Country progress report - Pakistan

Global AIDS Monitoring 2020

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Overall

Fast-track targets

Progress summary

Pakistan has an estimated 183,705 people living with HIV (PLHIV). 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 a gradual spill-over into the general population through bridging populations is silently taking place.

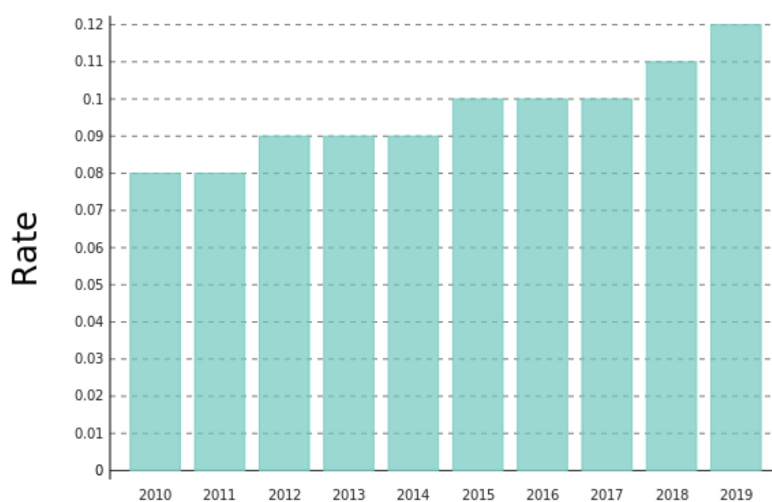
In Pakistan, although the estimated prevalence of HIV among the general population is less than 0.1%. The fifth Integrated Biological and Behavioural Surveillance Round conducted in 2016 revealed a steady increase in the weighted prevalence of HIV among the key populations namely; PWID = 38.4%, TGSW = 7.5%, TGs = 7.1%, MSW = 5.6%, MSM = 5.4%, and FSW = 2.2%. Latest scientific indicates that in 2019, 23% of the new infections occurred in PWID, 18% in MSM, 3% in TGs and 1% 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. Pakistan introduced evidence-based HIV prevention and treatment programme in the country in 2018 with the aim to increase the coverage of HIV prevention, treatment, care, and support services through a high impact focussed targeted approach that included the 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.

The HIV response in Pakistan continues to be challenged by certain “external” challenges that include weak coordination between stakeholders, inadequate inter-provincial information sharing, collation reporting and utilization mechanisms, variations in HIV interventions and lack of effective community engagement. The HIV programs in the country are pre-dominantly donor-dependent (mainly the 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 in addition to capacities of the CBOs to execute community-based prevention programmes.

3.1 HIV incidence rate per 1000, Pakistan (2010-2019)

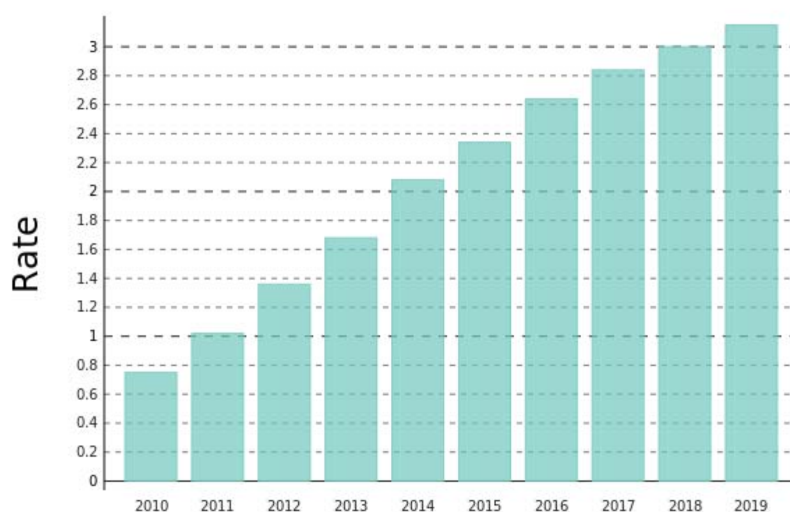
Number of people newly infected with HIV in the reporting period per 1000 uninfected population



Source: Spectrum file

1.7 AIDS mortality per 100 000, Pakistan (2010-2019)

Total number of people who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

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 183,705 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% are male and 21% female; 3% are percent children <14 years; and 3,701 women are in need of prevention of mother/parent to child transmission services.

Pakistan modelling exercise conducted in April 2019 estimated to have the highest number of PLHIV in Punjab followed by Sindh. Together these two provinces accounted for 91% of the total number of PLHIV. The city of Karachi has the highest number of PLHIV followed by Faisalabad and Lahore.

The model also predicted 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 53% of the total estimated number of PLHA are from key populations with 25 % among MSM, 24% PWIDs, 2% FSWs, 2% TGs and the remaining 47% PLHA belonging to non-key population groups that include low risk groups that are at a higher risk due to the behaviours of their partners, other vulnerable groups, and bridging populations.

The revised Pakistan AIDS strategy integrated 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 key populations coming into treatment as an aftermath of the community-based prevention programming. Overall treatment numbers have increased from 15,821 at the end of 2018 to 22,947 to the end of 2019. Pakistan currently has 45 HIV treatment centres scaling up from 35 at the end of 2018. The data from these 45 ART clinics shows 39,529 PLHIVs registered at ART Clinics.

However, whilst acknowledging these successes it must be conceded that overall treatment coverage rates are still extremely low. No more than 12 % of the total estimated population of people living with HIV is on treatment. For KP-PLHA the treatment coverage rate is even lower at 8% (of the total estimated KP-PLHA = 97,748). Whilst people from key populations account for 53% of the estimated number of PLHA, amongst the total PLHA on treatment only 4% belong to the key populations suggesting either low uptake of treatment by KP-PLHA or they have not discussed their KP-typology/ identity while getting registered in the treatment centres. Amongst the PLHA on treatment 23% are virally suppressed whereas 47% are lost to follow-up.

Policy questions (2019)

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

a) Is mandatory before marriage

No

b) Is mandatory to obtain a work or residence permit

No

c) Is mandatory for certain groups

No

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

No threshold; treat all regardless of CD4 count; Implemented countrywide (>95% of treatment sites)

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

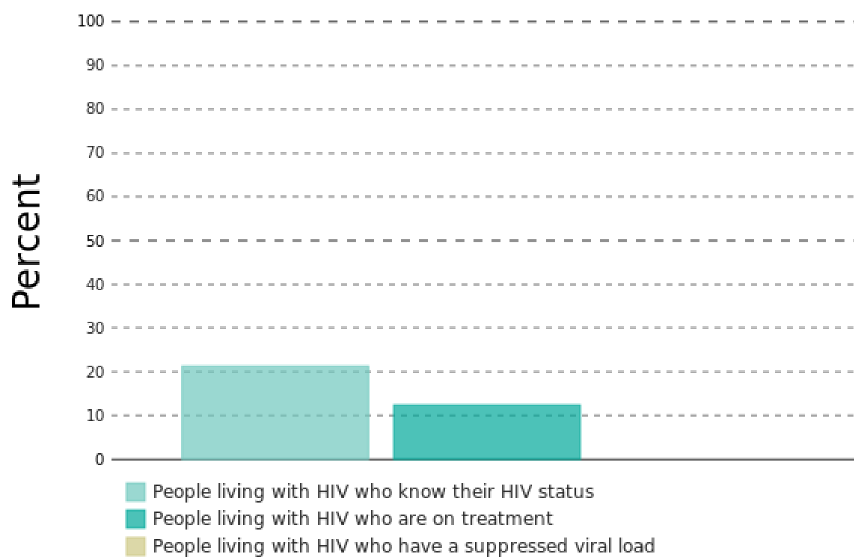
a) For adults and adolescents

Yes; Implemented in many (>50–95%) treatment sites

b) For children

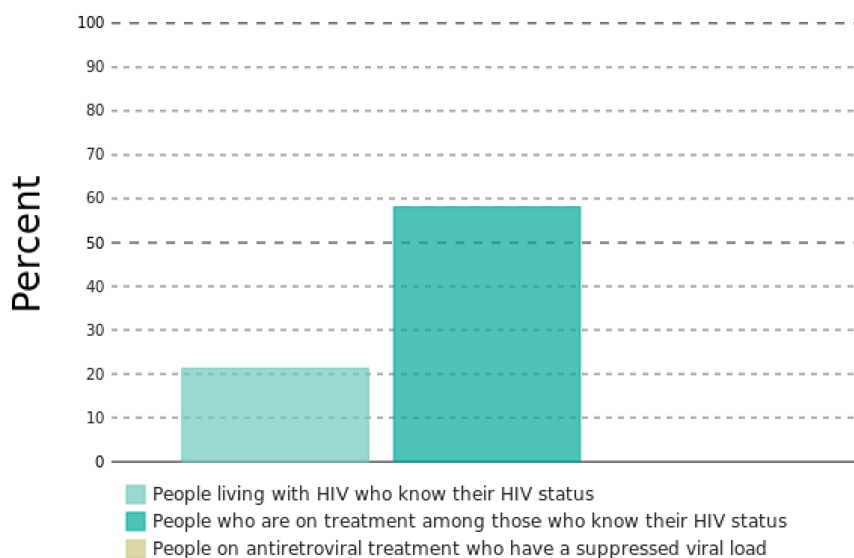
Yes; Implemented in many (>50–95%) treatment sites

HIV testing and treatment cascade, Pakistan (2019)



Source: Spectrum file

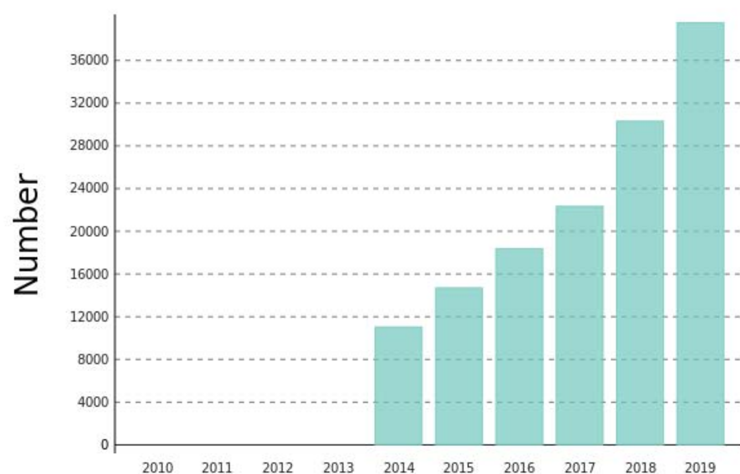
Progress towards 90-90-90 target, Pakistan (2019)



Source: Spectrum file

1.1 People living with HIV who know their HIV status, Pakistan (2010-2019)

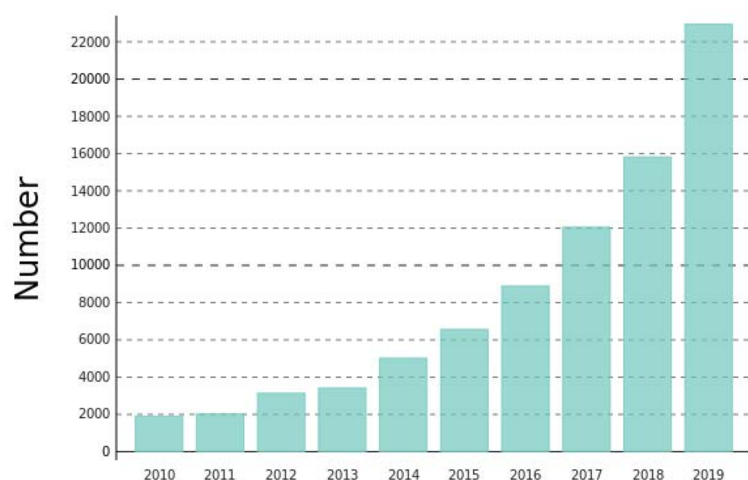
Number of people living with HIV who know their HIV status



Source: Spectrum file

1.2 People living with HIV on antiretroviral therapy, Pakistan (2010-2019)

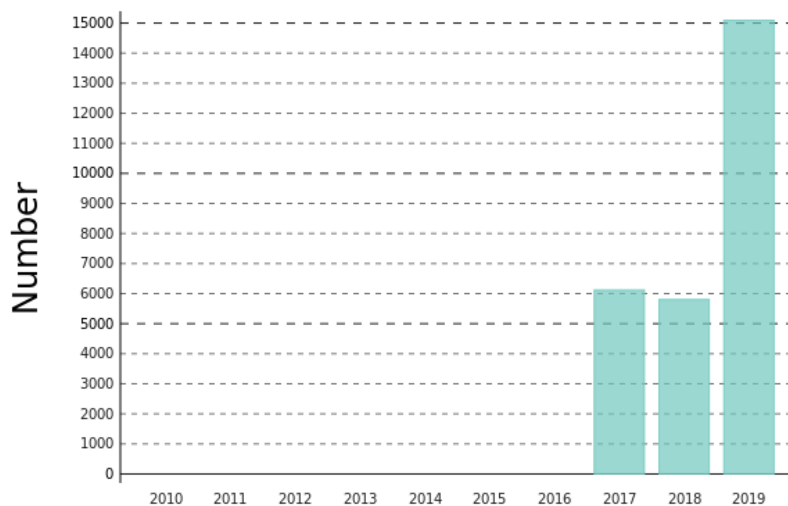
Number of people on antiretroviral therapy



Source: Spectrum file

1.3 People living with HIV on antiretroviral treatment who have suppressed viral load, Pakistan (2010-2019)

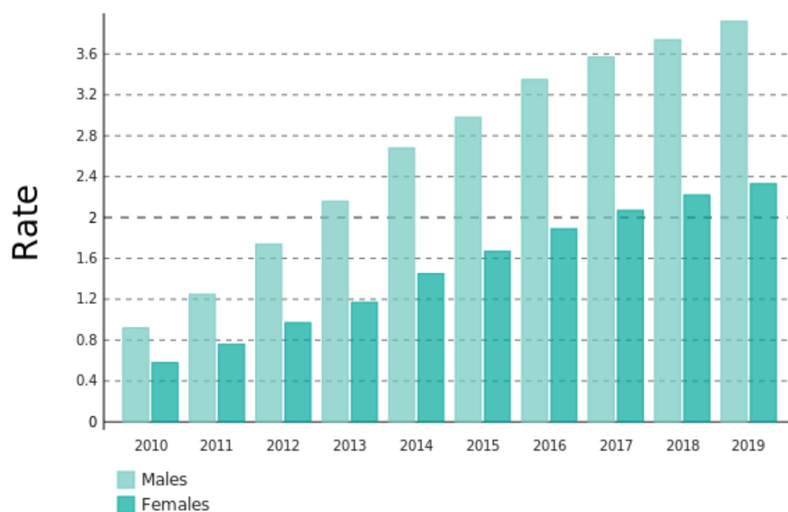
Number of people living with HIV with suppressed viral loads



Source: Spectrum file

1.6 AIDS mortality rate per 100 000, Pakistan (2010-2019)

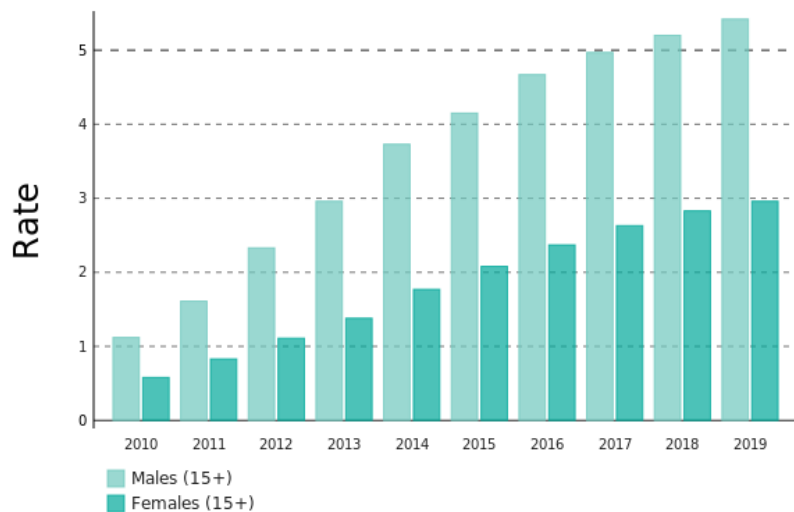
Total number of people who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

1.6 AIDS mortality rate per 100 000 among adults, Pakistan (2010-2019)

Total number of adults who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

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

Currently, there are 11 PPTCT centres functional in the country. The National AIDS control program with the support of UNICEF evaluated Pakistan PPTCT programme implementation for the duration from 2007 to 2015 that laid the foundation for current revised PPTCT strategy. Till 2018 UNICEF provided 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. As of 2018, sixty-one infants were tested for early infant diagnosis of which only 10 were diagnosed as HIV+ because their HIV+ mother did not present at the PPTCT site.

Policy questions (2019)

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, treat all, aged <5 years

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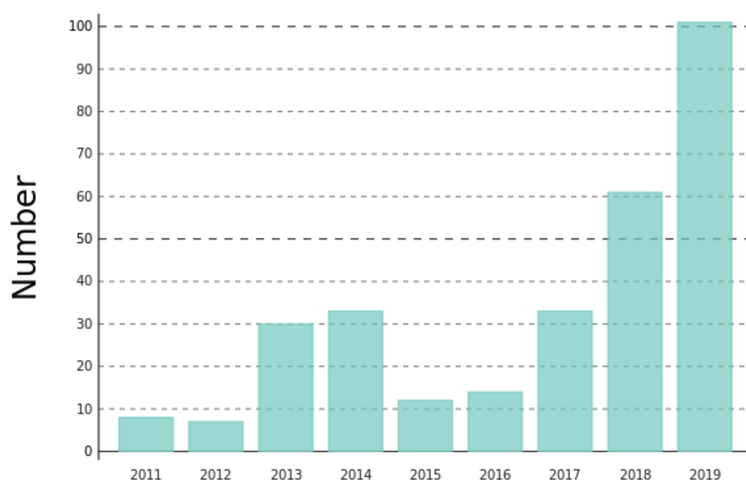
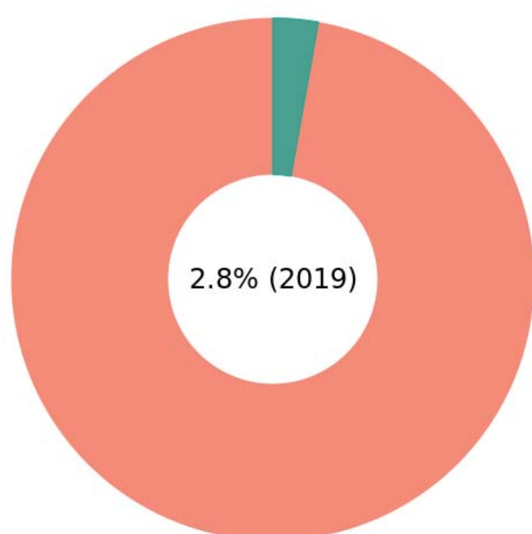
2.1 Early infant diagnosis, Pakistan (2011-2019)

Number of infants who received an HIV test within two months of birth



2.1 Early infant diagnosis, Pakistan (2018-2019)

Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth

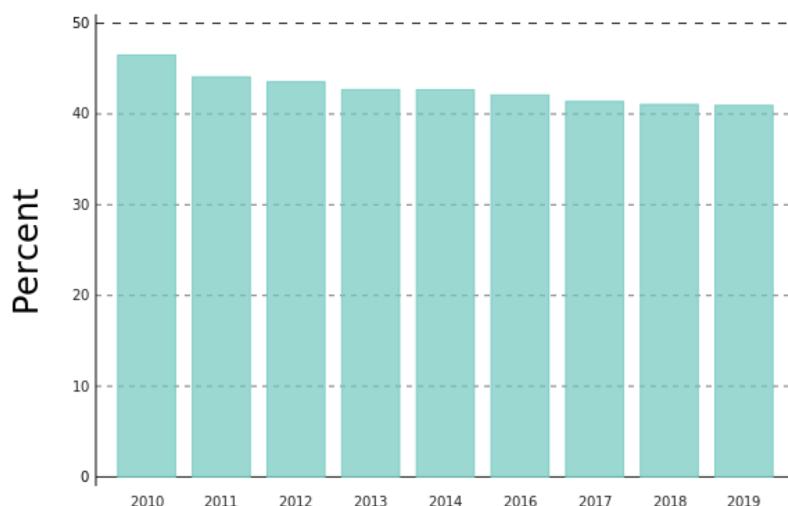


↑ 1.8% (2018)

Source: Spectrum file

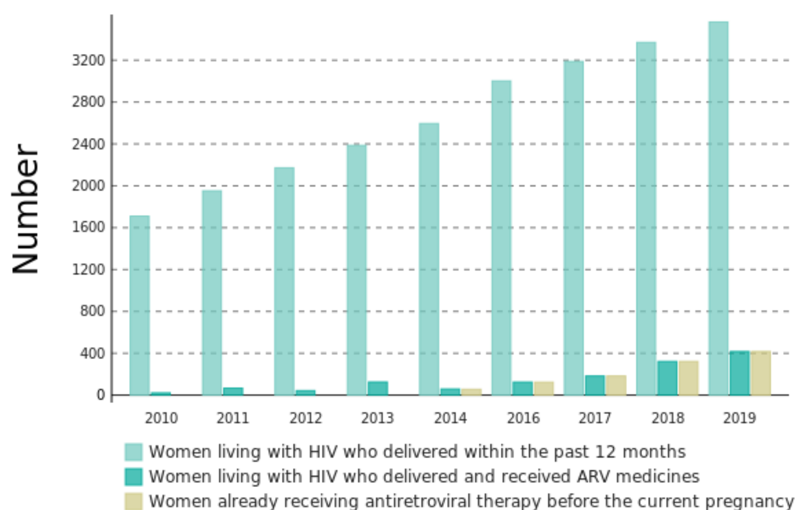
2.2 Mother-to-child transmission of HIV, Pakistan (2010-2019)

Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months



Source: Spectrum file

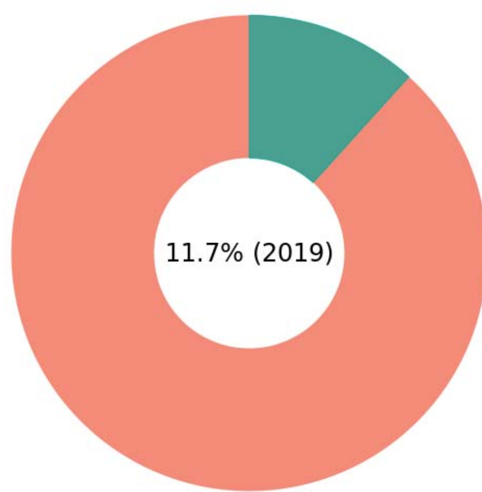
2.3 Preventing mother-to-child transmission of HIV, Pakistan (2010-2019)



Source: Spectrum file

2.3 Preventing mother-to-child transmission of HIV, Pakistan (2018-2019)

Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV



Source: Spectrum file

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 has an established harm reduction /prevention programming model for PWIDs in over 40 cities of the country. 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. High impact HIV prevention packages for each key population based on internationally recommended best practices have been adapted.

The Community-based HIV Prevention Model is based on a community-led approach with high impact HIV prevention interventions delivered by community-specific Community-based Organizations. It has been designed to provide community-based HTC services to the target communities by members of the respective communities in community settings by means of a mobile testing unit that also includes provision of other preventive services such HIV education and awareness, behaviour change communication (BCC), counselling, condoms and lubricants distribution and syndromic management of sexually transmitted infections (STIs). Each mobile testing unit has a trained paramedic to identify, diagnose and treat STIs in line with WHO guidelines for syndromic management of STIs supported by outreach workers who perform the tedious task of reaching out to and recruiting target community members. To avoid duplication and unnecessary use of HIV test kits and commodities, HIV testing protocols were defined as per the WHO guidelines: two tests to be conducted in the field and the third final test in the HIV treatment centre. This protocol will serve as a guide for HTC services for all key populations (MSM/MSW, TG/TGSW, FSW and PWIDs). The service model also includes supporting people living with HIV (PLHIV) into treatment and providing

them treatment linkage and adherence support once they have initiated treatment. CBO staff can accompany clients into treatment as required. There shall be coordination between centre-based staff (case managers) and community workers to support timely initiation and retention into HIV 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 counselling 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 (2019)

Criminalization and/or prosecution of key populations

Transgender people

• Both criminalized and prosecuted

Sex workers

• Selling sexual services is criminalized

• Buying sexual services is criminalized

• Ancillary activities associated with selling sexual services are criminalized

• Ancillary activities associated with buying sexual services are criminalized

• Profiting from organizing and/or managing sexual services is criminalized

• Other punitive and/or administrative regulation of sex work

Men who have sex with men

• Yes, death penalty

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

• No

Legal protections for key populations

Transgender people

• Both criminalized and prosecuted

Sex workers

• No

Men who have sex with men

• No

People who inject drugs

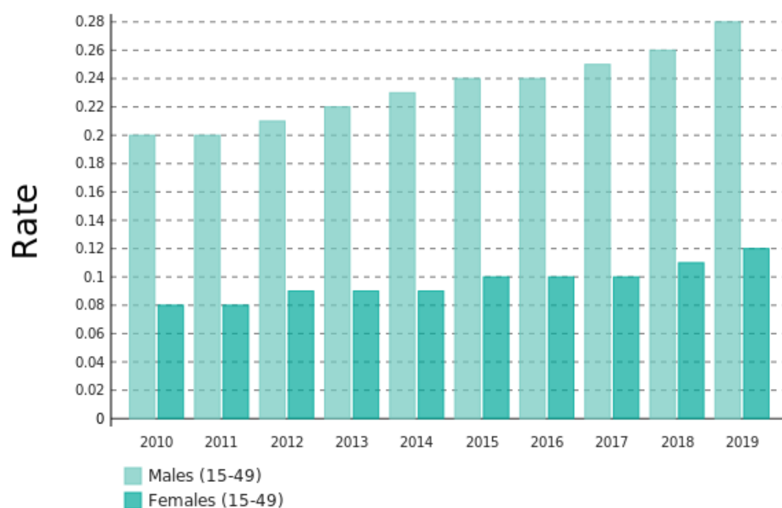
• No

Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?

Yes, PrEP guidelines have been developed but are not yet being implemented

3.1 HIV incidence rate per 1000, Pakistan (2010-2019)

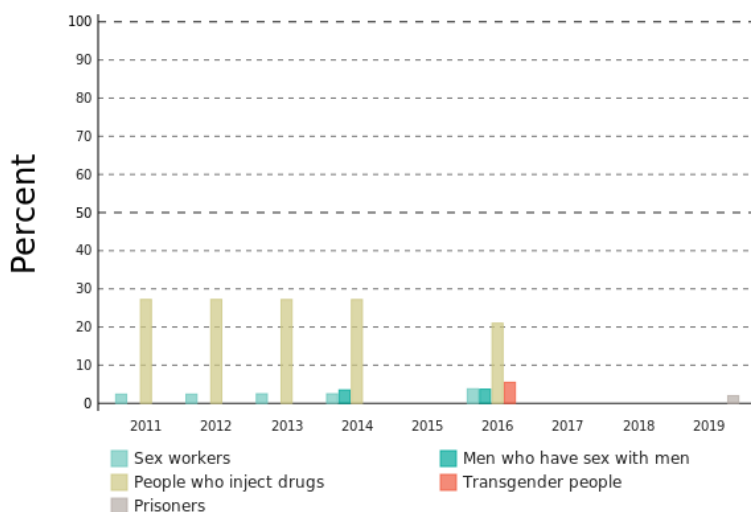
New HIV-infections in the reporting period per 1000 uninfected population (Adults, ages 15-49)



Source: Spectrum file

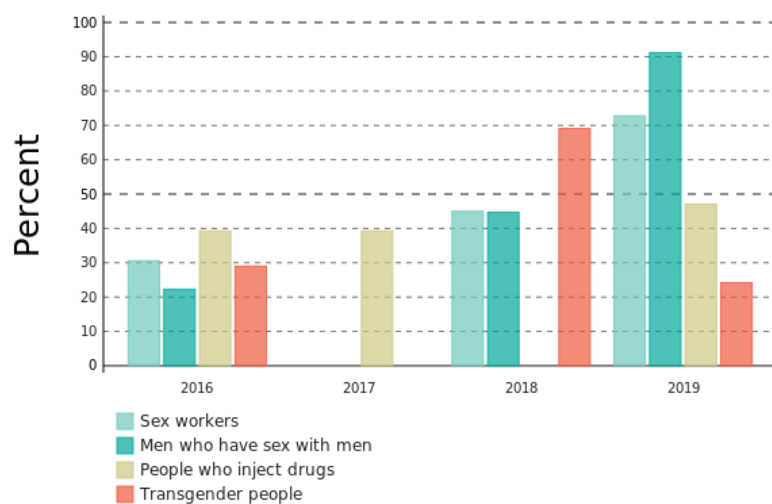
3.3 HIV prevalence among key populations, Pakistan (2011-2019)

Percentage of specific key populations living with HIV



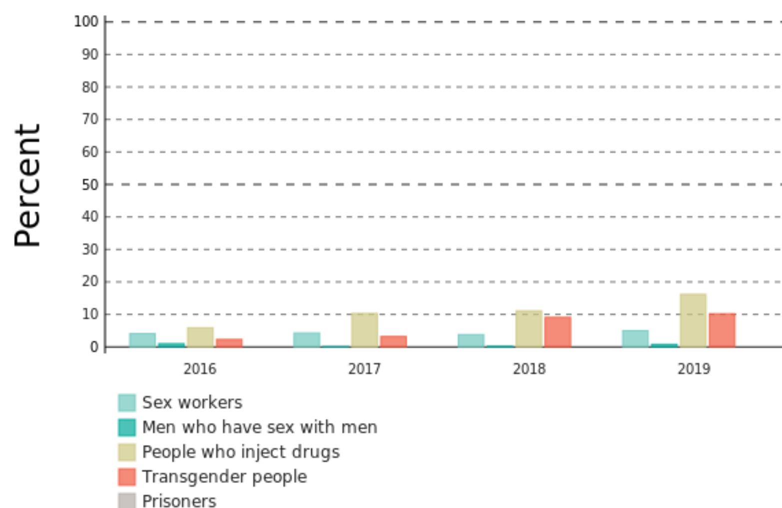
3.4 HIV testing among key populations, Pakistan (2016-2019)

Percentage of people of a key population who tested for HIV in the past 12 months, or who know their current HIV status



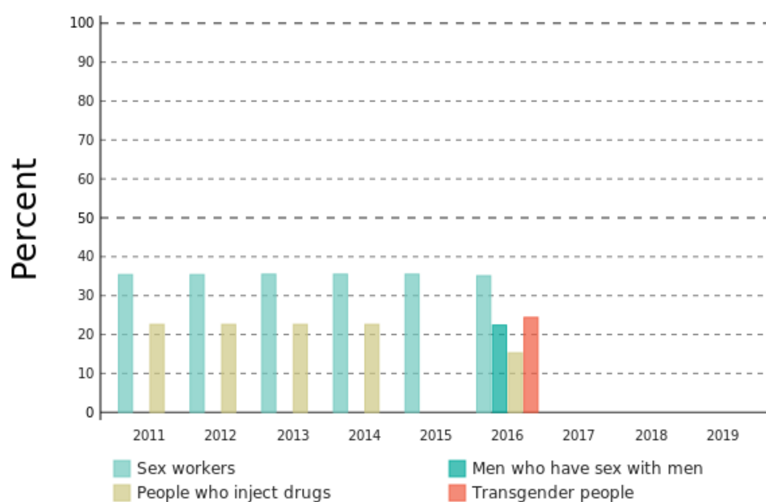
3.5 Antiretroviral therapy coverage among people living with HIV in key populations, Pakistan (2016-2019)

Percentage of the people living with HIV in a key population receiving antiretroviral therapy in the past 12 months



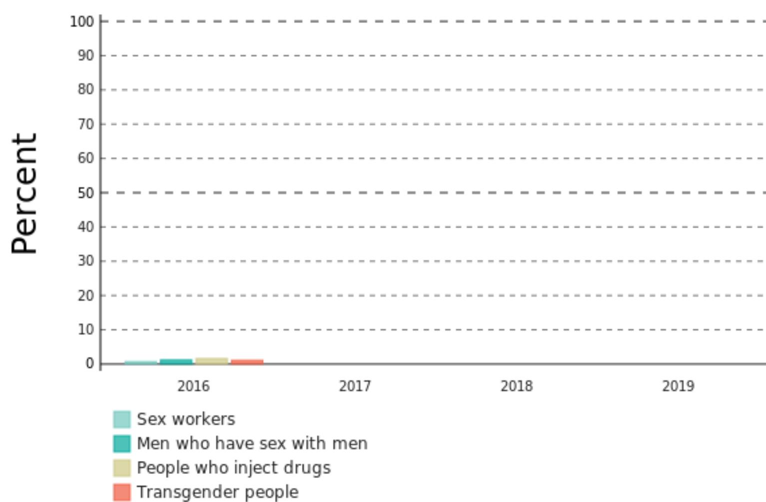
3.6 Condom use among key populations, Pakistan (2011-2019)

Percentage of people in a key population reporting using a condom the last time they had sexual intercourse



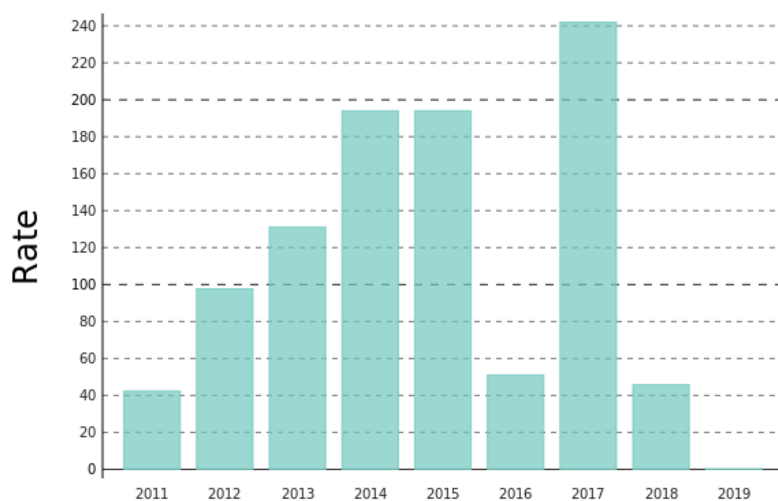
3.7 Coverage of HIV prevention programmes among key populations, Pakistan (2016-2019)

Percentage of people in a key population reporting having received a combined set of HIV prevention interventions



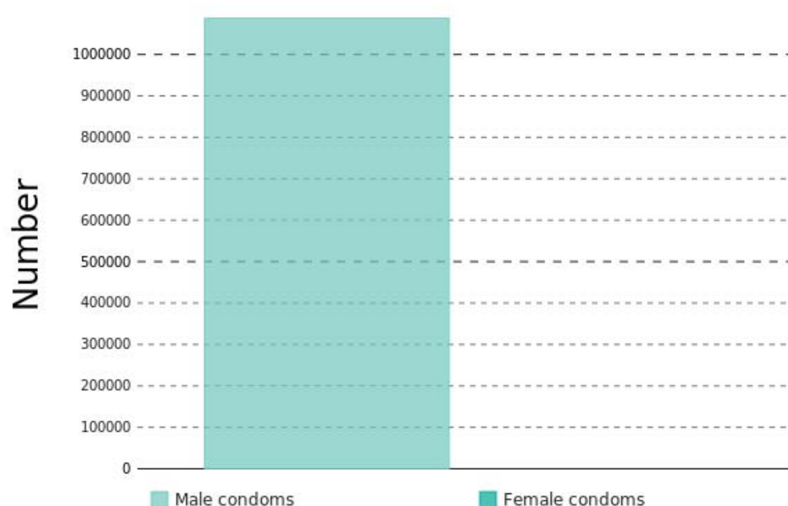
3.9 Needles and syringes distributed per person who injects drugs, Pakistan (2011-2019)

Number of needles and syringes distributed per person who injects drugs per year by needle-syringe programmes



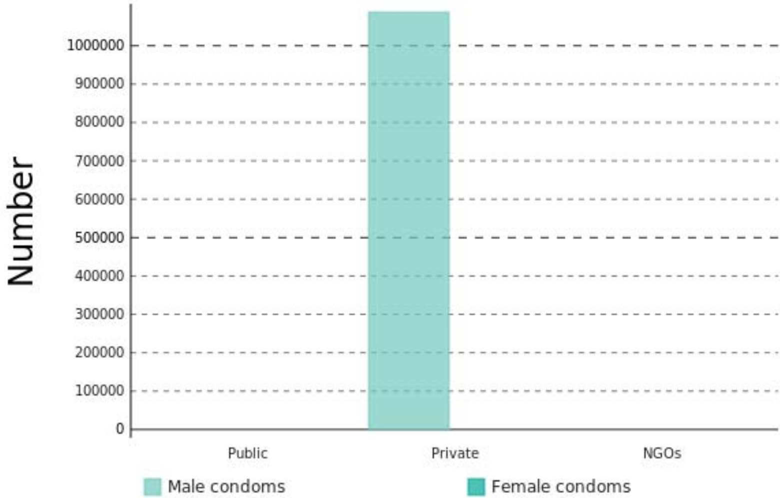
3.19 Annual number of condoms distributed, Pakistan (2019)

Number of condoms distributed during the past 12 months



3.19 Annual number of condoms distributed, Pakistan (2019)

Number of condoms distributed during the past 12 months



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 (2018)

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

- Physical violence

- Sexual violence

- Explicit criminalization of marital rape

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

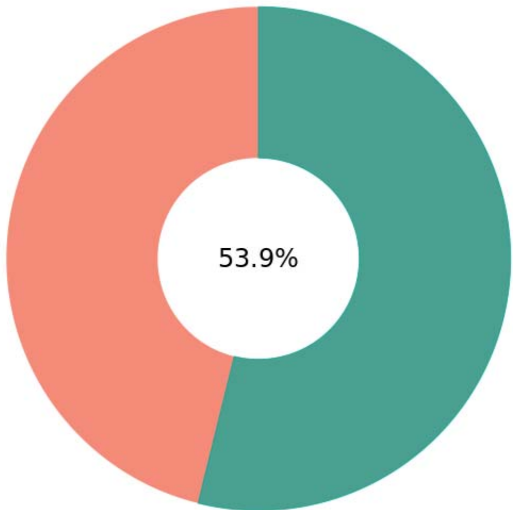
Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using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

Yes, policies exist but are not consistently implemented

Does your country have laws criminalizing the transmission of, non-disclosure of or exposure to HIV transmission?

No

Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



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 Counselling Centres 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 the 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 centres 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 (2018)

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 countrywide covering inpatient services care for 07 diseases that include HIV. Travel expenses to and from the hospital are also covered under this programme.

A 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 reported to change their residence, and another 21.4 percent (N=96) reported their children to discuss from school, due to their HIV status.

HIV related social protection services are more focused on food nutrition and education without legal supporting measures, in the country. In addition to the Government of Pakistan, National health insurance programme other social protection programmes such as the Benazir income support programme, Ehsaas programme are available to provide treatment cover to critically ill patients based on the fulfilment of eligibility criteria. With the support of the Global Fund living support and travel, support is also provided to needy/ deserving PLHIVs based on programme defined eligibility criteria.

Policy questions (2019)

Does the country have an approved social protection strategy, policy or framework?

No

What barriers, if any, limit access to social protection programmes in your country?

• Lack of information available on the programmes

• Complicated procedures

• Fear of stigma and discrimination

• Lack of documentation that confers eligibility, such as national identity cards

• High out-of-pocket expenses

Community-led service delivery

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

Progress summary

Pakistan continues to have a concentrated HIV epidemic with an estimated prevalence among the general population at less than 0.1%. The epidemic is concentrated among key populations (KP) driven by people who inject drugs (PWIDs) followed by Hijra or Transgender sex workers (TG/HSW), men who sex with men (MSM), male sex workers (MSW) and female sex workers (FSW). A major shift in the epidemic trends was noted during the fifth HIV Surveillance Round (IBBS-2016-17): an epidemic surge in populations engaged in and with sexual networks with a silent spillover into the general population through bridging populations was reported. The spillover is manifested by sporadic HIV outbreaks that have occurred in different districts of the country over the last decade. Geographic distribution of key populations has shown an expansion from major urban cities and provincial capitals to smaller cities and peripheries.

The National AIDS Control Programme (NACP) introduced a high impact "HIV Prevention Model" and "Treatment for All" in 2018. Seventeen Community-based organizations (CBOs) were taken on board in eight high HIV burden AEM prioritized cities to provide high impact HIV prevention services to their respective target key populations namely men who sex with men (MSM), transgender (TG) and sex workers (MSW, FSW, TG-SW). The stronger focus 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. The strategy recognizes that each key population has distinct characteristics and dynamics requiring tailored programming with full involvement from members of those respective communities.

Policy questions (2019)

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

No

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

- Registration of HIV CSOs is possible

- HIV services can be provided by CSOs/CBOs

- Services to key populations can be provided by CSOs/CBOs

- There are no safeguards in laws, regulations or policies that provide for the operation of CSOs/CBOs in the country

HIV expenditure

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

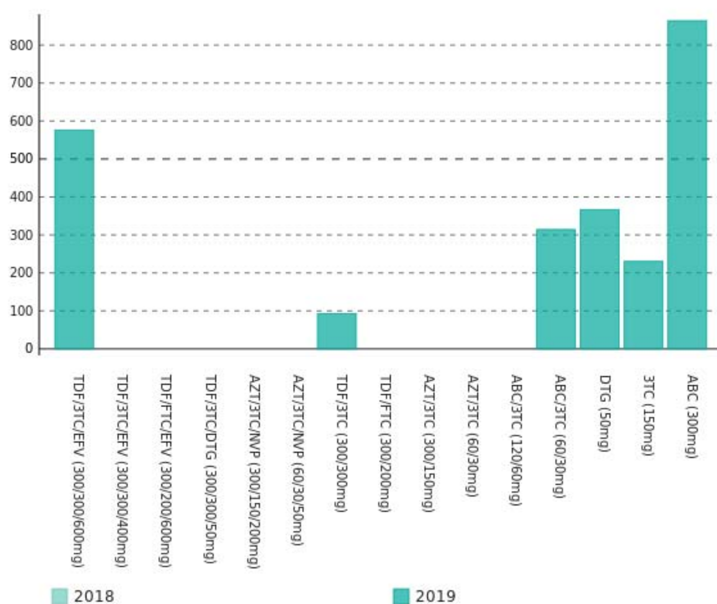
Progress summary

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 percent of the total HIV response, Provincial Government 37 percent, the UN 7 percent, other external donors 3 percent and National Government 3 percent. 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.

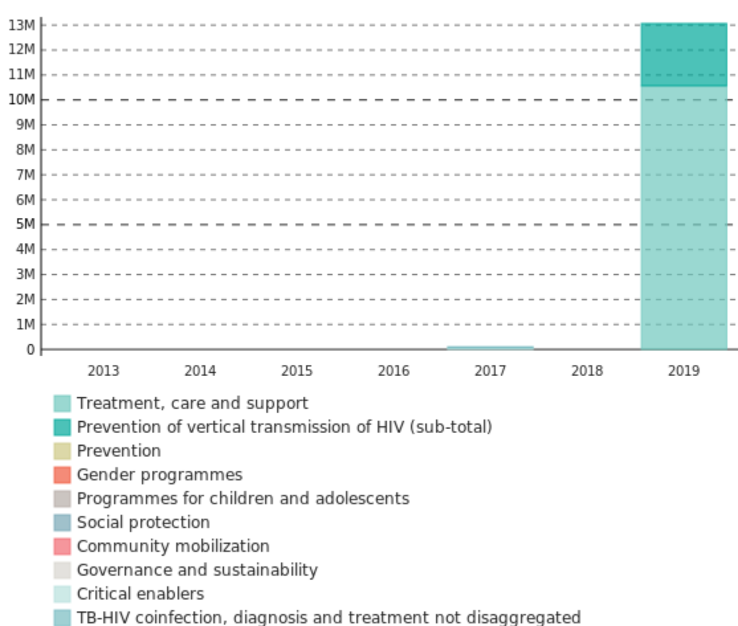
Looking at the eight areas of expenditure outlined by the Global AIDS Reporting system, expenditures in prevention have gone up over the past 3 years. Given the low ART coverage rates, expenditures need to be strengthened in care and treatment, dependent on PLHIV being identified for care (HTC), which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

Currently, the country is implementing a 35 USD million grant that focuses on three main modules of HIV prevention, care and support, living support, system strengthening and creating an enabling environment for an effective HIV response.

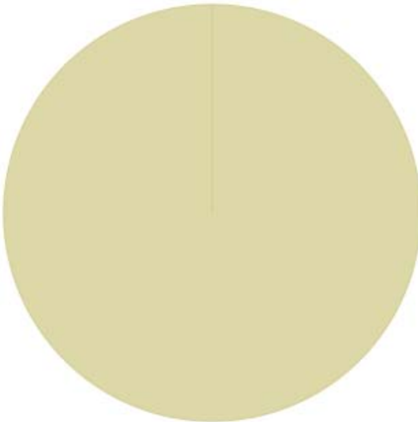
8.2 The average unit prices of antiretroviral regimens (in US$), Pakistan (2018-2019)



8.3 HIV expenditure by programme category, Pakistan (2013-2019)



Share of effective prevention out of total, Pakistan (2019)



Focused prevention Other prevention Other HIV expenditure

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

An APN+ regional study conducted in 2013 to study ART access, initiation, and adherence, found that 49.2 percent of the total respondents (n=525) reported being denied medical services due to their HIV status; another 40 percent experienced some type of housing instability (forced to change the place of residence or been unable to rent accommodation because of HIV status) and 25 percent 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 the law and shall be entitled to equal protection of the law. An HIV bill has been drafted and is under review in the parliament to provide safeguards and protect the basic human rights of people living with HIV.

Policy questions (2018)

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?

-

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)?

-

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?

- Mechanisms do not function

- Mechanisms are not sensitive to HIV

- 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

HIV co-infections have now surfaced as a greater threat to the PLHA community. 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 training of treating physicians has 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.

Screening of TB patients for HIV has increased to all PLHIV being screened in the ART centers across the country. Similarly, efforts are underway to strengthen linkages and improving access to HIV screening and TB diagnosis for people living in cities with known concentrated epidemics.

Policy questions (2019)

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)

No

b) The national strategic plan governing the AIDS response

Yes

c) National HIV-treatment guidelines

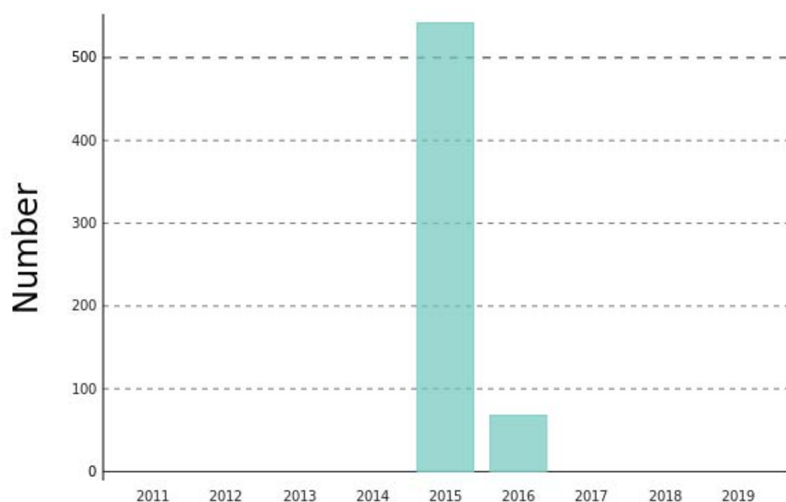
Yes

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

- None

10.1 Co-managing TB and HIV treatment, Pakistan (2011-2019)

Number of HIV-positive new and relapse TB patients started on TB treatment during the reporting period who were already on antiretroviral therapy or started on antiretroviral therapy during TB treatment within the reporting year



10.4/10.5 Sexually transmitted infections, Pakistan (2013-2019)

Number of men reporting urethral discharge in the past 12 months; number of men reported with laboratory-diagnosed gonorrhoea in the past 12 months