

# PAKISTAN

*Report prepared by the Joint UN Team on AIDS*

## JOINT TEAM

UNHCR, UNICEF, UNDP, UNFPA, UNODC, UN WOMEN, UNESCO, WHO, UNAIDS SECRETARIAT, IOM

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

*In Pakistan, the Joint Team continued to make significant contributions to support the introduction of Opioid Agonist Therapy and prevention of mother-to-child transmission of HIV. Prison healthcare providers and peer educators were trained to expand HIV testing and rapid linkages to treatment services among prisoners. The national HIV treatment guidelines were updated to standardize and simplify antiretroviral treatment services for all people living with HIV. A differentiated service delivery model roadmap and standard operating procedures were also developed to scale up tailored HIV testing and treatment services for vulnerable and key populations and people living with HIV in Punjab and Sindh provinces. Healthcare providers, legal and law enforcement officers, religious leaders, and media professionals were trained, and communities were mobilized to address inequalities and stigma and discrimination against key populations, including people living with HIV. The Joint Team provided technical support to mobilize donor resources to ensure the continuity of HIV services during the COVID-19 pandemic.*

## HIV TESTING AND TREATMENT

The Joint Team, in collaboration with the National AIDS Control Programme and the Aga Khan University, updated the national HIV treatment guidelines through a consultative process comprising physicians, nurses, psychologist, and other healthcare providers from the public and private sectors. This effort was needed considering that Pakistan had 38 types of treatment regimens administered for people living with HIV. The updated guidelines seek to standardize and simplify the management of antiretroviral treatment and improve the quality of services for all people living with HIV. This included identifying the most potent, effective, and feasible first- and second-line treatment regimens; setting optimal time for treatment and switching to different regimens; and outlining treatment strategies and recommendations for people living with HIV in all age groups, pregnant women, people living with HIV and tuberculosis and/or hepatitis B co-infections, and people who inject drugs.

The Joint Team further provided technical support for the development of a roadmap and standard operating procedures to pilot the differentiated service delivery model aimed at scaling up HIV testing and treatment services for all people, including key populations in Punjab and Sindh. The model seeks to provide tailored antiretroviral treatment services that address the needs of people living with HIV from diverse groups while reducing unnecessary burdens on the

healthcare system. It also delineates four categories of people living with HIV for differentiated treatment delivery model, including healthcare provider-managed, client-managed, facility-based individual, and out-of-facility individual, which have demonstrated improved retention and viral suppression when compared to the standard delivery of services. Under the differentiated service model roadmap, the Joint Team supported delivery of antiretroviral treatment through home-delivery and courier services among people living with HIV during the COVID-19 pandemic.

In collaboration with healthcare staff at the Malir prison and other stakeholders, the Joint Team developed an HIV screening tool to scale up HIV testing and treatment services among prisoners who are at higher risk of acquiring HIV. In 2020, four healthcare providers and two peer educators from Malir prison were trained online on proper utilization of the screening tool and HIV testing using all three HIV testing kits—Alere Determine HIV 1/2 Ag/AB, Uni Gold HIV, and SD Bioline. As a result, 3806 HIV tests were conducted and the 82 prisoners who were diagnosed with HIV were enrolled on antiretroviral treatment. Additionally, a virtual training on standard operating procedures for HIV testing and counselling services for 91 healthcare and prison management staff from various prisons in Khyber Pakhtunkhwa, Punjab, and Sindh provinces. Under the Test and Treat policy, the Joint Team further supported sensitization of 91 prison healthcare providers from 22 prisons in Sindh on the need to enrol people living with HIV immediately after diagnosis.

To overcome the impacts of the COVID-19 pandemic on people living with or affected by HIV, the Government was supported for the development of the funding request from the Global Fund COVID-19 Response Mechanism, mobilizing more than US\$ 1.8 million to ensure the continuity of HIV services and support the national COVID-19 response during the 2020-2023 grant period.

### **HIV PREVENTION AMONG KEY POPULATIONS AND ADDRESSING STIGMA AND DISCRIMINATION**

The Joint Team provided technical and financial support to conduct a feasibility study on the introduction of Opioid Agonist Therapy (OAT) at the federal level and four provinces in Pakistan. A technical committee was formed comprising members representing the Ministry of Narcotics Control, Ministry of National Health Services, Regulations and Coordination, Pakistan Institute of Parliamentary Services, Islamabad Health Care Regulatory Authority, and the Joint Team to review scope, methodology, tools, and questionnaires for the study. The feasibility study resulted in the approval of OAT programming in Pakistan. The OAT programme will be launched initially in the designated hospitals at each Provincial Headquarters, Karachi, Lahore, Peshawar and Quetta as soon as the required drug is available through import or local manufacturing in 2023.

Supported by the Joint Team, four trainings were conducted in Sindh province to sensitize and build the capacity of 36 healthcare providers, 25 legal and law enforcement officers, 167 media professionals, and 30 religious leaders in addressing stigma and discrimination against people living with HIV and key populations.

The Joint Team facilitated the implementation of several advocacy initiatives focussing on ending inequalities at national and provincial levels to commemorate the 2021 World AIDS Day to ensure meaningful engagement of people living with HIV and key populations. These included a high-level event with the Special Assistant to the Prime Minister and other dignitaries in Islamabad, and various community level mobilization and World AIDS Day commemorations in remote areas of all provinces galvanizing more than 8500 people. Images and messages from the events were disseminated widely through traditional and social media channels and the joint report which was shared with key partners at the provincial, national, regional, and global levels. More than 900 000 people were reached through social media between 16 November to 10 December, eliciting over 1.7 million reactions.

### CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team's support is firmly positioned towards achieving the targets set in the Global AIDS Strategy and the United Nations Sustainable Development Goals (SDGs), particularly SDGs 3 (Good Health and Wellbeing), 5 (Gender equality), and 10 (Reduced inequalities). As such, the Joint Team actively contributed to the implementation of the United Nations Sustainable Development Framework (UNSDF) for 2018-2022, also known as the Pakistan One United Nations Programme III.

In line with the Global AIDS Strategy, the Joint Team made efforts to ensure that technical and financial assistance for HIV-related activities mentioned in this report include the perspective of inequalities and interlinkages with the broader SDG agenda.

### CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic and subsequent restrictions delayed the implementation of key planned programme activities, including the pre-exposure prophylaxis (PrEP) management training targeting healthcare providers. Although the Joint Team conducted various virtual activities, such as online outreach and advocacy initiatives, face-to-face activities were also carried out following the recommended safety measure to ensure meaningful and active engagement of participants.

The feasibility study for the implementation of OAT was delayed due to multiple issues, including political sensitivity and resistance from some stakeholders, and delays in approval from the ethical review board needed during the preparatory period. The delay in the finalization of the feasibility study demonstrated the Joint Team's determination in providing necessary information and support to the technical committee in tackling politically sensitive issues to ensure that it would be finally endorsed by the government and eventually achieve its long-term gains in implementing the OAT programme.

---

Report available on the  
**UNAIDS Results and Transparency Portal**

[open.unaids.org](http://open.unaids.org)