

National HIV and AIDS Policy
Final Draft

2007

LIST OF ABBREVIATIONS:

AIDS	Acquired Immune Deficiency Syndrome
CIDA	Canadian International Development Agency
DFID	Department for international Development
EU	European Union
GFATM	Global Fund for AIDS, TB and Malaria
GoP	Government of Pakistan
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population Development
IDUs	Injecting Drug Users
MDGs	Millennium Development Goals
MTDF	Medium Term Development Framework
NGOs	Non Government Organizations
PLWHIV	People Living with HIV
RTI	Reproductive Tract Infections
STIs	Sexually Transmitted Infections
TACA	Technical Advisory Committee on AIDS
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly's Special Session on HIV and AIDS
USAID	United States Agency for International Development

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FOREWORD

HIV and AIDS poses a very real threat to the health of individuals, families and communities in Pakistan and to the progress we have made in recent years as a nation. Although we currently face a number of difficult challenges in our development, including conflict and natural disasters, paying insufficient attention to the warning signs presented by the growing HIV and AIDS epidemic in Pakistan could cost us dearly in the long-term. Responding effectively to HIV and AIDS will require a co-ordinated effort across a number of sectors. It will require us to confront difficult issues and to work with communities to come up with strategies that particularly suit our environment, our culture and our religious values. In doing this, we cannot afford to shy away from the issues that we find uncomfortable or challenging.

We will need to work to overcome the fear and misunderstanding associated with HIV and AIDS so that people with HIV and AIDS and families affected by HIV and AIDS can receive the treatment, care and support that they need. We can provide leadership in this area by ensuring that people affected by HIV and AIDS have access to all of the services and programs that are available to all the people of Pakistan, without stigma and discrimination. We can lead by example; by reaching out personally to people affected by HIV and AIDS and showing that we do not judge or fear them.

We will need to focus our HIV prevention efforts on the groups most affected by HIV and AIDS in Pakistan: injecting drug users and people who engage in sexual behaviour that puts them at risk. We will also need to find ways to work with our young people to help them to avoid risky behaviour and protect themselves from HIV. It is essential that we get the message of HIV to all people who need to hear it, not just in the towns and cities, but in the rural areas and in all corners of the country. To do this, we need to work with provincial and district governments, civil society, local communities and religious leaders to come up with a set of messages and services that people can identify with and find relevant. We also need to work with the groups that are marginalized within our communities, so that they can protect themselves and others. We particularly need to ensure that women in Pakistan can participate fully in protecting their health and the health of their families by being informed, educated and involved in the HIV and AIDS response at all levels, and that the cultural norms in our society that act as a barrier to this are removed.

Responding to HIV and AIDS will require resources, and yet we have many competing priorities to ensure our development as a nation. It is important that we make the best use of all of the resources available to us by thinking creatively and including attention to HIV and AIDS issues in all of our existing programs and services.

We are a resourceful nation. We are proud of our cultural and religious values. If we work together and pool our many resources, we can rise to this challenge.

Signed

1. VISION

Our vision for the next ten years is for a healthy, prosperous nation that has responded effectively to HIV and that provides treatment, care and support for all people affected by HIV and AIDS.

2. CONTEXT

Pakistan has a concentrated HIV epidemic. HIV was first diagnosed in Pakistan in 1986 and it was estimated that there were 85,000 people living with HIV by the end of 2005. The vast majority of these people remain undiagnosed. Unprotected sex is the risk factor identified in approximately 40% of cases, followed by needle-sharing during injecting drug use in approximately 20% of cases. Integrated biological and behavioural surveillance in 2005/06 revealed an HIV prevalence of approximately 25% amongst IDUs in Karachi and Hyderabad, 19% in Sukkur and 13% in Faisalabad.

3. GUIDING PRINCIPLES

Pakistan's response to HIV and AIDS will be guided by the following principles:

- Gender norms and relations are a key factor in determining who acquires HIV in Pakistan, and in determining treatment, care and support outcomes. Pakistan's national program acknowledges this and all programs and services will devise and implement strategies that address gender norms and relations. Addressing the prevention and care needs of women and girls will be a particular focus, combined with attention to male behaviour and cultural norms that increase the likelihood of women contracting HIV.
- The challenges that HIV and AIDS presents to Pakistan's development as a nation will be taken into account in all policies and programmes.
- People with HIV and AIDS will have the same rights as all other citizens, and will not be discriminated against on the basis of their HIV status, gender, socioeconomic status or HIV-risk factors.
- Leadership across all sectors will be fostered and valued, and the capacity of each sector to contribute to the overall response will be strengthened. This includes community leadership, which will be encouraged and supported through the mobilization and support of communities to respond to HIV.
- All parts of society, including all levels of government, the private sector and civil society will be encouraged and supported to play a role in HIV and AIDS prevention and care and in reducing the impact of HIV and AIDS on individuals, families and communities.
- Approaches to HIV and AIDS prevention and care will follow international best practice and will be consistent with Pakistan's religious and cultural values.
- All persons will be provided with access to the information and support they need to protect themselves against HIV infection.
- The connection between HIV and AIDS prevention and care will be acknowledged in programme and service design - providing treatment, care and support to individuals and families affected by HIV and AIDS will be prioritized as a core HIV and AIDS prevention strategy.

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- Sustainability will be promoted by incorporating HIV and AIDS prevention and care initiatives into existing programmes.
 - The response will be backed up by sustained political commitment and by the mobilization of resources to sustain the required effort.

4. CO-ORDINATION & LEADERSHIP

4.1 Co-ordination

The national response to HIV and AIDS will be guided and co-ordinated by a single, multi-sectoral coordinating body called National HIV & AIDS Commission headed by the Chairman Senate, which will be made up of representatives from national and provincial governments and government departments, people living with HIV, civil society and religious groups and the private sector. Technical support for this body will be provided by the existing Technical Advisory Committee on AIDS (TACA) structures. Provincial Governments will be encouraged to establish similar mechanisms at provincial level.

4.2 Political commitment

A consistent and effective long-term response to HIV and AIDS depends on political commitment from all parties and all levels of government. Reducing HIV transmission requires changes in individual behaviour and in community norms. This cannot be done quickly and the messages associated with HIV prevention need to be regularly reinforced as new people enter environments of risk.

It is essential that Pakistan's HIV and AIDS response is agreed upon by all parties and by governments at all levels, and that political leaders provide leadership by understanding the issues relating to HIV and AIDS in their jurisdiction and promoting the HIV and AIDS response.

4.3 Religious and civil society leadership

Creating an environment in which HIV and AIDS can be effectively addressed will require the support and leadership of religious and civil society leaders. These leaders help to shape opinion within communities and can help communities to find ways to reduce the stigma and discrimination experienced by individuals and families affected by HIV and AIDS. Religious and civil society leaders can also play a vital role in establishing an environment that supports the elimination of HIV transmission. They bring a different and important perspective in planning of HIV and AIDS prevention and care programmes and services and their participation will be supported. The active participation of groups established by and for people with HIV and AIDS will be particularly encouraged.

Religious and civil society groups also have a key role to play in providing care and support within communities and their participation in this area of the response will be valued.

5. PRIORITY FOCUS AREAS

The National HIV and AIDS Strategic Framework sets the direction of Pakistan's HIV and AIDS response. The framework was reviewed in 2006 and a new framework for 2007 – 2011 has been developed. The framework contains a monitoring and evaluation schedule that will be used to monitor progress against the priority areas of the framework and evaluate the impact of the HIV and AIDS response.

Pakistan has a concentrated HIV epidemic that will be most efficiently controlled by working in a targeted manner with the most-at risk populations and vulnerable populations, most likely to be exposed to HIV and their partners. These are:

- Injecting drug users;
- People who engage in sexual behaviour that puts them at risk;
- Migrant workers;
- Long distance Truck drivers and associated population;
- Jail inmates;
- Sexual partners, spouses and children of the people in these groups;
- Most-at-Risk-Adolescents

The primary focus of the HIV prevention effort will be on reducing HIV infection amongst these populations. This will involve a public health approach that seeks to work in partnership with these populations, and that takes care not to further stigmatize them. These are populations defined by behaviours and the people within these populations are members of the community at large. Reaching these populations will involve working with health services, NGOs and community groups to determine approaches, strategies and messages that are accessible, appropriate and acceptable to these populations.

Treatment, care and support efforts will focus on connecting all individuals and families affected by HIV and AIDS with healthcare and social support, and on focussing resources on geographical areas most affected by HIV and AIDS. There will be a particular focus on bringing services as close as possible to the communities most affected, to ensure a long-term connection between services and these communities.

6. POLICY APPROACHES

Responding effectively to HIV and AIDS requires a consistent approach across all sectors and at all levels of government and community. This is brought about by providing a set of consistent laws and policies that support the decisions of individuals and communities to avoid HIV infection and to provide care and support for people and families affected by HIV and AIDS. The key aim of the legal and policy framework is to provide and maintain an enabling environment for HIV and AIDS prevention and care programs and services.

6.1 Reducing HIV and AIDS stigma and discrimination

People with HIV and AIDS and people thought to be at risk of HIV infection will enjoy the same rights that are afforded to all citizens of Pakistan. They will be treated with dignity and respect when they seek health and welfare services and this will encourage them to maintain contact with these services. They will be cared for in communities in the same manner that other people are cared for and their participation in the design, delivery and evaluation of HIV and AIDS prevention and care initiatives will be encouraged and valued. Health services will pay particular attention to reducing the barriers that prevent people with HIV and AIDS from coming forward for counselling and treatment. Health workers will be provided with training and support to ensure that they can provide non-judgemental care and support for people affected by HIV and AIDS. Employers will be assisted to modify their policies to ensure that people with HIV and AIDS have continued access to employment. Anti-discrimination laws will be amended to make it illegal to discriminate against people with HIV and AIDS or people perceived to be at particular risk of HIV infection. The Media will be encouraged to play a constructive role in the

response to HIV and AIDS through reporting that increases access to accurate information and decreases HIV-related stigma and discrimination.

6.2 Establishing a supportive legislative and policy framework

Existing laws and policies will be reviewed to ensure that they do not increase HIV vulnerability and risk, or work against the vision and objectives of the national HIV and AIDS response. All agencies involved in the response will be encouraged to examine their policies to determine whether they are inadvertently contributing to HIV risk, or to HIV-related stigma and discrimination. The need for specific Public Health Legislation will be examined within this process.

6.3 Policy and programmes based on accurate data, evidence and knowledge

The response will be driven by accurate information about the particular nature of HIV risk and vulnerability and about the changing needs of people affected by HIV and AIDS. Surveillance, operational research, social research, monitoring and evaluation systems will be strengthened to ensure that they provide the information required to ensure that the response remains flexible, relevant and effective.

6.4 Integration of HIV and AIDS initiatives and awareness into existing programs

Wherever possible, HIV and AIDS information and prevention and care initiatives will be integrated into existing programs and services. In health, this will mean integration into sexual and reproductive health services, maternal and child health, services for sexually transmitted infections, family health and other mainstream services and programs, such as the Hepatitis Control Program and the National TB Control Program. In other areas this will mean the development of strategies to ensure access for people with HIV and AIDS and people at risk of HIV infection to welfare, housing and socio-economic support programs, drug treatment programs, workforce development programs and other appropriate programs and services. The focus will be on breaking down access barriers and on avoiding the need for a range of unnecessary and unsustainable HIV-specific services and programs.

6.5 Encouraging a whole of government approach - across all government departments and at all levels of government

All government ministries and departments will identify strategies to contribute to the national response to HIV and AIDS and also examine their policies and programs to ensure that they are not contributing to increased HIV risk and vulnerability. The capacity of departmental and government services staff to participate in the HIV and AIDS response will be enhanced through in-service training, a review of policies and procedures and standards setting. The strengthened participation of Ministries and Departments of: Interior; Women Development, Social Welfare and Special Education; Defence; Law, Justice and Human Rights; Labour, Manpower and Overseas Pakistanis; Narcotics Control and Anti Narcotic Force; Local Bodies and Rural Development; Industries; Population Welfare; Information; Religious Affairs and, Education will be a priority focus. All government departments will be required to examine their policies and practices in order to determine ways to contribute to the response to HIV and AIDS.

Provincial and district-level governments will be encouraged to participate in the response by adopting approaches consistent with this policy and by examining ways to reduce the impact of HIV and AIDS within their jurisdictions.

6.6 Ensuring a multi-sectoral approach that includes the full participation of civil society and community groups, religious leaders and the private sector

The key role of civil society and community groups in HIV prevention and care will be recognised and supported. Reaching the populations at risk for HIV infection and those affected by HIV and AIDS will require the cooperation, particular expertise and knowledge of civil society and community groups. In particular, networks of PLHIV will be supported and strengthened as key providers of information, support and care. NGOs and community groups that work with the populations at most risk for HIV infection will also be supported and encouraged to participate fully in the response. These organizations are more likely to be able to reach and maintain contact with marginalized individuals and communities. Programs that bring these civil society and community groups into the HIV and AIDS response will be encouraged at national, provincial and district levels.

Religious leaders and religious communities will also be encouraged to participate in HIV prevention and care by demonstrating leadership in the reduction of HIV-related stigma and discrimination, by providing programs and services to reduce the impact of HIV and by assisting to promote behaviours that reduce HIV transmission.

The participation of the private sector will be encouraged. Employers and employer groups will be encouraged to develop and implement HIV and AIDS workplace policies that assist in reducing HIV risk and supporting workers and families affected by HIV and AIDS. Private-sector development projects will be encouraged to assess the HIV and AIDS impact of their projects and put in place strategies to minimize HIV and AIDS risk, vulnerability and impact. Opportunities for public/private partnerships that enhance the national and provincial HIV and AIDS response will also be identified and supported.

6.7 Recognising the particular role of People Living with HIV

PLHIV will be encouraged and supported to play a key role in HIV prevention and care at all levels. This will be achieved through the support of PLHIV Networks and the implementation of strategies to foster the Greater Involvement of PLHIV (GIPA) in the design, implementation and evaluation of programs and services. Health and community services will work with PLHIV to develop and implement strategies that reduce barriers to service use and that promote health and wellbeing for PLHIV and for individuals and communities affected by HIV and AIDS. The particular role of PLHIV in raising awareness about HIV, promoting tolerance and assisting other PLHIV to access prevention, treatment, care and support services will be encouraged and supported.

6.8 Health system strengthening

The central role of the Health Ministry/Departments and public health services in HIV and AIDS prevention, treatment and care is recognized and will be supported by a strengthening of the systems necessary to provide safe, accessible, co-ordinated and integrated care. The health workforce will be provided with the knowledge, skills and resources it needs to provide effective prevention, treatment and care services to PLHIV. This will include training and workforce development, access to infection prevention guidelines and the equipment necessary to avoid HIV transmission in the workplace and access to PEP programs for people potentially exposed to HIV.

6.9 HIV Prevention

Prevention efforts will be concentrated on the populations most at risk and will involve working with government and private health services, civil society and community groups to put in place a range of targeted interventions aimed at reducing risk behaviour. Strategies will include targeted condom promotion, outreach to particular populations at sexual risk, integration of HIV into sexual and reproductive health services, needle exchange outreach to injecting drug users and referral to drug treatment services.

Efforts will be made to ensure that accurate and relevant information about HIV and AIDS and the behaviours that put people at risk for HIV infection will be made available to people in a language and format that they understand and from sources that they respect. There will be particular focus on reaching people with little formal education, people who cannot read and people from marginalized groups and communities. Appropriate HIV and AIDS information will be included in curricula and teachers' trainings for schools, graduate teaching programs including those for medical and paramedical schools. The assistance of groups that reach into particular communities will be sought to ensure that HIV and AIDS information reaches deep into these communities.

In line with the focus on populations most at risk, the particular HIV prevention needs of vulnerable populations e.g., in and out-of-school youth, prisoners, refugees and people in conflict zones and uniformed personnel will be addressed through targeted government and NGO/community programs.

6.10 HIV counselling and testing

HIV testing and counselling is a key prevention strategy and a bridge to treatment, care and support for PLHIV. HIV testing and counselling will be voluntary and confidential, and testing will always be accompanied by access to information and counselling. People who test HIV positive will be assisted in accessing on-going counselling, treatment, care and support. Test results will be confidential and systems put in place to ensure the privacy of people who undergo HIV testing. Even in cases where services recommend testing because of perceived risk or as a diagnostic measure in the presence of illness, the specific consent of the person will be obtained before testing.

Provision will be made in National HIV & AIDS law for voluntary counselling and testing for at risk minors. The age of consent for HIV testing will be eighteen years. Children under this age will need the consent of their parents or guardians. In special cases, children living independently, who are not in contact with parents and who do not have a guardian, will be able to consent for HIV testing after they have been provided with age-sensitive information and counselling.

6.11 Access to treatment, care and support

People with HIV and AIDS will have the same access to health services as other citizens of Pakistan. To improve access, health services will take steps to decentralize HIV treatment, care and support services so that they are located as close as possible to the people who need them. Standards of treatment and care will be set and monitored and the active participation of people with HIV and AIDS will be encouraged as a way of improving the quality of health services. Health services will work towards achieving increased access to anti-retroviral therapies and consistent access to the medicines that prevent or treat opportunistic infections. Anti-retroviral therapy will be provided free of charge to PLHIV and will be integrated into a comprehensive

care and support program. The government will work with UN agencies and international foundations to ensure that PLHIV are able to access antiretroviral therapy, in line with Pakistan's commitment to the UN 'Universal Access by 2010' goals.

6.12 Prevention of Parent-to-child transmission of HIV

There will be a focus on ante-natal care services, on assisting pregnant women particularly wives of returning labour migrants, to assess their HIV risk, to access voluntary, confidential HIV counselling and testing, to access antiretroviral treatments for themselves, and to access Prevention of Mother-To-Child-Transmission (PMTCT) programs, if HIV-positive.

6.13 Blood and blood safety

Pakistan's public and private blood supplies will be secured to ensure that the transmission of HIV and other blood-borne diseases through blood and blood products is eliminated. Unsafe practices associated with the selling of blood by blood donors and use of unsafe injections in medical practices will be eliminated. All blood products will be screened for HIV before use. This will be co-ordinated by the Blood Transfusion Authority.

6.14 Co-ordination between the national HIV and AIDS response and the national response to reduce illicit drug use

A co-ordinating mechanism will be established to maximize co-ordination and co-operation between the national effort to reduce the use of illicit drugs and the national HIV and AIDS response. This will provide a forum for ensuring that these two important national responses work together effectively.

6.15 Discouraging the promotion of unproven HIV and AIDS cures

HIV and AIDS is treatable, but not curable at present. People with HIV and AIDS are often vulnerable to cure-peddling and seek treatment from a range of sources. Promoting and selling unproven HIV and AIDS cures will be punishable by law, as this practice robs families affected by HIV and AIDS of their much needed financial resources.

7. MOBILIZING AND MANAGING THE NECESSARY RESOURCES

7.1 Mobilization of internal resources

National-level ministries and their line departments at national and provincial levels will identify specific financial resources within their annual budgets to incorporate attention to HIV and AIDS issues into their portfolio areas. This will also occur within provincial budgets.

7.2 Coordination of resources

In order to respond quickly to the threat posed by HIV and AIDS epidemic, Pakistan will need to rely on support from donor countries and international organizations. The international reviews leading up to the establishment of the Universal Access agenda have recommended that countries work with international donor agencies to harmonize international input into country HIV and AIDS programs and to streamline the reporting demands made by donors and international organisations. The Government of Pakistan will establish a co-ordinating mechanism for HIV and AIDS financial assistance, under the leadership of the National HIV and AIDS Commission. This will ensure that international assistance for the national HIV and AIDS response is co-ordinated and is in line with Pakistan's established priorities, and that reporting mechanisms are as efficient and streamlined as possible.