



The awareness-raising seminar called on all parties to commit to making HIV testing and treatment available and accessible to all through combating stigma and discrimination in health care facilities. The Pakistan Institute of Medical Sciences organized an awareness-raising seminar on 1 December as part of a week-long series of events to mark World AIDS Day 2017.

The main objectives of the seminar were to assist health care providers in working collectively towards addressing HIV-related stigma and discrimination in health care facilities, and to devise joint key recommendations for action to end this discrimination.

Dr Rizwan Qazi, Pakistan Institute of Medical Sciences, gave a presentation at the seminar on Basic HIV facts and success stories at the Pakistan Institute of Medical Sciences.

“Stigma and discrimination against people living with HIV (PLHIV) and those at increased risk of transmission is still unremitting in Pakistan, including in health care settings,” said Dr Baseer Khan Achakzai, National Programme Manager, said. He stated that in addition to social rejection and exclusion, PLHIV were also often denied health care in health care facilities. PLHIV have reported dentists refusing to work on their teeth, and surgeons refusing to do surgery, while pregnant women living with HIV have reported being denied obstetric care. In addition, PLHIV have also reported that their HIV status was also disclosed without their consent, he said.

Dr Achakzai also emphasized that the negative treatment PLHIV experience within the health care system may discourage them from engaging with HIV care and treatment or indeed seeking health services in general. Individuals who are exposed to or at risk of acquiring HIV may not seek HIV testing due to fear of maltreatment at the testing site or their anticipation of maltreatment in subsequent health services. Furthermore, PLHIV may choose to seek care in HIV services far from their places of residence, resulting in more challenges regarding care and treatment retention. Dr Achakzai said that simply a welcoming smile from the health care provider can bring a lot change in care-seeking behavior, and can in fact change the lives of thousands living with HIV. When not stigmatized or discriminated against, all PLHIV could access lifesaving antiretroviral therapy, and that all that was needed was small changes in our thinking and behaviour, Dr Achakzai said. He stressed that access to HIV treatment is every individual's basic right, and that health care providers should facilitate access to treatment.

“The government of Pakistan is fully committed to fulfilling the global commitment to eliminate HIV/AIDS by 2030 ... We invite all health care providers, including the public and private sectors and nongovernmental organizations, to join hands and increase access to and utilization of available services for people living with HIV/AIDS,” Dr Achakzai said.

“World AIDS Day reminds us of our commitment to end the HIV epidemic ... Today we are better equipped than ever to move forward. We have a wealth of evidence-based interventions and tools that enable us to broaden prevention options, simplify diagnosis, optimize treatment and above all save lives. All we need to do is to put these interventions and tools within the reach of people who need them,” said Dr Assai Ardakani, WHO Representative to Pakistan.

He stated that between 2012 and 2016 the number of PLHIVs receiving antiretroviral treatment in Pakistan more than doubled, but that in spite of this progress, the country still has the lowest coverage of HIV prevention, diagnosis, treatment and care services in the Eastern Mediterranean Region, and that over 85% of PLHIVs in the country and who need life-saving antiretroviral therapy are not receive it.

“HIV prevention should be a priority in our country, particularly among key populations at risk of HIV,” said Dr Ardakani. HIV testing services constituted an essential part of the HIV prevention package, and testing was of crucial importance in accessing HIV treatment and care, he continued. In knowing their HIV status, PLHIVs could access treatment and care services and lead a normal life without illness; with treatment, the virus was suppressed, and transmission could be prevented, he stated.

Dr Ardakani stressed the fact that a large gap in diagnosis exists in Pakistan today, with only 3 out of 10 PLHIVs knowing their HIV status, and that a similar gap exists regarding treatment – it is estimated that only 7% of PLHIVs receive antiretroviral therapy. This low case identification and treatment was due to factors such as the limited availability of HIV testing and treatment services, inappropriate approaches to service delivery for people at risk of HIV, the reluctance of health care providers to offer an HIV test to their clients, and stigma and discrimination. In addition, the testing of partners of people living with HIV has either long been neglected, or practised in an unethical manner that deters people from testing, he said.

WHO strongly advocated the integration of HIV treatment into the treatment strategies of other communicable disease such as tuberculosis and malaria, which would ensure service availability at all health system levels, Dr Ardakani continued, adding that with today's advances in HIV testing and treatment technologies and the advent of highly sensitive and specific rapid HIV tests and simplified treatment, health interventions to combat HIV have become simpler than ever. In reaffirming the call on all concerned parties need to commit to making HIV testing and treatment services available and easily accessible, particularly for key population groups at risk of HIV, he also stressed that by routinely offering HIV testing and counselling services should to pregnant women, mother-to-child transmission of HIV can be prevented. "When we know our HIV status we can make better choices for living a healthy life. Test for HIV!" he declared.

Dr Mamadou L. Sakho, Joint United Nations Programme on HIV/AIDS (UNAIDS) Country Director, stated that the widespread HIV-related stigma and discrimination in health care settings in Pakistan impeded access to services and also undermined efforts to achieve the highest attainable standards of health for all. "There is a need to have concrete actions within health care settings so that more people can get themselves tested and adhere to treatment so that Pakistan can achieve three 90s and end AIDS by 2030".

Dr Quaid Saeed, Senior Programme Officer in NACP, presented the results of latest HIV surveillance survey carried out in 2016. The results of this survey show that HIV in Pakistan is concentrated in People Who Inject Drugs but this trend is now shifting with rising prevalence levels in Female Sex Workers and Transgenders. These are alarming figures since this disease in the country is following the path of Asian Epidemic Modelling whereby infection from injecting drug users spread to sexual networks and then into the general population. He emphasised the need that prevention programs should be implemented to stop new infections while community based testing should be employed to identify new HIV cases and link them to HIV treatment centers spread across the country and supported by national and provincial AIDS control Programmes.

Ms Fahmida, UNAIDS spoke on Stigma and Discrimination in Health care settings. She said, “Stigma and Discrimination in Health Care settings has many forms which includes denial of health care services to key population and unjust behaviors to service provision, lack of respect and behaviors that stop people living with HIV and AIDS and key populations to avail testing and treatment services. UNAIDS and WHO calls for concrete actions under the leadership of NACP to establish mechanisms within health care settings to address stigma faced by key population”.

Towards the end of the seminar, there was question and answer session.

HIV continues to be a major global public health issue, having claimed more than 35 million lives so far. In 2016, 1.0 million people died from HIV-related causes globally. There were approximately 36.7 million people living with HIV at the end of 2016 with 1.8 million people becoming newly infected in 2016 globally. 54% of adults and 43% of children living with HIV are currently receiving lifelong antiretroviral therapy (ART). Global ART coverage for pregnant and breastfeeding women living with HIV is high at 76%.

HIV infection is often diagnosed through rapid diagnostic tests (RDTs), which detect the presence or absence of HIV antibodies. Most often these tests provide same-day test results, which are essential for same day diagnosis and early treatment and care. There is no cure for HIV infection. However, effective antiretroviral (ARV) drugs can control the virus and help prevent transmission so that people with HIV, and those at substantial risk, can enjoy healthy, long and productive lives.

Between 2000 and 2016, new HIV infections fell by 39%, and HIV-related deaths fell by one third with 13.1 million lives saved due to ART in the same period. This achievement was the result of great efforts by national HIV programmes supported by civil society and a range of development partners.

Testing for HIV and is strongly advised for all people exposed to any of the risk factors. This way people learn of their own infection status and access necessary prevention and treatment services without delay.

The Sixty-ninth World Health Assembly endorsed a new Global Health Sector Strategy on HIV

for 2016-2021. The strategy includes 5 strategic directions that guide priority actions by countries and by WHO over the next six years.

The strategic directions are: Information for focused action (know your epidemic and response); interventions for impact (covering the range of services needed); delivering for equity (covering the populations in need of services); financing for sustainability (covering the costs of services); and innovation for acceleration (looking towards the future).

WHO is a cosponsor of UNAIDS. Within UNAIDS, WHO leads activities on HIV treatment and care, HIV and tuberculosis co-infection, and jointly coordinates with the United Nations Children's Fund the work on the elimination of mother-to-child transmission of HIV.

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