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Short Report

HIV Awareness, Prevention, and Education in Pakistan

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Introduction

Association of Physicians of Pakistani Descent of North America (APPNA) and its Medical Education and Research Investment Task Force (MERIT) - HIV Committee started an HIV Awareness, Prevention, and Education project in Pakistan in early 2021. The project aimed to increase awareness and reduce stigma about HIV/AIDS by empowering healthcare providers in Pakistan with knowledge about HIV disease and providing them with the right tools to care for people living with HIV/AIDS, and most importantly, prevent future HIV transmissions. The first phase of the project was to disseminate HIV disease knowledge at the local level. The HIV committee hosted 12 HIV educational webinars delivered by world-class faculty members from the U.S. and Pakistan affiliated with more than forty institutions. These sessions were attended by more than seven hundred people including physicians and health care workers involved in HIV care in Pakistan. These sessions were a robust exchange of knowledge, information, and goodwill. This editorial summarizes the pertinent issues raised by the health care community in Pakistan during those sessions and strongly advocates for immediate and urgent attention to address the HIV epidemic in Pakistan.[1]

Pakistan's Human Immunodeficiency Virus (HIV) epidemic is on a deadly trajectory and the number of new infections per year are rising at an alarming rate.[1] Commonly perceived to be a sexually transmitted disease, unsafe injection practices and unscreened blood products are the leading cause of transmission in Pakistan. Reuse of contaminated syringes in health care settings is responsible for new infections in children and adults without the traditional behavioral risk factors. This shift in transmission from "sex to syringe" is of grave concern as the epidemic is spreading from key populations to the general public.[2,3] The current existing infrastructure is not conducive to controlling the HIV epidemic and the stigma associated with the disease has blinded stakeholders, and the health care community, into a state of denial and inaction. Pakistan's AIDS control program relies solely on foreign aid and funds which have ensured free availability of lifesaving antiretroviral treatment distributed at ART centers located throughout the country. If appropriately dispensed and managed, antiretroviral therapy which is safe and highly effective in suppressing the virus is also the most effective way of preventing further transmissions. Although not curative, like other chronic illnesses, progression to fatal acquired immunodeficiency syndrome AIDS can be prevented with lifelong treatment. Once the virus is completely suppressed (undetectable), HIV disease is un-transmissible. In summary, treatment is the best way to prevent transmission. Unfortunately, current ART centers are unable to retain more than 20 percent of patients in care after one year.

Challenges identified

1. **Gaps in Knowledge:** A high level of societal stigma in Pakistan, including within the health care community, remains the biggest challenge and has led to a culture of denialism. Commonly perceived to be a sexually transmitted disease, HIV/AIDS is a taboo subject and best avoided by many in positions of authority and responsibility. Lack of training and knowledge about the disease in physicians remains a significant blind spot as index of suspicion remains extremely low, leading to poor screening of new infections. Medical schools and universities do not offer any formal education about HIV/AIDS disease. If this continues, future doctors will have no education or training to recognize presentation, treat the disease, and ultimately help reduce future HIV transmissions.

The most crucial gap in knowledge is the lack of an accurate estimate of the burden of disease. There is an

existing National HIV surveillance system where all ART centers submit the number of registered patients and the number of new infections to a central database. There is evidence that this data is not being monitored, reviewed, critically evaluated, and shared; because of this, decisions, corrective measures, and requests for funding are not driven by data at the level of the funding agencies. Inadequate inter-provincial information sharing, and collation reporting have made utilization of the database difficult and tedious. This lack of accurate estimates of the burden of disease and poor surveillance of HIV has led to a pervasive cluelessness about the magnitude of the problem leading to further inaction and lack of urgency to change the status quo.

2. Gaps in Attitudes

HIV stigma remains unrelenting and unforgiving.

Labeling anyone with this diagnosis can threaten employment, marital status and reputation in the community which serves as a means for isolation for those inflicted with HIV. Innocent children and pregnant women through no fault of their own remain victims without a sanctuary in the health care community. Insensitivity and judgement of those inflicted with a possible sexually transmitted disease invites shaming and blaming from all sectors of society. This leads to isolation and psychosocial issues which are also being ignored. Key populations are doubly stigmatized, first for being key populations, and second for having HIV.

3. Gaps in Practice

ART centers are the providers of HIV monitoring, antiretroviral therapy, and disease management. They are unsuccessful in retaining almost 80% of their patients in care after the first year of HIV care. Staff, including physicians, nursing staff, field workers and counsellors at the ART centers are not trained and, in many cases, forced to work at ART centers as they are employed by the government. Another practical gap is the limited geographic coverage, as ART centers are targeted towards key populations instead of the general population where most of the new HIV cases are coming from.

Poorly managed infrastructure and stigma have increased reliance on Community Based Organizations (CBOs) for facilitating HIV diagnosis and care in key populations. There is a general lack of transparency in how these CBOs operate and they may not have the expertise to address these cases properly. Weak coordination between stakeholders leads to fragmented networks and support.

Recommended solutions

1. In addition to international aid, Pakistan's AIDS Control program requires active support from the federal government, provincial governments, and healthcare sector to curb the HIV epidemic.
2. Implement preventative strategies immediately to decrease injection overuse and reuse of syringes in health care settings. Implement stringent infection control practices in health care settings.
3. Mandate the education of physicians, nursing, and ancillary staff at all levels. Regulate education with certification requirements at regular intervals.
4. Mandate adding HIV to the curriculum in medical schools and offer opportunities for medical students to volunteer at ART centers. Linkage of ART centers to medical colleges needs to be considered. Mandate HIV education in all colleges, and universities as illicit drug use and needle sharing is rampant among college students.
5. Unlicensed quack clinics must be immediately identified and closed.
6. Urge dental clinics, barber shops and dialysis centers to remain vigilant for HIV outbreaks and hold these institutions to some standard of infection control practices.
7. Blood banks must have universal HIV screening. This should be non-negotiable.
8. Revamp the National HIV surveillance system. Optimize the national reporting system/database with mandatory reporting of all tested patients within and outside the ambit of national and provincial AIDS Control Programs. This includes reporting in the private sector. Ensure nonnegotiable transparency, accountability, and monitoring of all existing surveillance data with interprovincial sharing and collation reporting.
9. Destigmatize HIV testing. Increase testing and mandate universal screening of all high-risk groups including those with tuberculosis, Hepatitis B, Hepatitis C, and pregnant women.
10. Invest in training of physicians. Create workshops, courses and formal training for general practitioners, internal medicine and family medicine physicians. Acknowledge the lack of Infectious Disease physicians and increase opportunities for Infectious Disease fellowships in medical colleges and residency programs.
11. Involve CBO's and private sector physicians (with monitoring and supervision) to join hands in this war against HIV.

12. Psychologists and Psychiatrists need to step in to address the psychosocial issues associated with the stigma and isolation.
13. Stop discrimination. Abolish employment termination or deportation upon disclosure of HIV status as this is discriminatory and unethical.
14. GO VIRAL -Urge social, multimedia, and print media to step up to educate the public and destigmatize HIV.

We know how to end this HIV epidemic. The question remains: Do we have the will to do this?

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