



Confronting the HIV challenge in Pakistan: *Urgent need for health services in most-at-risk communities*

Key Points

- ◆ Pakistan has multiple risk factors for an escalating HIV epidemic.
- ◆ These include high levels of other STIs among people who inject drugs and those who sell sex.
- ◆ These groups have limited or no access to STI prevention and treatment.
- ◆ A more cohesive approach to STI control is urgently needed, with more STI services specifically for sex workers and expanded needle and syringe exchange programmes for injecting drug users.

EXECUTIVE SUMMARY

The HIV epidemic in Pakistan is currently in its early stages, and according to new research¹ it is most prevalent among injecting drug users. However, the research has identified several factors which indicate a strong possibility of the epidemic spreading.

First, the most-at-risk populations in Pakistan (people who inject drugs, and men, women and transgender people who sell sex) were found to have very high levels of sexually transmitted infections (STIs) other than HIV. Second, they were found to have severely limited or no access to sexual health services, and limited knowledge of the risks of STIs and HIV. Third, the research identified complex sexual and social networks between at-risk populations and the general population, which are potential routes for HIV transmission.

Individually, these conditions give cause for concern; combined, they indicate the need for immediate action.

Until now, limited data made it difficult to grasp the scale of the unfolding epidemic and to identify ways to tackle the problem. This new evidence provides a clear course of action for policymakers and other stakeholders.

Recommendations

As a priority, a more cohesive approach to national STI control is needed through the following interventions:

- ◆ behaviour-change communication campaigns focused on preventing HIV and STIs among sex workers, their clients, and injecting drug users;
- ◆ increased access to STI prevention and care programmes *specifically for sex workers and injecting drug users*;
- ◆ STI prevention and care integrated into existing comprehensive sexual and reproductive health services and facilities;
- ◆ expanded access to harm reduction services for injecting drug users;
- ◆ training for health care providers, to reduce discriminatory practices in health care provision.

These are not special measures – they represent the fulfilment of people's rights to basic health services and care, and they are crucial steps to take now while the HIV epidemic is at an early stage.

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/>

“... 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”

(draft Pakistan National HIV and AIDS Policy 2007)

Multiple risk factors for an escalating HIV epidemic

Although the prevalence of HIV in Pakistan is currently low, there are high levels of other sexually transmitted infections (STIs) among men, women and transgender people who sell sex and among people who inject drugs. Because there is a strong correlation between the presence of conventional STIs and HIV transmission², this indicates that Pakistan has one of the major risk factors for an escalating HIV epidemic.

Recent bio-behavioural research³ in cities in the Punjab and North West Frontier Province found that HIV is currently ‘concentrated’ among injecting drug users; but there are signs that the epidemic could grow and spread to other communities. For example, the research showed that people in high-risk groups:

- ◆ have limited knowledge about HIV and sexual health;
- ◆ infrequently practice preventive behaviours (such as using condoms or clean needles);
- ◆ rarely receive adequate health care or treatment for STIs when they need it; and
- ◆ experience high levels of violence, stigma and discrimination.

All of these have been identified as factors contributing to the spread of HIV.

Also, while sex workers and injecting drug users may appear to be distinctive and easily defined groups which are isolated from the general population, in fact, they do interact with each other and with the general population. These interactions multiply the risks of a serious HIV epidemic.

Groups at highest risk need STI services

Effective prevention and treatment of STIs reduces their incidence in a community, while at the same time opening up an opportunity for health providers to introduce HIV education and counselling to those who need it most.²

In Pakistan’s five largest cities, however, many STI diagnostic and treatment services are inadequate or simply unavailable to people at highest risk. Where services exist, their quality varies. And there appear to be limited efforts to evaluate or improve public and private health provider knowledge or the quality of STI care, aside from a few small, independent efforts by non-governmental organisations (NGOs).

Clearly there is a need for more, better and more widespread STI education, training and services. Equally important, however, is to ensure that these services are available and accessible in the places where people who sell sex and those who inject drugs seek care.

Health providers need STI training and resources

About half of people practicing high-risk behaviours report that they do not seek care when they show symptoms of STIs. Those who do seek care tend to visit private-sector doctors, *hakeems* and homeopaths rather than public-sector facilities.⁴ Unfortunately, few private-sector providers have STI training. In addition, among both private- and public-sector medical practitioners, lack of privacy for examinations and counselling, limited time and high volume of patients are cited as obstacles to delivering adequate STI care.

Female sex workers have reported that they cannot get the sexual and reproductive health care they require; but even where such care is available, it rarely includes STI services or HIV counselling. One of the most efficient ways to deliver STI services is through existing services, such as sexual and reproductive health facilities. Yet with such limited access to these services for female sex workers, a prime opportunity is being missed to provide STI treatment and care and HIV education and counselling.

All of these factors indicate the lack of a consistent and unified approach to STI control, which is setting the stage for a potential increase in HIV prevalence.

² WHO. Guidelines for the management of sexually transmitted infections. Geneva: World Health Organization, 2003.

³ 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/>.

⁴ National AIDS Control Program. National Study of Reproductive Tract and Sexually Transmitted Infections. Family Health International, 2005.

Where are the policy and programme gaps?

Inconsistent funding for STI control

STI control programmes have been largely implemented by NGOs, with clinics and facilities closing down due to a lack of funds at the end of a project or delays in the release of funds. Thus, funding that is dependent on external donors has led to inconsistent and patchy STI control. STI programme managers need a consistent flow of funds for medicines and investments in basic diagnostic and patient facilities, and for STI training and evaluation.

In many countries, AIDS programmes do not have the capacity to effectively use all of the funds available to them, and there is evidence that this is occurring in some provinces in Pakistan. Therefore, more effective and efficient allocation of resources should be considered, with priority given to increasing funds for STI services for high-risk populations, either through direct government support or in partnership with NGOs already providing these services.

Lack of sexual and reproductive health care for female sex workers

STI cases are often seen at reproductive health clinics, but few of these facilities have the training or resources to manage STI patients effectively. To date, reproductive health clinics have not integrated HIV prevention into their services nor have they tailored services to meet the needs of people at high risk. Female sex workers, in particular, have an urgent need for comprehensive sexual and reproductive health services, which should include STI care and HIV education and counselling.

Lack of sexual health care for male and transgender sex workers

There is very strong evidence that male and transgender sex workers will play a central role in the future of the HIV epidemic in Pakistan. They are highly vulnerable to STIs and HIV and have extremely limited access to high-quality STI services. Therefore, it is crucial to ensure they can obtain effective STI services from the places where they already seek care: private-sector doctors, *hakeems* and homeopaths. These providers urgently need basic and ongoing STI training and support, and research is needed to identify the most effective ways

to provide this training. For example, this could be achieved through direct government support or through NGOs which already have effective links with vulnerable communities.

Insufficient health provider training and inaccessible services

In general, there needs to be more STI services in places where high-risk populations seek care, and as mentioned above, this must include private-sector health care providers. The draft *National HIV and AIDS Policy* states that reaching high-risk populations requires working with health services, NGOs and communities to find the approaches “that are accessible, appropriate and acceptable to these populations.”⁵ Further, it says: “There will be a particular focus on bringing services as close as possible to the communities most affected...” For example, there is evidence that outreach services for sex workers, combined with other interventions, are cost effective and reduce rates of some STIs.⁶

Need for expanded needle and syringe exchange programmes

Surveys and experience in Pakistan show that there are already highly efficient programmes for injecting drug users. The main challenge is to scale up needle and syringe exchange programmes so that they are more widely accessible. Model projections indicate that widespread access to needle and syringe exchange programmes is likely to substantially reduce HIV transmission.³

Need to reduce discrimination and protect people's rights to care

The fact that selling sex and injecting drugs are highly stigmatised behaviours in Pakistan influences sex workers' and injecting drug users' decisions about whether and where to seek care when they need it. Many of them simply avoid public health providers altogether because they fear discrimination, harassment or abuse. Therefore, it is imperative that health care practitioners are trained to provide non-discriminatory care to all people who need it, and to protect the rights of their clients to high-quality health services. This will enable people at highest risk to protect themselves against STIs and HIV. (See the companion Policy Brief *Confronting the HIV challenge in Pakistan: How human rights abuses are fuelling HIV risk* for more information about rights.)

⁵ National AIDS Control Program. Draft National HIV and AIDS Policy 2007. Online at: <http://www.nacp.gov.pk/wp-content/uploads/2007/05/policy2007.doc>

⁶ For example: Mak R, Taen A, Claeysens M et al. Hepatitis B vaccination for sex workers: do outreach programmes perform better? *STI* 2003; 79: 157-9; and UNAIDS. Sex work and HIV/AIDS. UNAIDS Technical Update, UNAIDS Best Practice Collection. Geneva: UNAIDS, 2002.

“We can provide leadership... by ensuring that people affected by HIV and AIDS have access to all of the services and programmes that are available to all the people of Pakistan...”

(draft Pakistan National HIV and AIDS Policy 2007)

Recommendations

It is imperative to increase funding and to ensure sustainable funding for a more unified approach to STI control – this must be a priority in Pakistan’s HIV and AIDS response and in its public health policy. Programme components should include:

1. **Targeted behaviour change communication campaigns** to increase knowledge about HIV and other STIs, particularly for male, transgender and female sex workers and their clients.
2. More and more accessible **comprehensive sexual and reproductive health services for female sex workers**, which must include family planning, antenatal care, and counselling, prevention, testing and treatment for STIs, including HIV.
3. More and more accessible **comprehensive sexual health care services for male and transgender sex workers**, which should include counselling, prevention, testing and treatment for STIs, including HIV.
4. Better **access to condoms and lubricants**, especially in places commonly visited by injecting drug users and sex workers and their clients.
5. Investigate the best way to provide **STI training for private-sector health care providers**, especially those who care for sex workers and injecting drug users.
6. Better access to **clean needles and syringes** for injecting drug users, including those in prison, and **a trial of oral substitution therapy** for injecting drug users.
7. **Training and other initiatives which help reduce stigma and discrimination**, particularly among health care providers, and which ensure the protection of all people’s rights to receive sexual health information, commodities and services.

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