

HIV/Aids situation in Pakistan

By Haider Abbas Zaidi and Qamar Abbas Zaidi

AIDS, acquired immunodeficiency syndrome, pandemic will continue to be a major health problem throughout the world, particularly in the developing countries. The impact of this future burden of AIDS will be on healthcare: costs will be enormous, and the cost of lost skills and productivity be even higher.

Thailand has estimated that the direct and indirect cost of its Aids epidemic will reach \$11 billion by the end of this year. Human Immune Deficiency Virus (HIV) related tuberculosis (TB) epidemics are emerging in parallel with AIDS epidemic putting an additional burden on already strained public health situations. Many of the infants (about 70 per cent born in Africa) who spared HIV infection have the risk of being orphaned due to their parents' deaths from Aids. WHO estimated that by the end of the decade, there might be 5-10 million orphans in Sub-Saharan Africa? A scenario similar to that in Africa could be unfolded in Asia if appropriate measures are not taken right now for the prevention of HIV/Aids.

The UNAIDS and WHO estimates indicate that there are 36.1 million people (1 per cent of the world's total adults, 15 to 49 years old) living with HIV in the world at the end of 2000. Over 90 per cent of them are living in the developing countries and most of them are not aware of their infection. Of the 36.1 million infected people, 1.4 million are children under the age of 15. It is estimated that 5.3 million transmissions occurred in the world in 2000 alone. This is equivalent to nearly 16,000 new infections including children infected at birth and through breastfeeding everyday. At this transmission rates, it is projected that there may be more than 40 million people living with HIV infection in the year 2,001 and almost half of them will be women.

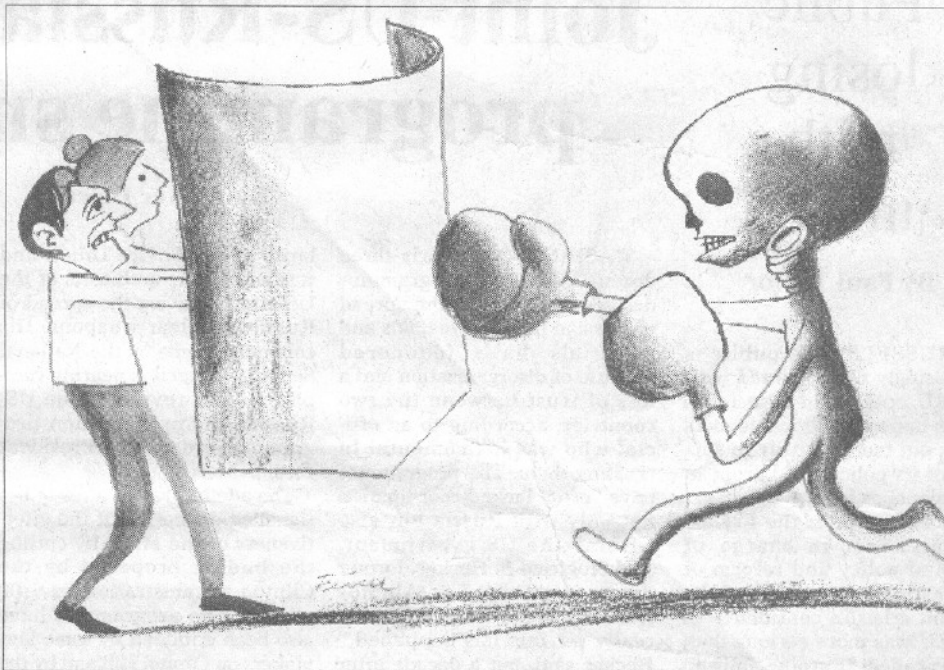
Pakistan has a narrow window of opportunity that many other countries no longer have; it must act early and decisively to prevent a widespread HIV/Aids epidemic. The estimated HIV/Aids burden is still low-around 0.1 per cent of the adult population-but the threat due to risk factors is significant. Without vigorous and immediate action, Pakistan runs the risk of experiencing the overwhelming social and economic impact of a full-blown HIV/Aids epidemic such as has been seen in other countries. Pakistan has already initiated HIV/Aids prevention and control; however, previous activities were limited in scope and lacked sufficient public health focus. Recently, the Government of Pakistan has developed and endorsed a national HIV/Aids

blood or blood products for about 19 per cent. The mode of transmission for the remaining 35 per cent of cases is not known. So far, the majority of infected cases are among males, with a male/female ratio of 7/1, which is to be expected in the early stages of an HIV epidemic. Most cases are in the age group of 20-40 years old. An increasing number of HIV cases have been found among high-risk groups. As in many other countries, there are reports that people living with HIV/Aids in Pakistan not only suffer the physical anguish of the disease but also experience isolation, discrimination, and abuse.

Future risk: There are serious risk factors that put Pakistan in danger of experiencing a widespread epidemic if im-

Sexually transmitted diseases and low condom use. STDs facilitate the spread of HIV infection and serve as indicator for low condom use and other high-risk sexual behaviours. STDs are prevalent and appear to be inappropriately addressed as a public health problem. For example, in a sample of 402 STD clinic attendees in Karachi, 17.1 per cent were found to be positive for syphilis and 2.9 per cent for gonorrhoea. Condom use for disease prevention was negligible.

Migration and refugees: Large numbers of workers leave their villages to seek work in larger cities or on industrial sites. A significant number of Pakistanis also have employment overseas or serve in international armed forces. Away from their homes for extended periods of time,



Pakistan runs the risk of experiencing the overwhelming social and economic impact of a full-blown HIV/Aids epidemic such as has been seen in other countries. Pakistan has already initiated HIV/Aids prevention and control; however, previous activities were limited in scope and lacked sufficient public health focus

mediate and vigorous action is not taken.

Injecting drug users: In most Asian countries, injecting drug users are the first community to be affected by HIV. The number of drug dependents in Pakistan is currently estimated to be 3 million persons, out of whom an estimated 60,000-100,000 injects drugs. A few studies, though limited in scope, suggest a possible

they become vulnerable to HIV infection and are at higher risk for having unprotected sex and/or abusing drugs. Those infected bring STDs and HIV back to their spouses, partners, or contacts. HIV-positive Pakistanis who were repatriated from the Gulf Countries have received public attention, largely because this group is systematically tested. Migrant

ection
unpro-
Those
back to
. HIV-
riated
ceived
e this
igrant
s are
ection
within
an one
ced in
ir vul.

the risk of experiencing the overwhelming social and economic impact of a full-blown HIV/Aids epidemic such as has been seen in other countries. Pakistan has already initiated HIV/Aids prevention and control; however, previous activities were limited in scope and lacked sufficient public health focus. Recently, the Government of Pakistan has developed and endorsed a national HIV/Aids strategic framework, which needs to be prioritized and operationalized for a significant expansion and scaling up of the programme in selected areas.

Compelling facts: It is estimated that 70,000-80,000 persons, or 0.10 per cent of the adult population in Pakistan, are infected with the HIV virus. Although the prevalence rate is currently low, the country is highly vulnerable, because of presence of significant risk factors, which place the country under formidable threat of a widespread epidemic. HIV infections have been reported in all four provinces of Pakistan, Federally Administered tribal areas, and Azad Jammu and Kashmir. By the end of year 2000, 1549 HIV cases and 202 Aids cases had been reported to the National Programme. This aggregate includes surveillance of various categories, blood transfusions, suspected cases, and voluntary screening. Heterosexual transmission accounts for about 40 per cent of reported cases, and exposure to infected

mediate and vigorous action is not taken.

Injecting drug users: In most Asian countries, injecting drug users are the first community to be affected by HIV. The number of drug dependents in Pakistan is currently estimated to be 3 million persons, out of whom an estimated 60,000-100,000 injects drugs. A few studies, though limited in scope, suggest a possible increasing trend to injecting drug use.

Commercial sex: Commercial sex is widespread in major urban cities, on truck routes, and near labour camps. Commercial sex workers and their clients have insufficient access to information about HIV and STDs. A study of sex workers in Karachi found that only 44 per cent believed HIV was sexually transmitted. Furthermore, the sex workers often lack the power to negotiate safe sex and seek treatment for STDs.

Partial blood transfusion screening and professional donors: It is estimated that 40 per cent of about 1.5 million annual blood transfusions are not screened for HIV. Whereas screening in the public sector has made progress, private blood banks remain mixed. Professional donors also are common. In 1998, the Aids Surveillance Centre in Karachi conducted a study of professional blood donors and found that 20 per cent were infected with Hepatitis C, 10 per cent with Hepatitis B, and 1 per cent with HIV.

they become vulnerable to HIV infection and are at higher risk for having unprotected sex and/or abusing drugs. They infected bring STDs and HIV back to their spouses, partners, or contacts. 1 positive Pakistanis who were repatriated from the Gulf Countries have received public attention, largely because group is systematically tested. Migrant labourers and transport workers especially vulnerable to HIV infection along the principal trade routes within the country. Furthermore, more than 1 million Afghan refugees are displaced in the country, which exacerbates their vulnerability.

Unsafe injection practices: With injections per capita, Pakistan has one of the highest annual ratio of injection per capita. Studies indicate that 94 per cent of injections are administered using unsterilized injection equipment. There is widespread use of unsterilized needles in medical facilities. According to WHO estimates, unsafe injections account for 62 per cent of Hepatitis B, 84 per cent of Hepatitis C, and 3 per cent of new HIV cases.

Low levels of literacy and education, especially among women, are major constraints to HIV prevention. Efforts to increase awareness about HIV among the general population are hampered by low literacy levels and cultural influences.

diate and vigorous action is not taken.

Injecting drug users: In most Asian countries, injecting drug users are the first community to be affected by HIV. The number of drug dependents in Pakistan is currently estimated to be 3 million persons, out of whom an estimated 60,000-100,000 injects drugs. A few studies, though limited in scope, suggest a possible increasing trend to injecting drug use.

Commercial sex: Commercial sex is widespread in major urban cities, on truck routes, and near labour camps. Commercial sex workers and their clients have insufficient access to information about HIV and STDs. A study of sex workers in Karachi found that only 44 per cent believed HIV was sexually transmitted. Furthermore, the sex workers often lack the power to negotiate safe sex and seek treatment for STDs.

Partial blood transfusion screening and professional donors: It is estimated that 40 per cent of about 1.5 million annual blood transfusions are not screened for HIV. Whereas screening in the public sector has made progress, private blood banks remain mixed. Professional donors also are common. In 1998, the Aids Surveillance Centre in Karachi conducted a study of professional blood donors and found that 20 per cent were infected with Hepatitis C, 10 per cent with Hepatitis B, and 1 per cent with HIV.

they become vulnerable to HIV infection and are at higher risk for having unprotected sex and/or abusing drugs. Those infected bring STDs and HIV back to their spouses, partners, or contacts. HIV-positive Pakistanis who were repatriated from the Gulf Countries have received public attention, largely because this group is systematically tested. Migrant labourers and transport workers are especially vulnerable to HIV infection along the principal trade routes within the country. Furthermore, more than one million Afghan refugees are displaced in the country, which exacerbates their vulnerability.

Unsafe injection practices: With 4.5 injections per capita, Pakistan has one of the highest annual ratio of injection per capita. Studies indicate that 94 per cent of injections are administered using reused injection equipment. There is widespread use of unsterilized needles at medical facilities. According to WHO estimates, unsafe injections account for 62 per cent of Hepatitis B, 84 per cent of Hepatitis C, and 3 per cent of new HIV cases.

Low levels of literacy and education, especially among women, are major constraints to HIV prevention. Efforts to increase awareness about HIV among the general population are hampered by low literacy levels and cultural influences.

• Reduce discrimination of those infected with HIV, or groups engaging in high risk behaviours, by creating and enabling environment through implementation of appropriate advocacy, policies and related measures;

• Strengthen Government of Pakistan capacity for programme planning, implementation, monitoring and evaluation;

• Promote NGO capacity for programme planning, implementation, monitoring and evaluation The actions in prioritized areas include: Blood and Blood Product Safety

• Ensure mandatory screening of blood and blood products for all blood-borne infections in the public and private sector

• Conduct education campaign for voluntary blood donation Injection Safety

• Create a consumer demand for safe injection through social marketing

• Promote international norms and standards in injection delivery

• Implement a national healthcare waste management system Surveillance and Research

• Strengthen and expand the surveillance and monitoring system

• Carry out prevalence and behaviour studies to enhance understanding about the scope and spread of STDs and HIV sexual attitudes and behaviours, and health care-seeking behaviours related to STDs. ■