### **APPNA MERIT HIV Awareness, Prevention,** and Education Project in Pakistan



APPNA MERIT Medical Education, Research and Information and Technology Transfer

A Project of MERIT HIV Committee

HIV Webinar Series: Webinar #12

# Vision for HIV in Pakistan for 2022

Date & time:

Sunday December 19th, 2021 at 8:00 PM Pakistan time (10:00 AM US Eastern Time)

### Moderators

Host



Dr. Saima Abbas MD Infectious Disease Physician Space Coast Infectious Disease Care, FL, USA

Dr. Hammad Ali MBBS MPH PhD Medical Epidemiologist, USA

Dr. Fizza S. Gillani Associate Professor of Medicine (Research) Alpert Medical School of Brown University Chair MERIT HIV Committee

Dr. Nashmia Mahmood

National Programme Specialist,

Global Fund Grant HIV, UNDP

## Panelists



**Dr. Nausheen Hamid** Parliamentary Secretary at Ministry

Member of parliament, National Assembly of Pakistan

Deputy National Coordinator (HIV/AIDS) TB, Malaria, Global Fund Grant, Ministry of National Health Services, Regulations & Coordination, Government of Pakistan

Dr. Khudadad khan ART Physician & Incharge HIV/ AIDS Care, Support & Treatment Center. BMC Hospital, Quetta, Pakistan

Dr. Hina Jawaid Assistant Professor in Family Medicine University of Health Sciences Lahore

Strategic Information Adviser, UNAIDS

Dr Rajwal Khan



Dr. Bushra Jamil Professor, Agha Khan University, Karachi, Pakistan

#### Mr. Salman Qureshi Senior Program Manager, Nai Zindagi



Dr. Malik M. Umair HIV Treatment Specialist, PR unit of Global Fund NACP (National AIDS Control Program)



## Webinar 12 – Vision for HIV in Pakistan in 2022 (Dec 19, 2021)

## **Summary:**

## Update to HIV Awareness, Prevention, and Education Project in Pakistan Project Report Published on World AIDS Day, December 1st, 2021

## • Treatment as Prevention, Key Performance indicators

- 0 1) Percentage of people NEWLY DIAGNOSED with HIV who know their HIV status
- o 2) Percentage of people living with HIV who know their HIV status who are on Antiretroviral treatment
- o 3) Percentage of people living with HIV who are on ART and are VIROLOGICALLY SUPPRESSED
- o 4) Number of AIDS related deaths
- Knowledge, Attitude, Practice Gap
  - o Pakistan has been registering 20 000 new HIV cases every year for the past few years
  - o Transmission is no longer confined to the key populations which is really
  - o Five out of seven outbreaks of HIV in Pakistan have occurred in children as well as men and women without traditional high-risk behaviors
  - o General population is getting infected primarily because of the unregulated use of contaminated needles and syringes and the unscreened blood products
  - o Progress: government has passed a legislation whereby only auto destruct syringes will be used for medical use
    - Trying to find ways to reduce our dependence on the foreign funding for control of diseases like TB, HIV and malaria
    - Introduction of universal health care whether screening
    - Marginalized populations may not be getting the care they deserve
    - Taking active steps toward facilitating key populations and transgenders
    - Planning to link key pops to health insurance programs to provide the stigma free care
  - o Doctors need to be non-judgmental and maintain patient confidentiality at all times
  - o The general population in Pakistan needs to accept that there is an issue regarding HIV, and it need to be talked about/steps need to be taken to solve it
  - o Stigma is the single most cause of this lack of adherence to HIV management In Pakistan according to people working in the HIV field
    - Many patients to an HIV center are lost after the first visit, providers must work hard to create a comfortable environment for the patient
    - Patients may lose their job or family when they are diagnosed with HIV
    - Travel cost issue for those wanting to visit HIV center, should plan for HIV centers in every district

- Issues in Private and Public Sector
  - o Retention issue: Patients leave
  - o IV Drug Users: this population tends to not retain in treatment, stop therapy, transmit rapidly, and become treatment drug resistant due to delays
  - o Mode of transition is given as unknown, but may really simply be omitted from report
  - o Funding and expansion of treatment needs to be improved, especially in more remote areas
- Infection Prevention and Control
  - o After the initial HIV outbreak, external teams came into Pakistan and took charge of training people and managing treatment activities
    - These practices were not internalized into Pakistan's structure
    - People have not fully adopting HIV prevention practices despite the money and time spent
    - Infection prevention funding was not including in HIV grant, but was in COVID grant which made a large difference