



Confronting the HIV challenge in Pakistan: *How human rights abuses are fuelling HIV risk*

Key Points

- ◆ **Pakistan has multiple risk factors for an increasing HIV epidemic.**
- ◆ **Injecting drug users and sex workers are at greatest risk.**
- ◆ **These groups are interlinked and connected with the general population, thus an epidemic could affect multiple populations.**
- ◆ **Discrimination and violence committed by the police and others is contributing to HIV risk in these populations.**
- ◆ **Addressing these human rights violations is crucial to improving public health.**

EXECUTIVE SUMMARY

New research¹ in Pakistan shows that, while HIV is currently found principally among injecting drug users, there is a strong possibility that it could spread to other groups and become a much greater threat to public health.

The new research looked at the health and social dynamics of populations most at risk from HIV – female, male and transgender sex workers and injecting drug users – in cities in the Punjab and North West Frontier Province. Despite the common belief that these populations are isolated from each other and from other groups, the new findings show that they interact socially and sexually with each other and with other populations. Thus, an increased HIV risk in one group could increase risk in other populations.

High rates of sexually transmitted infections (STIs) were found in some of the groups in the survey. These groups had little knowledge of the risks of STIs or HIV and limited access to effective health care for dealing with STIs. This combination of factors compounds the risk of HIV transmission.

In addition, these groups frequently face discrimination, exploitation and violence from a variety of state and non-state actors – particularly the police. Human rights abuses such as these are strongly associated with an increased risk of STIs and HIV.

In Pakistan, vulnerable groups are the focus of HIV and AIDS policies, but their human rights have received little attention and there are no specific laws to protect them. Pakistan is a signatory to a range of human rights treaties that could help protect vulnerable groups, but to date, little or no action has been taken in this regard, despite the crucial role human rights abuses play in the spread of HIV.

Recommendations

The Pakistan Government should:

- ◆ Support training programmes for uniformed officers aimed at preventing discrimination and violence against sex workers and injecting drug users.
- ◆ Support education programmes for sex workers which help them to protect their own human rights.
- ◆ Provide training for health care providers to reduce discrimination against sex workers and injecting drug users in service provision.
- ◆ Ratify the International Covenant on Civil and Political Rights (ICCPR) and the Convention Against Torture (CAT).
- ◆ Support human rights organisations to work within existing laws to protect the rights of people most vulnerable to HIV.
- ◆ Improve access to high-quality sexual health services for groups most at risk. (See the companion Policy Brief, *Confronting the HIV challenge in Pakistan: Urgent need for health services in most-at-risk communities*, for more information.)

¹ Survey commissioned by the National AIDS Control Programme (NACP), funded by the UK Department for International Development (DFID) and coordinated by the London School of Hygiene and Tropical Medicine (LSHTM). See <http://www.lshtm.ac.uk/dfid/aids/Pakistan.htm> and <http://www.nacp.gov.pk/library/reports/>

Populations most at risk of HIV are not isolated – they interact with each other and with other communities. Thus, HIV risk in one community could affect other populations.

Signs of an emerging epidemic

HIV prevalence is currently low in Pakistan, and according to new research commissioned by the National AIDS Control Programme (NACP) and funded by UK Department for International Development (DFID)², the epidemic is concentrated among injecting drug users. However, the new research reveals that there is a strong possibility the epidemic will spread within and outside the drug user community. The populations most likely to be at the centre of a future epidemic are injecting drug users and female, male and transgender sex workers.

While these vulnerable groups may appear to be separate from each other and from the general population, they *do* interact socially and sexually with each other and with the general population. Thus, their increased risk of HIV infection could lead to an increased risk for other populations as well.

In cities in the Punjab and North West Frontier Province, communities of sex workers and injecting drug users have been found to have high levels of other STIs, which greatly increases their risk of HIV transmission³. These groups also:

- ♦ have limited knowledge of HIV and sexual health;
- ♦ infrequently practice preventive behaviours (such as using condoms or clean needles); and
- ♦ rarely receive adequate health care or treatment for STIs when they need it.

All of these factors are strongly associated with an increased risk of HIV transmission.

Discrimination and violence are fuelling HIV risk

The new research shows that in communities where violence and police exploitation are endemic, there are high rates of STIs. Discrimination and abuse can push people to practice higher-risk behaviours, including making them reluctant to attend needle exchange or condom promotion programmes for fear of being identified.⁴ Moreover, the fear or threat of discrimination and humiliation deters many vulnerable people from seeking health services at all.

Human rights abuses perpetrated by the police

The research revealed endemic exploitation and abuse against sex workers and injecting drug users at the hands of the police and others. The illegal status of prostitution, homosexuality and recreational drug use allows police to capitalise on their position of power, intimidating vulnerable people with threats of exposure, arrest or property confiscation, to secure regular bribes or sexual favours.

The police are particularly discriminatory towards people in the transgender community. This group experiences the highest levels of state-sponsored verbal and physical abuse, and while female sex workers can sometimes avert police violence by offering bribes, this strategy is rarely effective for transgender sex workers.

Human rights violations against injecting drug users usually take the form of verbal and psychological abuse. Drug users go to extreme lengths to avoid arrest and incarceration, yet are the most powerless group, with no wealth, little autonomy and therefore little possibility of placating the police. Confiscation of their injecting equipment or drugs increases their likelihood of sharing needles or syringes, which, in turn, increases their risk of contracting and transmitting HIV.⁵

Abuse by non-State actors

There is also widespread abuse committed by sex workers' clients, intimate partners (including husbands of female sex workers) and others. A range of violations are committed against sex workers, including physical beatings and sexual assault. This increases the risk of tears and wounds to the vaginal or anal tracts, leading to greater susceptibility to STIs and HIV.

Sex workers in all groups in this study reported abuse from clients, including physical abuse (such as burning with cigarettes), refusing to use condoms, engaging in practices that increase the likelihood of tears and wounds (such as forced anal sex) and bringing other (usually non-paying) clients with them.

² Survey commissioned by the NACP, funded by DFID and coordinated by LSHTM. See <http://www.lshtm.ac.uk/dfid/aids/Pakistan.htm> and <http://www.nacp.gov.pk/library/reports/>.

³ WHO. Guidelines for the management of sexually transmitted infections. Geneva: World Health Organization, 2003.

⁴ For example: United Nations XV International AIDS Conference Satellite Meeting, Human Rights at the Margins: HIV/AIDS, Prisoners, Drug Users and the Law, Proceedings, Bangkok: July 9, 2004; Human Rights Watch, "Ravaging the Vulnerable: Abuses against persons at high risk of HIV infection in Bangladesh," Human Rights Watch: New York: Vol.15, No.6(C), 2003; and Strathdee S A, Zafar T, Brahmhatt H et al. Rise in needle sharing among injecting drug users in Pakistan during the Afghanistan war. *Drug and Alcohol Dependence* 2000; 71: 7-24.

⁵ Wood E, Kerr T. Measuring the public health impact of police activities on illicit drug users. *International Journal of Drug Policy* 2005; 16: 148-49; and Rhodes T, Mikhailova L, Sarang A et al. Situational factors influencing drug injecting, risk reduction and syringe exchange practices in Togliatti City, Russian Federation. *Social Science & Medicine* 2003; 57: 39-54.

Discrimination and degrading treatment by health care providers

For all groups in the study, fear of ill treatment and exposure was cited as a major barrier to seeking care, including treatment for STIs, genital sores/wounds, and drug treatment. Rudeness, humiliation or abuse appears to be more common at public-sector facilities, and many respondents said that private-sector providers generally treated them better because they were paying for the service.

In the case of injecting drug users, across south and southeast Asia the scarcity of drug treatment programmes is seen as a significant factor fuelling HIV epidemics.⁶ Even where these programmes exist, most injecting drug users cannot afford them. The few injecting drug users in this study who had used detox services reported abuse and outright brutality and humiliation, including having their hair and eyebrows shaved and being chained up “*the way a dog is tied up so that he cannot move*”. Moreover, most detox centres operate without basic standards of care and do not provide rehabilitation follow-up, making them largely ineffective.

Trying to obtain condoms and clean needles – which are fundamental to STI and HIV prevention – often exposes vulnerable people to discrimination. For example, shopkeepers often refuse to sell such items or stigmatise buyers so they are reluctant to return.

In recent years, non-governmental organisations (NGOs) and private-sector groups have become increasingly responsible for providing health services, but there are no systems to ensure they meet nationally agreed standards, especially regarding human rights.⁷

What can policymakers do?

Groups most at risk are the focus of HIV and AIDS policy in Pakistan, but their rights have received little attention and there are no specific laws to protect them. This is a major concern, as mathematical modelling has predicted that any future HIV epidemic would be concentrated in the group with the highest levels of STIs and human rights abuses.² In Pakistan, this means that transgender sex workers are at greatest risk, but social and sexual networking between all vulnerable groups and with other communities means that protection is needed for all.

This is a challenge in Pakistan, because when people sell sex, inject drugs or engage in homosexual activities they are not protected under the Constitution. Some protection may be possible under the 2002

Police Order, which prohibits the police from “inflicting torture or using violence on any person in their custody” (Section 156)⁸, but because the majority of people develop means to avoid arrest and detention, most abuse happens outside prisons and police cells. Thus the police exploit vulnerable groups with impunity, and few complaints against them are ever made in the courts.⁹

Raise awareness of HIV risk among uniformed officers

Uniformed personnel potentially have an increased risk of HIV – a point recognised in Pakistan’s national policy on HIV prevention. To address this, certain NGOs are conducting awareness-raising programmes on HIV, on an ad hoc basis, as part of training for police and corrections officers. This work could be expanded by integrating into police training a module aimed at preventing human rights abuses. This may require getting uniformed officers to understand their own personal risk in having unsafe and forced sex with vulnerable people, as opposed to emphasising the protection of the rights of vulnerable populations. The existing training programmes took many years to develop and were funded by donors; they will require ongoing funding to ensure continued success.

Protect rights by ratifying treaties and working within existing laws

Pakistan has signed, ratified, or is bound by a range of international treaties that enshrine fundamental human rights¹⁰, but it has not yet committed to protecting groups vulnerable to multiple forms of discrimination. By signing the International Covenant on Civil and Political Rights (ICCPR) and the Convention Against Torture (CAT) in 2008, it took a major step towards protecting people, especially from State-sponsored abuse. Although the Government has not yet ratified these treaties, it is still possible to protect the rights of vulnerable groups. For example, elsewhere in south Asia, despite the “right to health” not being explicitly written into national laws, “[the] judiciary is using creative reasoning to force the government to fulfil this right”.¹¹

Pakistan has ratified the International Covenant on Economic, Social and Cultural Rights (ICESCR)¹², which enshrines the right to health for all people. Considering the compelling evidence of the emerging HIV epidemic revealed in the new research findings, it is of particular importance to safeguard the health and rights of communities most at risk of infection.

⁶ Parker RG, Easton D, Klein CH. Structural barriers and facilitators in HIV prevention: a review of international research. *AIDS* 2000; 14: S22-32.

⁷ Mayhew SH, Douthwaite M, Hammer MA. Balancing protection and pragmatism: a framework for NGO accountability in rights-based approaches. *Health and Human Rights* 2006; 9: 180-207; and Gruskin S, Mills EJ, Tarantola D. Health and Human Rights 1 - History, principles, and practice of health and human rights. *The Lancet* 2007; 370: 449-55.

⁸ UN General Assembly. Human Rights Council, 7th Session 18th Feb 2008. Addendum to Report of Special Rapporteur on Torture etc., Pakistan: p.508

⁹ Narrain A. Queer struggles around the law: the contemporary context. In: Menon N, editor. *Sexualities*. London & New York: Zed Books Ltd., 2007.

¹⁰ Pakistan has signed the Convention on Elimination of Discrimination Against Women (CEDAW), ratified both the Convention on the Rights of the Child (CRC) and International Covenant on Economic, Social and Cultural Rights.

¹¹ Singh JA, Govender M, Mills EJ. Health and human rights 2 - Do human rights matter to health? *The Lancet* 2007; 370: 521-7.

¹² <http://www2.ohchr.org/english/bodies/ratification/3.htm>

Any future HIV epidemic in Pakistan is likely to begin in the group with the highest levels of sexually transmitted infections and human rights abuses.

Recommendations

Vulnerable groups need better access to high-quality STI services (see Policy Brief *Confronting the HIV challenge in Pakistan: Urgent need for health services in most-at-risk communities* for health service recommendations); but to be effective, these services must be tied in with efforts to reduce discrimination, exploitation and violence against vulnerable groups.

The Government of Pakistan has shown its commitment to protecting human rights by signing a number of international treaties. Now it must **follow this up by curtailing the abusive actions of its agents, especially the police and public-sector health workers**. The following recommendations are important first steps.

1. Support programmes that **raise awareness among police and other uniformed service personnel** about the links between HIV and stigma/discrimination/violence against sex workers and injecting drug users (for example, with targeted training for new recruits).
2. Support programmes designed to **increase sex workers' abilities to negotiate for the protection of their own human rights**, especially in interactions with the police and other authorities.
3. **Carry out information campaigns and training for health care providers**, aimed at reducing stigma and discrimination against injecting drug users and sex workers.
4. Work with human rights groups to **review the legal status of homosexuality** and the impact of this on human rights. Also **support human rights groups to work within existing laws** as a means to protect the legal rights of sex workers and injecting drug users.
5. Immediately **ratify the International Covenant on Civil and Political Rights (ICCPR) and the Convention Against Torture (CAT)** to fill gaps in national law and enable the Pakistani courts to protect the rights of vulnerable groups.

This policy brief is based on research funded by the UK Department for International Development (DFID) and conducted by: the National AIDS Control Programme, Pakistan; Sindh Institute of Urology and Transplantation; and the London School of Hygiene & Tropical Medicine. The views expressed are not necessarily those of DFID.

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