagnosed HIV cases (expected 360- 500 annual number of new HIV cases) are enrolled in ART. Improving access to HIV testing and treatment through implementing differentiated service delivery.	SLOW PROGRESS	By December 2020, of an estimated 213 310 people living with HIV, 44 730 (21%) knew their HIV status, and 23 430 (11%) were on ART (i.e. 54% of people who knew their HIV status were on ART) (GAM 2021). In 2020, 1,370 people were newly diagnosed with HIV and linked to care, and 1,415 newly diagnosed people were initiated on ART (National AIDS Control Programme). At the end of 2020, 48 treatment centres were established and were functional during the COVID-19 pandemic. Consultation was held on expanding or decentralizing HIV service delivery through differentiated service delivery models in Punjab and Sindh.
Coverage of harm-reduction services increased among people who inject drugs, in refugees, local populations, and community settings in Quetta.	ON TRACK	Technical and financial support was provided for harm reduction activities for people who inject drugs in Quetta: 14 045 syringes and 7,051 condoms were distributed to key population groups, and related health education was provided.
PrEP rolled out in two cities and utilized by priority target groups.	ON TRACK	PrEP guidelines were developed and endorsed by the Infectious Disease Society, and ARVs were procured by the national programme. Individual physicians are prescribing PrEP, but implementation under the national programme in the provinces is yet to begin.
All-important stakeholders (governmental and nongovernmental) agree on OST programme implementation. Law enforcement agencies, judiciary, health professionals and civil society organizations (CSOs) educated on OST.	ON TRACK	Consensus was reached between all major stakeholders and regulatory approval was obtained for the implementation of OST for people who inject drugs. This is a major political breakthrough for strengthening the harm reduction programme.

<p>Provincial strategies (in Punjab and Sindh) to provide guidelines on how to address transphobic stigma and discrimination.</p>	<p>ON TRACK</p>	<p>A Bill was drafted with the involvement of the Joint Programme and stakeholders; it awaits finalization in provincial assemblies. Consultation meetings were held with parliamentarians, identifying them as champions for evidence-based advocacy.</p>
---	------------------------	--

JOINT TEAM

UNHCR, UNICEF, UNDP, UNFPA, UNODC, UNESCO, WHO, UNAIDS SECRETARIAT

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

In Pakistan, the UN Joint Team played a key role in facilitating approval and preparing for the OST roll-out to complement harm reduction services for people who use drugs. Gains have also been made in tackling stigma and discrimination against the transgender community. Strengthening the response to the HIV outbreak in Larkana, continuation of access to treatment despite service disruptions due to COVID-19 and the assessment of the rising HIV drug resistance were other key areas of focus in 2020.

HIV TESTING AND TREATMENT

TECHNICAL SUPPORT; CAPACITY BUILDING; PARTNERSHIPS

In Pakistan, the number of people living with HIV almost tripled in the past decade, from an estimated 68 000 in 2010 to 199 000 in 2020. Of these, 6,500 (3.3%) are children, and 61 000 (31%) women. Technical support was provided to the provincial AIDS control programmes to enhance HIV testing services in line with WHO recommendations, and HIV testing services guidelines were launched during the recent International AIDS Conference. Standard operating procedures have been completed for testing and treatment differentiated service delivery, and national HIV treatment guidelines have been updated. Technical and financial support was provided for differentiated service delivery consultations with the provincial AIDS control programmes managers and technical staff in Punjab and Sindh.

A project of tailored community-level interventions was developed in two ART clinics to track, link and re-engage lost-to-follow-up clients to improve treatment adherence and retention in care, reaching 1,517 people living with HIV; by mid-April 2020, 275 had been relinked to treatment.

Technical support was provided for an “early warning indicators” assessment for drug resistance, analysing data from the national ART management information system, and provincial HIV databases. Findings will improve the performance of the ART site practice and quality of care, and inform national and the provincial decision-making on ART programme development and other HIV drug resistance prevention measures.

In Malir prison, Karachi, 300 inmates received HIV tests, of whom 16 tested HIV-positive and were referred to the provincial AIDS control programme for registration and treatment. In addition, a coordination mechanism is being established between Malir prison and the HIV

control programme, Hepatitis control programme and tuberculosis (TB) control programme, while computerized national identity cards are being issued to HIV-positive prisoners, so they can receive ART. In 2020, a total of 2,432 prisoners were tested for HIV, of whom 44 tested HIV-positive and were linked to treatment.

The response to the 2019 HIV outbreak among children in Larkana continued with strong Joint Team contribution and in close collaboration with provincial and federal authorities. Joint efforts resulted in the identification of over 1,400 HIV-positive people of whom 72% were children younger than 15 years. Sustained efforts resulted in over 90% linkage to treatment and over 90% retention and adherence to treatment at Larkana. This was achieved through a comprehensive approach that focussed on community engagement; awareness raising and psychosocial support for affected families; addressing stigma and discrimination through the engagement of media, health-care providers and community opinion leaders; family tracing and testing; bridging gaps between community and treatment centres; and follow-up with families.

PREVENTION FOR KEY POPULATIONS POLICY DIALOGUE; TECHNICAL SUPPORT

A concept document was finalized on OST in Pakistan, in consultation with the Ministry of Health and Ministry of Narcotics Control, in preparation for the provincial dialogues on OST, which were conducted at the end of 2020. Recommendations from the dialogues included the creation of specialized public health facilities with staff trained on OST and overdose management; engaging wide stakeholder participation; a robust delivery and control mechanism to avoid OST medicines being lost/stolen; and creating monitoring and evaluation procedures for programme.

With technical support from the Joint Team and strong inputs from national stakeholders (including provincial AIDS control programmes and community organizations), guidelines were finalized for the provision of PrEP to key populations. The guidelines were formally endorsed by the Infectious Disease Society of Pakistan for immediate implementation. An implementation plan is being developed in consultation with UN agencies and stakeholders. Capacity building activities for key service providers have been organized to support PrEP provision in two provinces with high HIV burdens.

STIGMA AND DISCRIMINATION POLICY DIALOGUE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT

Two community awareness sessions were conducted on stigma reduction on HIV for transgender people and the general community, attended by 208 participants including community elders, CSOs and the media.

Strategies were developed to provide context-specific guidelines for the provinces of Sindh and Punjab to address stigma and discrimination against transgender persons in accessing social protection and health care in consultation with stakeholders, including national and provincial AIDS control programmes, social welfare/protection, human rights and justice institutions.

CONTRIBUTION TO THE COVID-19 RESPONSE

Various models for differentiated service delivery received technical support during the COVID-19 emergency, including initiation of MMD of ARVs and home delivery of ARVs to people who could not access treatment centres. Fully 24 362 people living with HIV received ARVs to the end of 2020, including 229 people who received home-delivered ARVs (by the Association of People Living with HIV/AIDS). Focus group discussions and key informant interviews were organized to collect recommendations and develop strategies and action plans to further adapt services.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team contributed collectively towards the implementation of the Pakistan COVID-19 Strategic Preparedness and Response Plan and the Socio-Economic Impact Mitigation and Response Plan, with additional focus on COVID-19 vaccine deployment, economic recovery and social protection programmes. A key result of this strategic contribution has been the assurance of MMD of ARVs to people living with HIV. Contingency planning for AIDS, TB and malaria was also developed through a consultative process under the leadership of Ministry of National Health Services, Regulation and Coordination.

Under the leadership of UN Country Team Human Rights Task Force, the Joint Team advocated for including all persons at risk of being left behind in UN programming and for improvement to the legal framework. The Joint Team also supported the drafting of the Punjab HIV and AIDS Control Bill to further address HIV-related stigma and discrimination.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>There continue to be high levels of HIV infection, poor ART uptake, and a gap between ART registration and treatment.</p> <p>Despite the existence of over 50 HIV treatment centres in the country, only one-fifth of districts have an ART centre, and treatment coverage is only 15% (9% for key populations). Fully 38 different ARVs regimens are being used, and a substantial number of ART physicians are not formally trained on ART management. Distance/cost to travel for diagnosis and treatment, as well as a lack of health insurance schemes and low treatment literacy undermine testing and treatment uptake and adherence.</p>	<p>Expand ART coverage and decentralize HIV services in Punjab and Sindh provinces to improve services, decongest systems, and reduce loss to follow-up.</p> <p>Focus targeted efforts on geographical areas with the greatest need and among key populations, using high-yield modalities for case identification and early initiation of ART.</p> <p>Provide capacity building to professionals for improved practitioner-patient relations, strengthened adherence, and for maintaining support and collaboration throughout the treatment continuum.</p>
<p>Other barriers to effective treatment include a high level of stigmatization of people living with HIV and a perceived lack of confidentiality.</p>	<p>Provide training and sensitization on stigma and discrimination among health-care workers working with key populations.</p> <p>Support a targeted communication and advocacy programme against stigma and discrimination for various audiences, including religious scholars/leaders, media workers, parliamentarians, health-care professionals and hospital staff.</p>
<p>There appears to have been a rapid increase in ARV drug resistance in Pakistan. However, there is insufficient information about the prevalence and patterns of HIV drug resistance.</p>	<p>Use findings from the 2020 Early Warning Indicators Drug Resistance assessment and support implementation of a national system for HIV drug resistance surveillance and monitoring.</p>
<p>A recent review has identified that the practices which led to the HIV outbreak mostly affecting children in Larkana have not ended and that HIV infections continue to occur.</p>	<p>Urgently strengthen blood safety, infection prevention and control, including infection safety, in all (public and private) hospitals and health-care facilities to prevent further HIV transmission, and continue investing in capacity building of staff to strengthen linkages to and retention on treatment.</p>

Report available on the
UNAIDS Results and Transparency Portal

open.unaids.org