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AIDS PREVENTION PROGRAM IN PAKISTAN

To date official numbers reflect relatively few cases of AIDS in Pakistan, but the numbers are growing and likely under-estimated. The main issues are that education and public awareness is minimal, that AIDS prevention is under-funded, and that *at most* 40% of the blood supply is screened for HIV.

History of HIV/AIDS in Pakistan

1. The first AIDS patient in Pakistan was diagnosed in 1986. From 1986 to 1990 a total of 52,897 sera were tested; 201 were confirmed with HIV, and there were 30 cases of clinical AIDS. Since then more HIV cases have been diagnosed. Most cases have either been foreigners or Pakistani nationals who acquired the infection abroad.

2. **Official data**:

1987: 6 AIDS cases and 23 HIV infections.
1990: 30 AIDS cases and 201 HIV infections.
1993: 80 AIDS cases and 685 HIV infections.
1996: 128 AIDS cases and 1182 HIV infections.
1997: 147 AIDS cases and 1294 HIV infections.
1998: 167 AIDS cases and 1345 HIV infections; 162 AIDS patients have died so far.

3. The above figures show that in eleven years the annual number of new infections reported has increased by almost 60 times. Moreover, the above figures likely underestimate the true number of cases. Evidence exists in Karachi and Lahore that many individuals have acquired HIV infection locally. On the basis of reported cases and findings from a survey of high-risk groups, it is estimated that 50,000 to 80,000 HIV cases may exist in Pakistan. The Ministry of Health, through its HIV/AIDS Control Program, plans to conduct a study of HIV Sero-Prevalence in 1999. This study should yield an updated picture of the magnitude of the problem.

The HIV/AIDS Control Program in Pakistan

4. The Government of Pakistan initially established 39 HIV/AIDS diagnostic/surveillance centers in different parts of the country. After holding a consensus workshop with participation of WHO and other donors, a National HIV/AIDS Control Program was established. Implementation has been underway since 1994. The main components of the program are: support to the provincial Departments of Health for the testing of blood supplies and the training of staff for diagnosis and case management; a program of information, education and communications (IEC); and a national surveillance system.

5. Prior to initiation of the HIV/AIDS program, less than 10% of blood supplies for transfusions were screened for HIV. At present, the Ministry of Health estimates that about 40% to 50% of blood is being screened for HIV, mostly in public sector laboratories/blood banks. However, many small, public sector blood banks in Sindh, NWFP and Balochistan still do not have the capability for blood screening. Legislation prepared by the Ministry of Health for the safe use of blood and blood products is with the Senate for approval. After enactment of this law, all blood banks in both the private and public sectors would be required to supply HIV- and hepatitis B-free blood and blood products. However enforcing the law will be difficult. Good enforcement will require strong political commitment and a comprehensive program to train blood bank staff. It will also be necessary to ensure the availability of proper equipment in all blood banks, the involvement of clinicians for rational use of blood, and the constitution of hospital blood transfusion committees.

6. Education and public awareness of HIV/AIDS is being carried out through TV and radio, and the distribution of leaflets and posters. Several NGOs are also providing interpersonal education and counseling with support from the national program. However, the IEC program has a low profile and messages are not explicit enough.

7. Under the Social Action Program, the Government will arrange for an external review of the HIV/AIDS Control Program in 1999. It is expected that this review will result in a concerted dialogue among the Federal Government, provincial governments, and donors, about the future directions of the program.

Budget allocations

8. The National HIV/AIDS Control Program is funded entirely by the Federal Government. In fiscal year 1998/99, the Government allocated US$ 1.6 million for the program. In addition, about US$ 0.4 million in foreign aid was provided by UNAIDS, WHO, UNICEF and JICA. The provincial governments so far have not allocated any funds to the prevention and control of HIV/AIDS, and rely solely on inputs provided by the Federal Government. This level of resources enables a very limited effort nationwide. Moreover, in recent years the Government has failed to release the entire budget for the program.

Participating donors

9. Donors supporting the program include UNAIDS, WHO, UNDP, UNICEF, NORAD and the donors supporting the Social Action Program, including the World Bank.

Program Issues and Gaps

10. Major issues and gaps include:

- **Insufficient resources.** Government to date has accorded low priority to this program, reflecting low awareness on the part of senior politicians and bureaucrats of the risks of an expanded HIV/AIDS epidemics. Donor inputs have also been minimal.
- **Poor participation of private sector blood transfusion laboratories in screening blood for HIV**. Total consumption of blood in the country is about 1.5 million bags per year, of which 60% comes from the private sector. There is no system of screening of blood against HIV in most of the private blood banks (and in some of the public sector laboratories as well), nor is there legislation in place requiring screening.
- **IEC campaign is low key,** and suffers from inadequate research for developing messages . There is no program for increasing awareness in the schools.
- **Recycling of disposable syringes**. There is a common practice of reusing disposable syringes. This is a major hazard for HIV transmission which has not been addressed so far.

Outline for Advocacy Strategy by the Bank

11. A Bank advocacy strategy should include the following:

- Build constituency for AIDS prevention at political and bureaucratic levels. This needs to be done not only at the Federal level, but very importantly at the provincial level (the critical level for program implementation).
- Build consensus within the medical profession on AIDS prevention strategies.
- Based on the forthcoming external review of the program (para. 7 above), and in partnership with other donors, help the Government to formulate a stronger national program to address the threat of HIV/AIDS.
- In our discussions with the Government and other stakeholders in society, we should emphasize that a stronger program needs to encompass both the public and private health care sectors. For example, it is not enough for the public sector to properly screen blood supplies, end the practice of recycling syringes, and properly sterilize surgical equipment; these actions have to be mirrored by the private sector. But to get the private sector to change behavior in the desired directions will be a real challenge, in the context of Pakistan's weak regulatory environment.

We should also emphasize that preventing the spread of HIV infection will require much more explicit messages about unsafe sexual practices. But sex is a topic which is not normally discussed openly in Pakistan, and more explicit messages may provoke a political backlash. Thus, an important part of the overall strategy has to be for the Government to enlist the cooperation of religious leaders and other opinion-forming actors in society, in order to forestall a backlash.