

Globally, 34.0 million [31.4 million–35.9 million] people were living with HIV at the end of 2011. An estimated 0.8% of adults aged 15-49 years worldwide are living with HIV, although the burden of the epidemic continues to vary considerably between countries and regions. Sub-Saharan Africa remains most severely affected, with nearly 1 in every 20 adults (4.9%) living with HIV and accounting for 69% of the people living with HIV worldwide. Worldwide, the number of people newly infected continues to fall: the number of people (adults and children) acquiring HIV infection in 2011 (2.5 million [2.2 million–2.8 million]) was 20% lower than in 2001.

The number of people dying from AIDS-related causes began to decline in the mid-2000s because of scaled-up antiretroviral therapy and the steady decline in HIV incidence since the peak in 1997. In 2011, this decline continued, with evidence that the drop in the number of people dying from AIDS-related causes is accelerating in several countries. In 2011, 1.7 million [1.5 million–1.9 million] people died from AIDS-related causes worldwide. This represents a 24% decline in AIDS-related mortality compared with 2005 (when 2.3 million [2.1 million–2.6 million] deaths occurred).

The scaling up of antiretroviral therapy in low- and middle-income countries has transformed national AIDS responses and generated broad-based health gains. Since 1995, antiretroviral therapy has saved 14 million life-years in low-income and middle-income countries,

In Pakistan, the HIV epidemic is in the concentrated epidemic stage, meaning that the prevalence in traditional risk groups has exceeded 5%. In Pakistan, two groups have passed this threshold, namely injecting drug users (27% prevalence) and transgender (Hijra) sex workers (6% prevalence). Of the estimated 150 000 injecting drug users nationwide, national surveillance data show rates of infection ranging from 15% to 50% in most major cities of Pakistan (Sarghoda, Faisalabad, Peshawar, Quetta, Karachi, Larkana, Hyderabad, Mandi Bahauddin, Lahore etc). In addition, there have been “mini-outbreaks of HIV epidemics” in rural communities such as Jalal Pur Jattan, district Gujrat, as a result of alarming overlap between injecting drug use, unsafe hospital infection control practices/therapeutic injections, and commercial sex.

Another significant concern is the fact that Pakistan has high rates of unscreened blood transfusions and a very high demand for therapeutic injections, with poor infection control practices in hospitals and clinics nationwide. This has led to transmission of infection through unscreened blood transfusions, or re-use of syringes or use of un-sterilized medical equipment.

Pakistan has responded to this threat with the establishment of an enhanced HIV and AIDS control programme in 2002 supported by the World Bank and UN agencies. The programme established a robust HIV surveillance system to monitor the trend of the disease in high-risk groups. Similarly, the next big achievement was the establishment of HIV treatment centres all over the country. At present 17 such centres are functional all over the country providing antiretroviral medicines and diagnostics free of cost. In some centres, analysis of the data shows success rates of more than 95%. This is a significant achievement, now mainly supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

This year's World AIDS Day theme is "Getting to Zero": Zero new HIV infections. Zero deaths from AIDS-related illness. Zero discrimination. This sounds difficult but is achievable in view of the fact that antiretroviral medicines used for the treatment of HIV and AIDS reduce the amount of virus in the blood. This increases the chance that the patient will stay healthy and decreases the risk of passing the virus to someone else. Similarly, these medicines prolong life for years, and the patient can stay healthy for decades. The most important and difficult issue is the discrimination faced by people living with HIV in this country, at the hands of both the community and health care providers. Such discrimination considerably increases the suffering of people living with HIV and must be addressed.

WHO in Pakistan is helping provincial AIDS control programmes in the areas HIV treatment care and support, HIV surveillance, management of sexually transmitted infections and HIV testing and counselling. The aim is to put all people living with HIV in the country on antiretroviral medicines in order to keep them healthy, thus reducing their chances of transmitting the infection to their partners and relatives.

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