HIV/Aids situat and Pakistan

By Haider Abbas Zaidi and Qamar Abbas Zaidi

IDS, 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

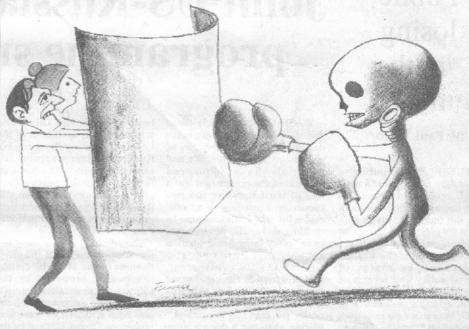
Pakistan has a narrow window of conortunity that many other countries no longer have, it must act early and decisively to prevent a widespread HIV/AIDS epidemic. The estimated HIV/Aids burden is still low-around 0.1 per cent of the adult population-but the threat due to risk factors is significant. Without vigorous and immediate action, Pakistan runs the risk of experiencing the overwhelming social and economic impact of a fullblown 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 devel-

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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 immeSexually 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,



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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,

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. HIVpositive Pakistanis who were repatriated from the Gulf Countries have received public attention, largely because this l low

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Younger groups are especially vulnerable. About two thirds of the population is below the age of 25. One study shows that awareness even among practitioners and hospital physicians is limited; 63 per cent of general practitioners and 35 per cent of hospital doctors were not aware that HIV can be transmitted from mother to child.

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Special vulnerability of Women due to social and economic disadvantages. Restrictions on women's mobility limits access to information and preventive and support services. Similar vulnerabilities are faced by youth in addition to influence by peers, unemployment frustra-tions, and the availability of drugs. In addition, some groups of young men are especially vulnerable due to the sexual

services they provide, notably in the transport sector Furthermore, young women and men, notably from impoverished households, may be sexually exploited and abused by members of their own families

Under Pakistan's constitution health care is a provincial responsibility. Provinces are expected to develop their own HIV/AIDS and STD prevention and control programmes. Currently, initial efforts by the provinces are mixed and need to be developed. Commitment appears high at the federal level, but varied at the provincial level.

Priority areas should include increased investment for programme implementation capacity development, building technical and management canacity for an expanded capacity for an expanded response both in the public and non-governmental sector, particularly at the provincial level, increase resource availability for an expanded programme in

selected areas.

Preventing a widespread epidemic will only be possible if vigorous action is to be pursued. The action plan should encompass measures to:

Scale up the behavioural change activities and health promotion interventions for high risk behaviours and vulnerable groups, seeking to achieve a high coverage:

 Expand advocacy and awareness efforts for the population at large, seeking to attain a satisfactory level of public awareness on HIV transmission and prevention;

· Promote the social acceptability of condom use and ensure adequate supply and access

 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;

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sons, out of whom an estimated 60,000-

nificant 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 sur-

veillance 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

countries, injecting drug users are the first community to be affected by HIV. The infected bring STDs and HIV bac number of drug dependents in Pakistan is their spouses, partners, or contacts. currently estimated to be 3 million perpositive Pakistanis who were repatri

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tor · Conduct education campaign for voluntary blood donation Injection Safety · Create a consumer demand for safe injection through social marketing

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used injection equipment. There is wide-· Promote international norms and stanspread use of unsterilized needles at dards in injection delivery · Implement a national healthcare waste medical facilities. According to WHO estimates, unsafe injections account for

management system Surveillance and Research

 Strengthen and expand the surveillance and monitoring system · Carry out prevalence and behavioura

studies to enhance understanding abou the scope and spread of STDs and HIV sexual attitudes and behaviours, and

health care-seeking behaviours related to STDs.