NATIONAL AIDS CONTROL PROGRAMME, MINISTRY OF HEALTH

COUNTRY REPORT--PAKISTAN

NATIONAL SCALING UP TOWARDS UNIVERSAL ACCESS

DEVELOPED WITH COLLABORATION OF UNAIDS—PAKISTAN

March 2006

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CCM	Country Coordinating Mechanism (GFATM)
CSO	Civil Society Organization
CSW	commercial Sex Worker
DFID	Department for International Development, UK
FCA	Federal Committee on AIDS
GFATM	Global Fund to Fight AIDS, TB and Malaria
GoP	Government of Pakistan
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MSM	Men who have Sex with Men
NACP	National AIDS Control Programme
NGO	Non-Governmental Organization
PACP	Provincial AIDS Control Programme
PC1	Planning Commission Document – Draft 1
PLWA	People Living With HIV/AIDS
STI	Sexually Transmitted Infection
TA	Technical Assistance
TACA	Technical Advisory Committee for AIDS
UNAIDS	Joint United Nations Programme on AIDS
VCT	Voluntary Counseling and Testing
WB	The World Bank

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EXECUTIVE SUMMARY:

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The National AIDS Control Programme/Ministry of Health estimates, using WHO/UNAIDS Epi-forecast model, the number of HIV infected individuals in Pakistan at the end of 2005 as between 70-80, 000; this would amount to a prevalence of less than 0.1%. The reported cases to the NACP are still low, however, NACP, MoH estimates that there are 70,000 estimated HIV/AIDS cases in the country. A situation that highlights the important fact that there is a slow and gradual increase in the number of reported/diagnosed cases over the years.

In July 2003, an outbreak of HIV infection was identified among the Injection Drug Users (IDUs) in Jail inmates of Larkana, Sindh province. Similar trends were also observed in Karachi, further validated through findings of two studies reporting the prevalence as 23% and 26 % respectively. Thus indicating shift of HIV epidemic shifting from low level to "concentrated" among IDUs in Karachi, Sindh.

A consultative meeting held on February 4, 2006, discussed scoring for individual aspects of the resources and context for scaling up the national response for universal access. It was noted that dimensions related to advocacy, strategic planning, organization and partnership are "partially adequate". However, factors related to sustainable financing, human resources and infrastructure need further strengthening and were scored as "present but not adequate". Obstacles and challenges faced by each of these dimensions were then discussed, followed by probable solutions. These individual challenges have been grouped as follows:

a) Re-enforcing policy/strategy and legal framework: There is a need to fully understand the epidemic dynamics in Pakistan with some good evidence based approach and drawing models for future projections. This would help in identifying the strategic focus for national response. As regards strategic approaches, NACP has already taken a stewardship role by undertaking development of a number of strategies such as National HIV/AIDS strategy followed by mid term review of the national response, Legal framework & national policy on HIV/AIDS, National M& E framework, Strategy on care & support, HIV/AIDS strategy for youth and STI's.

b) Capacity issues: The technical and managerial capacities of the programs as well as CSOs need immediate addressal for ensuring adequate coverage of the high risk groups. This should be addressed by involving key stakeholders at the local levels and also by developing linkages with key groups at the regional level.

c) **Strengthening Governance and institutional arrangements:** There is a need to address issues relating to sharing of information and involvement of civil society/stakeholders, transparency and accountability for contractual processes, and definition of roles and responsibilities among various stakeholders. In view of devolved system of government (federal, provincial and district), need to strengthen linkages and work out priorities at all levels is an utmost priority. Furthermore, there is need to standardize rules of business, standard operating procedures and various partnership arrangements at all the three levels of government system as well as private sector including the CSOs.

d) Enhancing coordination and collaborations: Inadequate linkages and coordination both within and among various stakeholders is affecting the national response. The development partners do not have one financial fund flow mechanism resulting in increased transaction cost for the programme and sometimes duplication of services. Some of the activities by the implementing CSOs are not well coordinated with other activities, either by public/private sector or other CSOs. Thus existing coordination mechanisms need further strengthening by being more inclusive and consultative at all forum.

It was also emphasized during the consultation, that first and foremost approach would be to recognize the obstacles hindering the national response; followed by actions/interventions already highlighted for addressing those obstacles. Some of these actions for achieving various targets/goals have been highlighted in the matrix. The emphasis during all these processes have been on close consultation, partnership spirit and above all the support of bureaucracy and a strong political commitment by the elected leaders at all the levels. In that context, role of development partners cannot be emphasized enough. Through harmonized and coordinated efforts of these partners, the programme envisages to achieve all its proposed goals by the year 2010.

At the end, roadmap for the year 2010 was developed with some of the key milestones. These goals are:

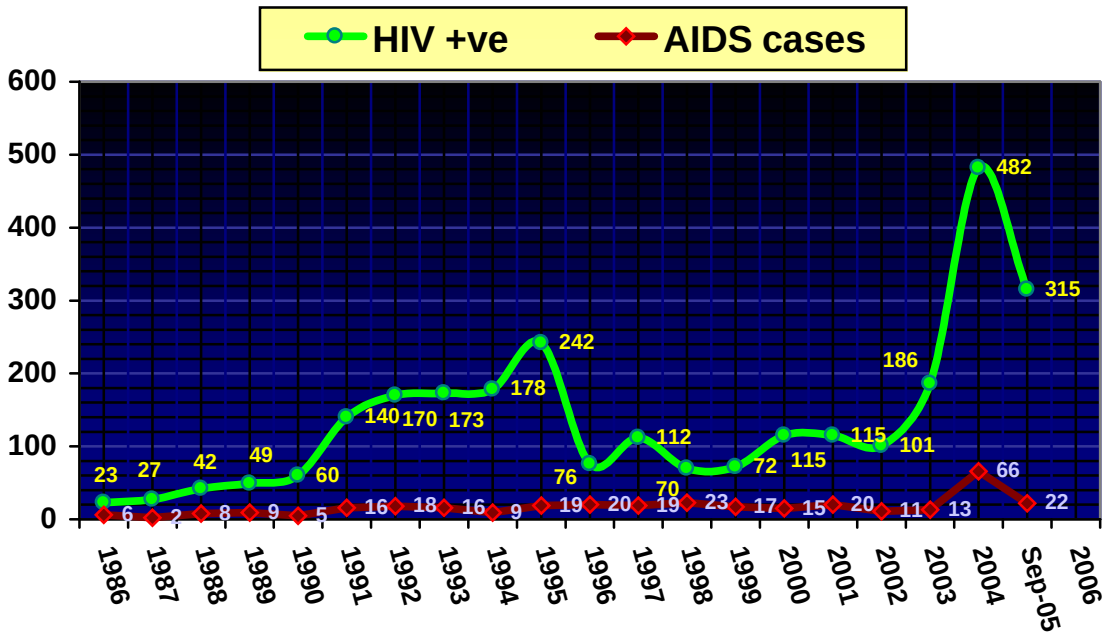
- A National HIV Policy supported by legal framework in place and operational
- Development and implementation of costed national and provincial action plans
- Harmonized resource mobilization plan in place and operational
- Multi sectoral HRM Plan in place and operational (includes CSOs and private sector)
- Institutionalizing a multi-sectoral response at federal, provincial and district levels
- Infrastructure in place and operational according to the revised action plan
- Partnership framework for all the stakeholders in place and implemented

1. CHARACTERITICS OF THE NATIONAL HIV EPIDEMIC:

Pakistan with a population of approximately 157 million, occupies an important and strategic position, especially in reference to two of its neighbors China and India, where HIV and AIDS has graduated to epidemic proportions. Currently Pakistan is categorized as "Low-Prevalence High Risk" country for Human Immunodeficiency Virus (HIV) infection. The National AIDS Control Programme/Ministry of Health estimates sa of December 2005, using WHO/UNAIDS Epiforecast model, the number of HIV infections in country between 65-70, 000; with a prevalence of less than 0.1% among the general population.

First case of AIDS was diagnosed in Pakistan in 1986, since then sporadic and isolated cases have been reported from the provinces. Following detection of the first case, a Federal Committee on AIDS (FCA) was established in 1987. Thus followed establishment of 47 diagnostic/surveillance centers over the years; these centers conducted passive surveillance activities and are regularly producing quarterly update report. During 1990 the Committee (FCA) was given the status of "National AIDS Control Programme" (NACP), directly working under Ministry of Health (MoH), with focal persons identified at provincial/AJK levels. However, in 1994, fully working Programme Implementation Units were established.

The important fact remains that there has been a slow and gradual increase in the number of reported/diagnosed cases. (Figure 1)

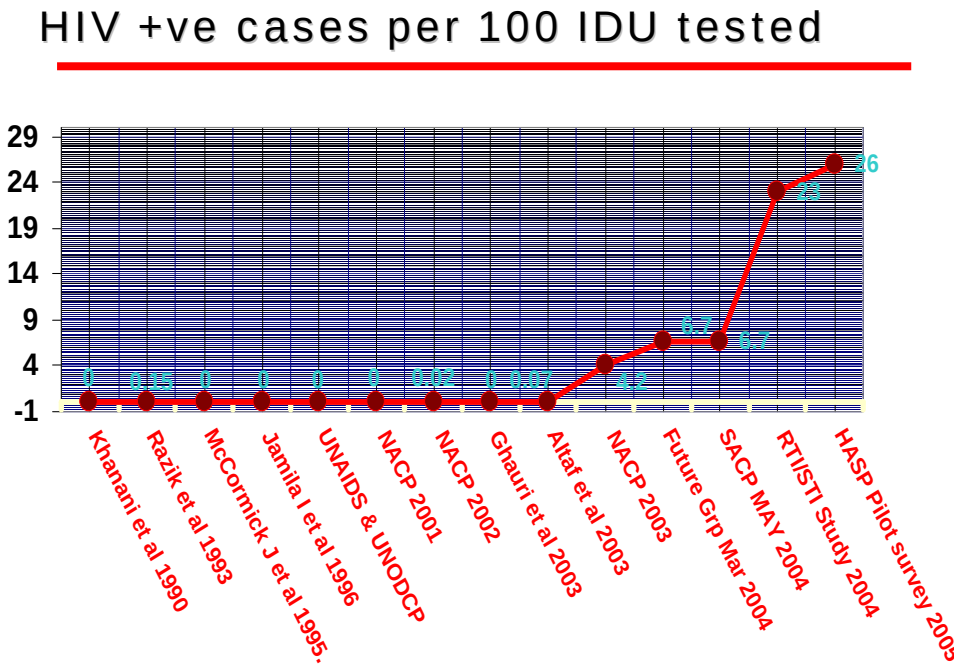


In addition to the regular passive surveillance mechanism, a number of studies on size estimations, behavior and biological aspects have also been conducted among the various high risk groups in recent years. These are a good pointer of the trends; however, representativeness and generlizeability could be an issue.

In July 2003, an outbreak of HIV infection was identified among the jailed Injection Drug Users (IDUs) in Larkana, Sindh province. Over a ten months period (August

2003 to June 2004) the number of reported HIV cases increased from 19 to 69 among the IDUs. During the same time period similar trends were observed in Karachi, where 7% (57) of IDUs were reported as HIV positive against the total number screened (n=800) by the Sindh AIDS Control Programme. This indicated a rise in proportion of HIV infection among IDUs in Karachi which was further validated by several studies reporting an increase in prevalence from 0.4 % in January to 7.6% in August 2004[1] and in 2005 to 23%[3] and 26 %[4] respectively. This increase in levels of HIV indicates a shift in HIV epidemic in the country from low level to "concentrated" among the IDUs in Karachi, Sindh. (Figure 2)

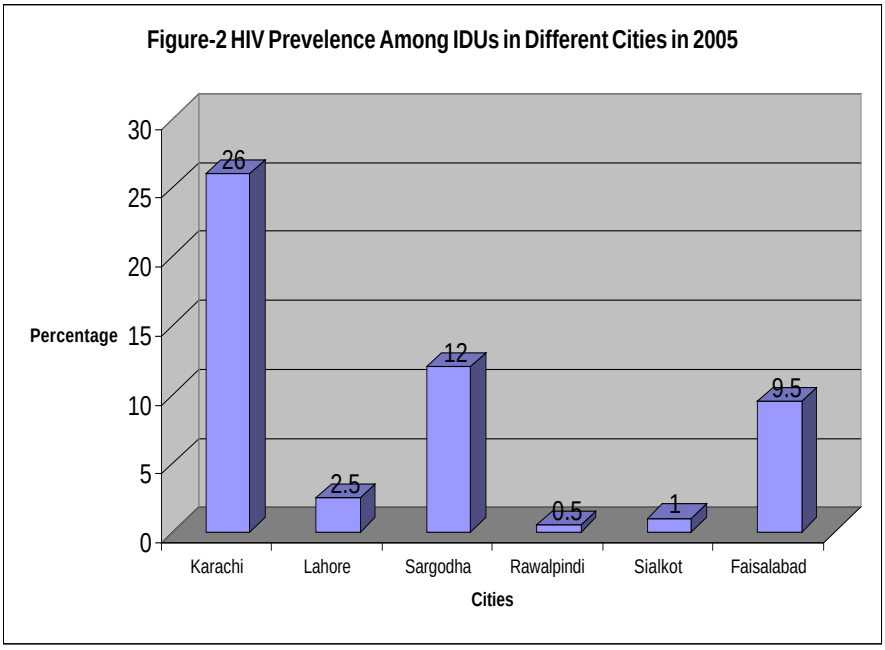
Figure 2



[1] National AIDS Control Programme Surveillance, 2004
3 National Study of Reproductive Tract and Sexually Transmitted Infection, National AIDS Control Programme, 2004
4 Pilot Study conducted by the HIV & AIDS Surveillance Project, March 2005,
5 Baseline Study on HIV and STIs Risks Among IDUs in Lahore, Sargodha, Faisalababd and Sialkot, June-July 2005, Nai Zindagi and Associates

The HIV prevalence among IDUs in number of cities in Punjab and Sindh provinces also reported increasing trends; 26% Karachi, 2.5% in Lahore; 12 % in Sargodha; 0.5% in Rawalpindi; 1% in Sialkot; and 9.5% in Faisalabad[2, 5] (Figure-3).

Figure 3: HIV Prevalence among IDUs in different cities in 2005



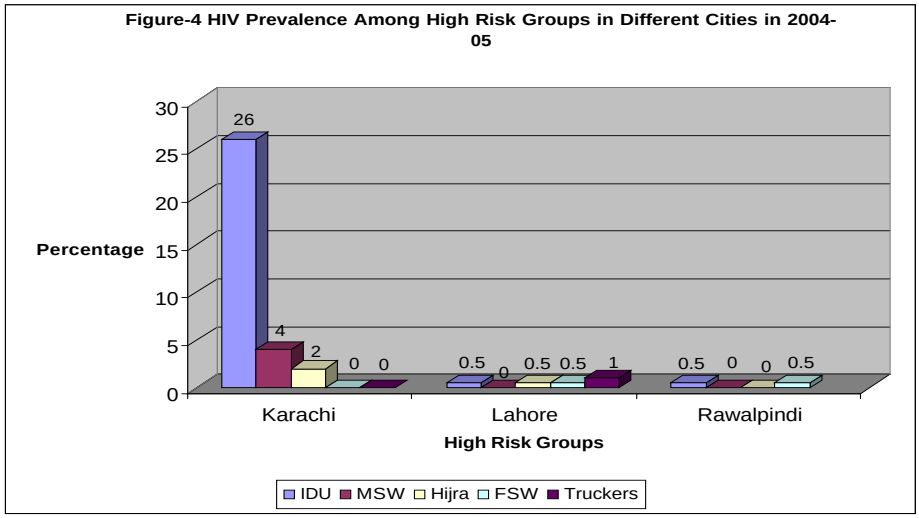
Source:

Pilot Study conducted by the HIV & AIDS Surveillance Project, March 2005,

In view of the changing HIV situation among the high-risk groups, NACP with the support of development partners, undertook two major activities to study the trends and set baselines,.

- A comprehensive National Study of Reproductive Tract and Sexually Transmitted Infections, in Lahore and Karachi in the first phase; (the second phase is currently under implementation covering NWFP, B'tan and Bridging populations).
- Pilot Study under the HIV & AIDS Surveillance Project; the first round of active surveillance has already been conducted in 8 cities; preliminary reports and data is under analysis.

The findings from both the survey and pilot study for active surveillance corroborated findings for each other. In line with experience from other countries, after IDUs, similar HIV trends are noticeable among men having sex with men (MSM) and Hijras (transvestite), in selective geographical areas.

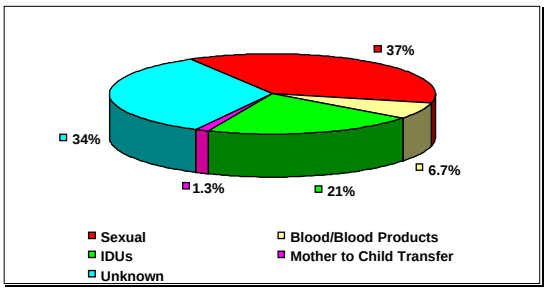


Source:
National Study of Reproductive Tract And Sexually Transmitted Infections, Survey of High Risk Groups in Lahore and Karachi, March-August 2004, National AIDS Control Programme, Ministry of Health, Government of Pakistan,
Pilot Study under the HIV & AIDS Surveillance Project, National AIDS Control Programme, March 2005

On the modes pf transmission, the data illustrates sexual transmission to be the commonest mode (37%) followed by sharing of the infected needles (21%); however definite mode of transmission could not be ascertained in 34% (due to either misreporting or stigma). (Figure 7)

Figure 7:

Modes of HIV Spread in Pakistan



Thus both trends as well as characteristics of the epidemic are following a "typical Asian model of HIV". It is now required to undertake nation-wide estimates of the high-risk groups, their behavioral patterns and sero prevalence to ascertain the magnitude of the problems and also do modeling for future projections. This would

help Government of Pakistan in further strengthening national response to address the emerging threat in a comprehensive manner.

2. CONTEXT AND RESOURCES OF THE NATIONAL RESPONSES:

During 1989, a formal National AIDS Control Programme (NACP) was established under a notification by the Establishment Division. The national response can be fully appreciated by having a comprehensive understanding of the context and resources, which have been made available for addressing HIV and AIDS.

The national consultation on scale up towards universal access discussed the status of various resources and contexts, agreed on scores for the given indicators. This followed identification of obstacles/challenges for scaling up national response. A road map was then agreed to achieve the desired goals by 2010.

Discussion and agreements have been described under two major thematic areas.

2.1 Strategy and financing
2.2. Institutional and operational

Each of these main domains has been further discussed in details, under the sub-domains.

2.1. Strategy and financing:

A National Strategy for prevention and control of HIV and AIDS was developed in year 2000 for 2001- 2006 through a consultative process involving all stakeholders; the strategy is quite comprehensive considering the status of epidemic at that point in time. However as evidence regarding the shift in epidemic situation from low to concentrated level is coming up, GoP has decided to conduct an exhaustive review, followed by a revision/further strengthening of the strategy in response to current epidemic and program situation.

The National response in view of current epidemic situation has been reviewed as follows:

Advocacy, policy, and legal framework

The present government under the Prime Minister and Federal Health Minister has been actively advocating for HIV & AIDS, on different forums and/or public gatherings. GoP in collaboration with donors and civil society organized "The First Asia Pacific Regional Conference on Women & Girls, HIV and AIDS and Best Practices". A nationwide consultative meeting of religious scholars resulted in the establishment of "Interfaith Council on HIV & AIDS"; recommendations are under implementation. The Political and the Media Leadership are also extensively engaged for countering Stigma & Discrimination against PLWHA and to facilitate the development of the policy & legal framework. The current strategy does protect rights of PLWHA and high-risk groups to some extent.

Pakistan has made considerable headway by formally adopting the principle of "three ones". There is one AIDS controlling authority; NACP has taken the stewardship role, one strategic framework and one national monitoring framework is currently at the stage of finalization. **There is no formal and a separate document for Policy on HIV and AIDS:** however National Health Policy (developed in 2001) identifies HIV / AIDS as one of the priority areas and the National Strategic Framework provide overall policy guidance. The NACP is presently developing a national legal framework followed by a clear policy document.

The commitment and strategies developed by GoP has been translated into clear financial support. Public expenditure focuses on all relevant areas of intervention, specifically on providing services to the high risk groups; the budget allocation follows project implementation plans. However, to ensure adequate coverage for the most-at-risk population, existing expenditure framework is far from sufficient to contain the epidemic.

The overall national strategy also identifies specified package of services (including basic medical care, STI management, condom distribution, VCT and BCC related intervention) for the target groups. A **Focused strategy on care and support is under development using the framework of rights based approaches. Considering that the epidemic is still concentrated, the care of orphans and vulnerable children is not an urgent priority; there may be a need to develop related policy according to future epidemiological trends in Pakistan.**

Gender discrimination for accessing information and any of the health services is widespread; which is also true for ensuring equal access for preventive and care related services for HIV and AIDS especially for PLWHA and other vulnerable populations. As most-at risk populations having a quasi-legal status, they are specially discriminated against and/or feel threatened in accessing services (both preventive and curative). **Policy and strategy addressing stigma and discrimination whereby ensuring an enabling environment for accessing services, is in the process of development.**

MAJOR OBSTACLES	GOALS FOR 2010
No legal framework exists due to lack of sensitization or denial of AIDS problem on behalf of policy-makers. No separate policy document currently exists, but the National Strategic Framework is being used as policy document.	A National HIV Policy supported by legal framework in place and operational

There is a need to conduct regular advocacy activities with key legislators and politicians for creating an enabling and conducive environment for implementation of policy and legal framework in support for working with quasi-legal population. In addition, continuing consultative and open dialogues need to be held among all the

stakeholders for addressing governance issues and defining various roles and responsibilities at all levels.

SOLUTIONS:

a) Enhancing & strengthening existing advocacy interventions.
b) Well defined targeted advocacy strategy and implement a pragmatic action-plan.

ROADMAP - MILESTONES:

The milestones to achieve this goal are:

- Development of first draft of legal framework---March 2006
- Legal framework submitted to cabinet and to parliament for approval and initiate implementation ---June 2006

ACTION/ACTORS: Consultative meetings with all stakeholders including PLWHAs, legislators and CSOs, and all ongoing initiatives would be linked.

Strategic planning, alignment and harmonization:

The strategic framework includes multisectoral approach and was developed in consultation with other sectors, line ministries and private sector. This approach is not robustly addressed by other line ministries, as by MoH. However, NACP (MoH) is taking a stewardship role in fostering partnership arrangements with other sectors, according to various intervention strategies. The country PRSP (Poverty Reduction Strategy Paper) strategy and Medium Term Development Framework identifies HIV and AIDS as one of the contributors to poverty and have specific indicators for monitoring its progress. However, it is too early to measure impact of current activities on national economic development level; some of the effectiveness aspects would be addressed in forthcoming mid-term review (MTR).

Strategic alignments among various stakeholders are important for the success of any programme. National response (especially the "Enhanced Programme" is reviewed periodically jointly by the Government World Bank and development partners; civil society organizations too are involved in some of these processes as implementers of interventions. A Joint review and scooping exercise conducted in 2004-2005, generated lot of debate and further consultation; highlighting the need to scale up interventions for high-risk groups. The finding from these reviews has been utilized for planning and modifications of various interventions.

It is worth mentioning that multilaterals and bilaterals develop their strategies for supporting HIV and AIDS in close consultation with NACP (MoH) and by ensuring support to country strategy. For example, UN sister organizations are working through one platform of the United Nations Implementation Support Plan (UNISP); some bilaterals despite not having one financing mechanism, the programming and reporting is conducted in a harmonized manner. The Development partners jointly work from the platform of "Donors HIV and AIDS group".

The NACP receives information from a number of sources, such as the second generation surveillance, data from public and private sector blood banks, national

research studies and HIV sentinel sites. However, **efforts are currently underway for developing a comprehensive National M & E framework;** through a consultative process with all stakeholders spearheaded by sub-committee on M & E of TACA (Technical Advisory Committee on AIDS).

MAJOR OBSTACLES	GOALS FOR 2010
• Inadequate technical capacity at all levels • Coordination among stake holders • Insufficient sharing of information	• Development and implementation of costed national and provincial action plans

NACP with technical assistance from various development partners is undertaking strengthening and capacity building of national and provincial level staff. This effort also includes limited number of civil society organizations. Another approach could be horizontal linkages within and to learn from each other both at the national and regional levels.

SOLUTIONS:

a) Comprehensive Human Resource development strategy and an operational plan focused on local capacity building
b) Regular meeting of steering committee, TACA and its sub-committee
c) Pakistan Development Forum should have AIDS on agenda
d) Multi-lateral organizations should develop coordination mechanism
e) Website, seminars, newsletters, symposia

ROADMAP - MILESTONES:

Milestones identified for the next 5 years:

- Mid term review — March-May 2006
- Revision of Strategic plan—May 2006
- Develop costed action plans—June 2006 (national and provincial)
- Implementation and M&E—ongoing

ACTIONS/ACTORS: Consultative meetings with all stakeholders including PLWHA, legislators and CSOs, and ongoing initiatives to be linked

Sustainable financing

Policy and strategies can only be implemented with sound political commitment and assurances for sustainable financing and adequate fund flow mechanisms. Detailed funding needs for a comprehensive HIV response by 2010 will be estimated after mid

term review and subsequent revision of strategic framework and revision of PC1 (The exercises to be conducted in year 2006).

Government commitment for financing is reflected by incorporating HIV and AIDS related indicators into the newly developed PRSP II strategy. Current PC1 (Planning Commission form 1) for the year 2001-2006, is the working document highlighting costed plans supported by GoP through annual PSDP (public sector development programmes) budgetary allocations. The NACP and PACPs (Provincial AIDS Control Programmes) have sufficient funds for next two years for sustaining the current pace of programme; however it would not be enough for further scaling up of the coverage of services for the vulnerable population (currently experiencing concentrated epidemic in specific areas). The UN System, other multilateral & bilateral donors have contributed financially and through provision of Technical Assistance to the National Response. However, there is a need to jointly reflect the GoP and development partners' budget through "costed annual AIDS priority action plan".

There are no blueprint plans for national resource mobilization; however NACP and MoH is actively engaged in lobbying with MoF as well as other development partners for securing additional financial and technical assistance. A number of consultative meetings conducted by MoH with development partners have shown encouraging response for support. However, it is imperative that various partners align their financial cycles with that of GoP for better management and reporting.

MAJOR OBSTACLES	GOALS FOR 2010
▪ Documented resource mobilization plan is lacking, ▪ Lack of harmonization of development partners financial action plans.	▪ Harmonized resource mobilization plan in place and operational

This obstacle partly relates to governance and institutional arrangements. Inadequate linkages and coordination both within and among various stakeholders is influencing implementation of the national response. The development partners do not have one financial fund flow mechanism resulting in increased transaction cost for the programme and sometimes duplication of services. The activities by some implementing CSOs are not well coordinated with activities of other public/private sector or CSOs.

SOLUTIONS:

a) Formulation of comprehensive financial plan,

b) Coordination and sharing of information through multilateral consultation with development partners

ROADMAP - MILESTONES:

Key milestones for achieving this goal would be:

- Annual increase of 0.2% allocation from GDP on social sector--ongoing
- Coordinated/harmonized financial plans and mechanism by development partners - functional by July 2006
- GoP continues 70% of contribution towards the implantation of National response. —June 2006

ACTIONS/ACTORS: Pakistan Development Forum and Economic Affairs Division for resource mobilization

Institutional and operational:

Another important dimension to national responses in the context of resources is the institutional and operational issues. Following section would share an update on various related areas.

Human resources

A formal plan (document) for HR management for health does not exist in MoH for any of the major preventive programmes; this also holds true for a formal training plan. However, capacity building efforts for workers from both public sector and the civil society are addressed through various approaches, including development of a TA strategy.

Availability of sufficient staff varies according to the cadre and job description. Most of the identified staff for planning and management of HIV programmes is in place at all the provinces and at the federal level. However, the skill-set including technical capacity of staff at provincial levels is still inadequate; further training is needed to strengthen their capacity and skills. One of the generic issues identified was lack of incentives for the staff.

HIV & AIDS related health services by the clinical staff especially for diagnosis and treatment is quite insufficient. Staff at four centers has been exposed to first round of training. It may be too early to comment on the skill-set of this staff, however, they will need further refresher trainings and facilitation while on job.

Community based outreach workers including peer educators are the backbone of the national response by Pakistan. Sufficiency in terms of number as well as skill-set is also an important issue with this cadre. They are far too low in number to ensure adequate quality coverage of the target population for averting and preventing the epidemic.

MAJOR OBSTACLES	GOALS FOR 2010
1. Lack of linkages and coordination (multisectoral), 2. Lack of skilled staff, 3. Rapid staff turn over/lack of incentives, 4. Lack of institutional mechanisms to mobilize/prepare community outreach workers, 5. No assessment criteria for recruitment, 6. Complicated mechanisms for institutional establishment, 7. Different rules/regulation/policies at Federal and Provincial levels	• Multisectoral HRM Plan in place and operational (includes CSOs and private sector)

The national response envisages contributions not only by the public sector, but also CSOs, private/corporate sectors and the development partners. Issues around sharing of information and involvement, transparency and accountability for contractual processes and roles and responsibilities among various stakeholders, still need addressal. The obstacle related to diversity in incentives (mainly financial) to the various cadres and categories of staff within federal and provincial governments and between private sector and CSOs is compounding the problems influencing the efficiency and effectiveness of national response.

SOLUTIONS:

1. Human Resources Management plan
2. Directive to Chief Secretaries to revise the rules in light of Federal Service Rules.

ROADMAP - MILESTONES:

Following milestones have been identified for the next 5 years:

- Short-term scaling up---June 2006 (for Sindh)
- HRM Plan developed—June 2007
- Action Plan prepared and implementation initiated—Dec. 2007

ACTIONS/ACTORS:

- Consultative process with all stakeholders and key sectors**.**

Organizations and systems

The programme has made especial efforts for ensuring wider participation of major stakeholders at all levels of activities (planning, implementing and monitoring). MoH has taken a stewardship role for involving other sectors and line ministries. In

addition, consultative meeting held for developing a consensus on "national response to respond to the strategy of universal access".

Currently, some national partnership forums also exist e.g. TACA (Technical Advisory Committee) having representative experts from both public and private sectors and PLWA, representatives of civil society and PLWA are also members of CCM (country coordinating mechanism). PNAC (Pakistan National AIDS Consortia) working at federal and provincial levels is another mechanism for ensuring representation of civil society in contributing to the national response.

Monitoring and evaluation plays an important role in improving the performance of organization. M & E Policy and strategy (in the process of finalization) envisages establishing a national M & E Unit/department. A sub-committee on M&E of TACA is currently functional and facilitating this process.

Functioning and efficient procurement and logistic systems would ensure better performance of the programme. National drug regulatory authority under the MOH is functional and supportive for procuring drugs related to HIV and AIDS; out of the 22 essential drugs, 11 have now been enrolled in essential drug list (EDL), remaining to be registered very soon. Pakistan is yet to make headway in improving Quality assurance system. Treatment protocol and guidelines for diagnosis, treatment and monitoring are being developed and reference laboratories are established to support the system.

The financial disbursement system for HIV and AIDS is functional and in the process of full automation. Separate and autonomous financial mechanisms exist for the provinces. However, as the major support by government is offered through World Bank, there are some checks and balances to ensure that governance practices are followed and procedures adhered too.

MAJOR OBSTACLES	**GOALS FOR 2010**
1. NSC (National Steering Committee) is established but not operational. 2. Non-functional district AIDS task forces in provinces, 3. Slow process of decision making in Govt., private sector and donor community, **4.** Lack of lab QA system. National Referral Lab, STI Referral lab and QA protocols are present /functioning at federal level but lacking in provinces.	▪ Institutionalizing a multi-sectoral response at federal, provincial and district levels

SOLUTIONS:

- Amendment in the NSC notification to have higher level on board, e.g. Prime Minister

ROADMAP - MILESTONES:

- Widening the scope of steering committee to a council/authority—Dec 2006
- District task force established in 80% of all the districts of Pakistan---Dec. 2006

ACTIONS/ACTORS:

- Regular consultative meetings, Advocacy with Chief Ministers and District Nazims

Infrastructure:

Adequate and well-functioning infrastructure to run the system through sufficient human resources is an integral part of national responses. Infrastructure would thus include various services delivery centers, laboratories, administrative, communication and transport systems. Following is the existing status for a national response.

The programmes (both federal as well as provincial) do have a complete and up-to-date list of most of the service delivery points; these include both public as well as those managed by civil society organizations. However, there is a need to strengthen infrastructure for ensuring scaling up of coverage.

Currently, there are 16 VCT centers for general population, 10 drop-in centers for street children and 5 ARV treatment centers. In addition there are service delivery centers managed by the implementing CSOs. Standard protocols and operating procedures are in the process of development; followed by implementation and monitoring.

Good infrastructure related to storage of ARV drugs and /or blood samples is essential for effective national response. One storage facility for blood samples and two facilities for diagnostic sets exist at federal level. At provincial level the respective government storage facilities are being utilized for storing ARV drugs, condoms and other drugs for supportive therapy.

There is an adequate communication system within and among federal and provincial Programmes. Various reports generated from individual provinces is collated and then forwarded to the federal level. Federal programme produces one comprehensive report and disseminates it to all the stakeholders.

Both public sector and civil society organizations (implementing various interventions/service packages) have adequate support in terms of administrative equipments and transport.

MAJOR OBSTACLES	GOALS FOR 2010
1. Well-distributed health facilities all over country but not functioning optimally as well as not utilized properly for HIV activities. 2. Nonexistence of national standards for consultation and treatment space within health facilities. 3. VCT in infancy, 4. Independent storage place and cold chain exist at federal level but not at provinces, they utilize the facilities of health departments.	▪ Infrastructure in place and operational according to the revised action plan

SOLUTIONS:

- Consultative meetings and information sharing
- Technical assistance for protocol development.
- Exploring linkages with other related programmes such as TB and maternal and child health.

ROADMAP - MILESTONES:

The milestones for next 5 years agreed were:

- All SDPs are responsive and accessible to the vulnerable population by 2010
- 80% coverage of interventions for IDUs
- 40-60 % of HRG is covered by basic interventions---2010

ACTIONS/ACTORS:

- Scaling up capacity along with HRM initiatives

Partnership

The national response can only be effective and sustained if partnership mechanisms have been fostered with various stakeholders.

The National HIV and AIDS body (NACP) proactively advocates for consultations at various levels and with many stakeholders. The forums for this are a) National Steering Committee, b) Technical Advisory Committee on AIDS and c) Country Coordination Mechanism (CCM) for Global Fund. Technical working groups and committees are established to participate and supervise the processes for specific

activities such as for developing UNGASS Report, legal framework and M& E framework. In addition, in all the major strategic processes, PLWA, CSO and private sector is involved for both planning and implementation. This includes involvement of vulnerable groups in various intervention activities; they play an important role as peer educators, outreach workers and even in some CSOs as programme planners and managers.

Active involvement of civil society in national review, planning and budgeting, and decision-making is yet to be institutionalized. It should be noted that arrangements between public sector and CSOs is a relatively new phenomenon and there is a need to further define and strengthen governance and institutional mechanisms for ensuring a true and effective partnership among various stakeholders.

The national partnership forum needs to be strengthened and play an effective role in undertaking transparent and participatory reviews of the performance of multilateral institutions, international partners and other national stakeholders. This require advocacy by various stakeholders and putting some institutional and governance mechanisms in place for undertaking reviews of development partners. A very recent move in this direction is the "One Soul Movement" where CSOs, legislators, public and private sectors are working together for advocating as well as creating an enabling environment for the national response.

MAJOR OBSTACLES	**GOALS FOR 2010**
1. Absence of national partnership forum, however, just initiated through One Soul Movement. 2. Acceptability by the higher political level on the involvement of civil society at federal is better than at some provinces 3. Lack of trust among public and private sector 4. Non clarity of roles and responsibilities of various stakeholders 5. NGOs and CSOs have contractual based and not partnership based relations with the govt. organizations. **6.** No strategy to involve corporate sector	▪ Partnership framework for all the stakeholders in place and implemented

SOLUTIONS:

ROADMAP - MILESTONES:

Key milestones for the next five years are:

- National Partnership Forum ("One soul Movement") formed and operational ----June 2007
- PPP framework developed and implemented---June 2007

ACTIONS/ACTORS:

OVERALL SCORES

Contest and resource for national response / **overall core**	**Not adequate al all**	**Present but not adequate**	**Partially adequate**	**Adequate**	**Highly adequate**
Advocacy, policy , and legal framework			xxxxxxxxxxx		
Strategic planning, alignment, and harmonization			xxxxxxxxxxx		
Sustainable financing		xxxxxxxxx			
Human resources		xxxxxxxxx			
Organizations and systems			xxxxxxxxxx		
Infrastructure		xxxxxxxxx			
partnership			xxxxxxxxxx		

3. PROGRESS THUS FAR MADE FOR ADDRESSING THE EPIDEMIC:

3.1 Prevention:

3.1.1 ***Implementation of various interventions:***

The HIV dynamics and characteristic of epidemic in Pakistan follows a typical Asian pattern with higher prevalence among the high-risk groups, especially, the IDUs, CSWs, MSMs/Hijras (transvestites). The logical and pragmatic approach is to contain the epidemic among these groups through proven effective interventions. The "Enhanced Programme for HIV and AIDS" launched two years back have major focus on the preventive services for high risk groups. To date following contracts have been awarded and various CSOs implementing the interventions are at various stages of operational access and coverage of the target population (Table1)

Table 1: List of contracted services.

Province	High Risk Groups					Summary
	IDU	FSW	MSM	Jail	Others	
Punjab	Lahore Sialkot &Faislabad	Lahore & Multan (Faislabad, Gujranwala , Rawalpindi , Sialkot)	Lahore, Faisalabad (Gujranwala Rawalpindi, Sialkot)	(Lahore, Multan, Rawalpindi)		Cont: 12 Award: 5 Pending: 7
Sindh	Karachi –2 (Karachi, Hyderabad, Larkana, Sukkur)	Karachi (Karachi, Hyderabad)	(Karachi, Hyderabad, Sukkur)	Karachi, Hyderabad & Sukkur		Cont: 16 Award: 7 Pending: 9
Balochistan	(Quetta)	(Quetta)	In process	(Jail inmates)	(Coal miners)	Cont: 7 Award: 1 Pending: 6
NWFP	(Peshawar, signed)	(Peshawar, signed)	(Peshawar, signed)	(Peshawar, Haripur signed)		Cont: 6 Award: 3 Pending: 3

Following Tables(2), illustrate various locations of VCT centers, contributing to preventive care and other related services.

Table 2: List of cities & addresses of Behtar Kal centers – VCT Centers

Province	**Free standing or Community Based**	**Public Sector hospitals**	**Whether operational or under process of establishment**
Punjab	Lahore (2), Sialkot and *Dera Ghazi Khan	Gujaranwala, *Faislabad, *Multan and *Rawalpindi.	*under process All other fully operational
Sindh	Karachi*, Larkana and Skkur	Karachi, Hyderabad	*under process All other fully operational
NWFP	Peshawar	Abbotabad	Fully operational
Balochistan	Quetta	NIL	
TOTAL	9	7	12/16 OPERATIONAL

3.1.2 Coverage of preventive services

It is to be noted that the current estimations of epidemic status is mainly based on the RTI / STI survey conducted in 2004. However, a number of other smaller studies have also been conducted by the implementing CSOs (please refer figure 3), which illustrates varying levels of prevalence of HIV, especially among the IDUs. In that context, NACP maintains that the data from other cities, except for Karachi and Lahore needs further validation. For addressing the current national response, the existing strategy and the PCI (working document for financial flow and allocations) has been adapted according to urgency and needs. The coverage figures are based on the estimates of current target population, and the services being provided by implementing partners. Therefore strictly speaking, it may not be a true representative of the comprehensive national response for preventive services. Such an example is case of IDUs, UNODC and Ministry of Narcotics has given estimates of 60,000 IDUsin the country; currently 19,000 IDUs are being covered under the contracts awarded.

Figure 8 highlights with regards to access/coverage of preventive services, the definition of coverage is loosely defined and not necessarily includes all the components of service package. Nevertheless, scaling up of services at a relatively faster pace is urgently needed.

Figure 8:

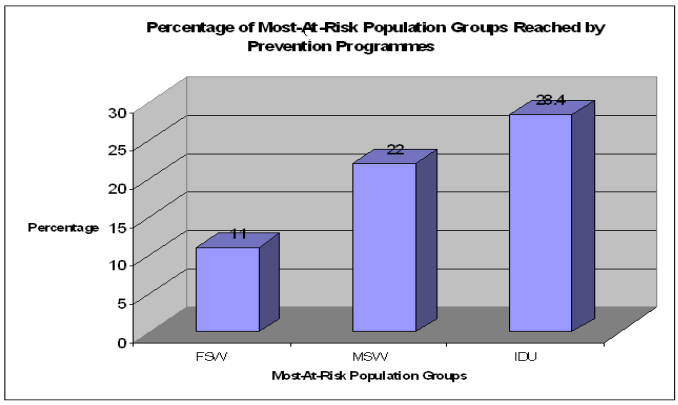
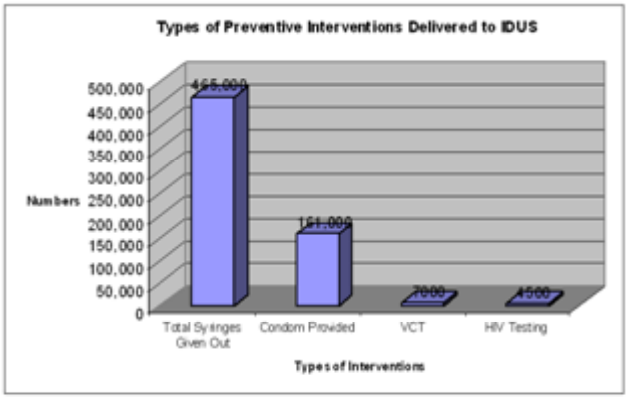


Figure 9 gives an indication of the type of services being provided to the IDU clients. This data is shared from a bridging project supported by DFID, through 6 small CSO covering a population of 6,000 only.

Figure 9

Treatment



ARV therapy centers operational at Islamabad, Karachi, Peshawar and Lahore, centre in Quetta is in the process of operationalization. These centers are all in the public sectors tertiary care hospitals. In addition, NACP has also undertaken an initiative to work with private sectors and established treatment services through CRS (Catholic Relief Services) support. NACP for ensuring easy availability and accessibility to the clients has signed a MoU with Clinton Foundation for getting cheaper quality drugs and diagnostics.

Care and support:

National PLWA association is under formalization with UNDIDS support. This would then follow a strategic process for providing various services related to care and support.

ANNEXES:

I. Agenda of consultative meeting .
II. List of participants for consultative meeting
III. Matrix

Country Consultation on Sealing up towards Universal Access to HIV Prevention, Treatment , Care and Support, 4 February 2006,Islamabad, Pakistan.

Agenda	
0830	**Registration & participants to be seated**
0835	**Recitation from the Holy Quran**
0840 - 0930	**Opening** **Welcome Address** • *Mr. Syed Anwar Mehmood, Federal Secretary Health/ DG Health Services and* • *Dr Aldo Landi, UNAIDS Pakistan*
0930 – 1000	**Scaling up towards universal access to prevention, treatment, care and support by 2010 -** *Dr. Aldo Landi, UNAIDS Pakistan*
1000 – 1030	**Status of National HIV Response based on UNGASS report –** *Dr. Asma Bokhari, National Programme Manager, National AIDS Control Programme,*
1030 - 1100	**Q & A - Discussion**
1100 – 1130	**Tea/Coffee Break**
1130 – 1300	**Two Working Groups:** Strategy and financing institutional and operational **Each of the groups will discuss:** **Obstacles and opportunities to Scaling up towards universal access and how to address those obstacles**
1300-1330	**Report back in plenary, with Q & A.**
1330- 1430	**Lunch and prayer Break**

Objectives of Country Consultation:

The goal of the country consultations is to build consensus on national scaling up towards Universal Access on Prevention, Treatment and Care and Support by 2010.

The objective of the consultations are as follow:

a) To present the status of the national HIV response , based on the UNGASS review and national strategic planning frameworks.

b) To identify obstacles to universal access, requiring local, regional and global actions.

c) To determine aspired country outcomes by 2010, utilizing key targets

d) To develop a broadly- defined country roadmap

Annex II

LIST OF PARTICIPANTS: