Time to think about AIDS

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While you are reading this article, National AIDS Control Programme, Ministry of Health, and UNAIDS have almost finalised preparations to bring to people's attention the challenges and consequences of the HIV/AIDS on World AIDS Day. This day is now in its 17th year. The first international health day was the result of a summit of health ministers who met in London in January 1988. They realised that a united global effort was required to halt the spread of HIV and AIDS.

HIV and AIDS is not just an issue of you or a friend, or a member of a family. More than 38 million people worldwide are living with HIV, and the HIV rate is growing in every country in the world, affecting individual human rights and whole economies. Unless we act now, millions more will become infected and the impact on the world will be incalculable.

Pakistan is described as a low prevalence high-risk AIDS country. Government together with donor agencies and local social sector organisations is striving hard to take curative and precautionary measures as far as spread of the disease is concerned. We have a national AIDS control programme to combat the virus. UNAIDS is working in Pakistan since long and there are at least 100 NGOs in different parts of the country working for raising awareness and bringing about behavioural change among the people against this killer epidemic which has engulfed the whole African continent and has the potential to become a major health problem in Asia. These efforts and programmes, though commendable, are missing a very important point: creating awareness and making a behavioural change in people about something, they don't experience, see, hear or talk about is an uphill task. Pakistan is a country with low literacy, widespread poverty and a unique socio-cultural-religious environment. Innovative approaches are needed if one really wants people to protect themselves from potential health risks and infections they think they cannot get. For the protection of low prevalence/high risk problem, HIV, it will have to be grouped with high prevalence/high risk problems such as Hepatitis B and C which have already infected a large number of people and have exactly the same mode of transmission.

As for situation of HIV/AIDS in Pakistan, we have more than 2500 reported cases. But what about those unreported cases: these are between 80,000 and 90,000, or 0.1 per cent of the adult population in Pakistan are HIV-positive, according to a World Bank report released on World Aids Day last year. Social taboos deterred patients from reporting their illness with the result that many cases went unreported, the report said, adding that although the prevalence of HIV in Pakistan was still low, the country was highly vulnerable to an escalating epidemic due to a number of significant risk factors.

Unlike many other countries, Pakistan has a narrow window of opportunity to prevent a generalised HIV/AIDS epidemic. While the HIV/AIDS burden is still low, we must move rapidly to protect the future of our approximately 152 million citizens. However, Pakistan's many competing needs (including provision of basic social services and debt servicing and drug control expenditures) have made resource mobilisation for HIV/AIDS difficult. This difficulty has been compounded by an almost major donor freeze on grant aid after the 1998. Despite these challenges, political commitment to HIV/AIDS has greatly increased in recent years.

The first case of AIDS in a Pakistani citizen was reported in 1987 in Lahore. During the late 1980s and 1990s, it became evident that an increasing number of Pakistanis, mostly men, were becoming infected with HIV while living or travelling abroad. Upon their return to Pakistan, some of these men subsequently infected their wives who, in some cases, passed along the infection to their children. In 1993, the first recognised transmission of HIV infection through breastfeeding in Pakistan was reported in Rawalpindi. During the 1990s, cases of HIV and AIDS began to appear among groups such as commercial sex workers (CSWs), drug abusers and jail inmates. The increased rates of infection among these groups are assumed to have facilitated, at least to some extent, a further dissemination of HIV into the general population.

While HIV prevalence appears to be low in Pakistan at present, the presence of a number of vulnerabilities and risky behavioural patterns suggest the need for urgent, prioritised, and coordinated action to curtail the emergence of a widespread epidemic. Poverty, gender inequalities and low levels of education and literacy all contribute to HIV vulnerability in Pakistan. Other, related factors that can increase vulnerability at the individual level include unemployment, social exclusion or marginalisation, physical and/or mental abuse, and gender-based discrimination.

The government has undertaken a comprehensive and participatory strategic planning process, which has resulted in a prioritised and multi-sectoral National Strategic Framework. National AIDS Control Programme is one of the examples in this regard.

The national strategy has listed one of its priorities as being 'expanded response', which calls for effective and multi-sectoral partnerships at all levels. While conceding that political will and commitment against HIV/AIDS has been weak in the past, it advocates for support from the highest political levels. One of its 'priority area goals' includes a sustainable multi-sectoral response through organising sensitisation sessions for federal and provincial government officials.

In this context, the inclusion of other ministries besides the federal and provincial health ministries should be proactively considered. One of the suggested activities that could serve as an entry-point is the utilisation of established networks of primary health workers and community-based initiatives for the dissemination of HIV/AIDS information. Initiatives such as these would allow for upscaling in terms of multi-sectoral responses. Another suggestion that has potential for scaling-up is the proposal to decentralise HIV/AIDS designing, programming and implementation to provincial and lower levels as against the existing centralised format. However, the suggested activities under this objective are sketchy and address mainly issues of resource allocation — the focus needs to be broadened to address more coherently, the multi-sectoral issues

Other than exploring multi-sectoral options and initiatives, there is need for intensive advocacy with political leadership, international exchanges and the sharing of national and international 'best practice' experiences. In fact the weak response among policy makers in recognising HIV as "a real threat to public health" is a major stumbling block. Advocacy with religious leaders and local communities to reduce stigma and discrimination would help bringing sustainable change. Several initiatives can be taken in this regard including production of IEC materials, setting up a national IEC Advisory Committee, mainstreaming HIV into existing mass organisation structures such as trade unions, peer education initiatives, and facilitating sensitive media reporting.

There is no need to panic. We must be thankful to the Almighty that our faith, religion, and socio-cultural values are a natural shield against this deadly disease. But at the same time we should be cautious, careful, and informed about the spread, control, and precautionary measures so that we could contribute to the efforts of the government and social sector organisations.

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NIH risking children's health

Health
Daily Times
7/12/0

ISLAMABAD: The National Institute of Health (NIH) is risking the health of hundreds of thousands of children by administering poor quality polio vaccines, sources told Daily Times on Monday. A large quantity of anti-polio vaccines might have expired in NIH storerooms as the World Health Organisation (WHO) rejected them for national anti-polio immunisation campaigns, sources added. The NIH prepared the vaccines by imported concentrate bought several years ago for millions of rupees, they said. After tests, WHO said the vaccines did not match international standards and asked NIH not to use the vaccine in its anti-polio campaigns, sources added. NIH officials refused to comment. However, a senior NIH official, who asked not to be named, confirmed WHO's rejection of NIH's polio vaccine because of poor quality compared to internationally recognised vaccines. He said the polio vaccines had not expired in NIH storerooms, adding that the health institute would not use those vaccines in national anti-polio campaigns, but might use them in local campaigns. SHAHZAD RAZA