

From Prevention through Protection



**Expanding the HIV Response
for Children and Young People
in Pakistan**



National AIDS Control Programme (NACP)
National Institute of Health







Ministry of Health
Government of Pakistan



Useful Acronyms

ANC:	Ante-natal Care
ARVs:	Antiretroviral medicines
EVA:	Especially-vulnerable-adolescents
IDUs:	Injecting drug users
LHWs:	Lady Health Workers
MARA:	Most-at-risk adolescents
MARP:	Most-at-risk populations
MoH:	Ministry of Health
MoSW:	Ministry of Social Welfare
MTCT:	Mother-to-child transmission
NACP:	National AIDS Control Programme
PACP:	Provincial AIDS Control Programme
PIRC:	Pakistan Inter-Religious Council on HIV and AIDS
PLHIV:	People Living with HIV and AIDS
PPTCT:	Prevention of parent-to-child transmission
RH:	Reproductive Health
UNAIDS:	Joint United Nations Programme on HIV/AIDS
UNFPA:	United Nations Population Fund
UNICEF:	United Nations Children's Fund
VCT:	Voluntary Counseling and Testing
WHO:	World Health Organisation

Meeting the Needs of Children and Young People

-  **Prevention Among Adolescents and Young People**
-  **Prevention of Parent to Child Transmission**
-  **Providing Paediatric Treatment**
-  **Protection of Affected Children**

June 2007 Islamabad, Pakistan



in collaboration with



The Unite for Children Campaign in Pakistan

Why the Campaign in Pakistan?

Pakistan is in a **concentrated epidemic** driven by injecting drug users and male and *hijra* (transgender) sex workers. As the concentrated epidemic in Pakistan matures amongst high-risk populations and migrant workers and more data becomes available, the effect of HIV and AIDS on children and adolescents is better understood.

In addition, Pakistan has one of the largest cohorts of young people in the world - 60% of the nearly 160,000,000 are under the age of 24 years. These young people need correct information on HIV in order to protect themselves and their peers.

The launch of the Campaign coincided with:

- ✘ National Youth Forum on HIV and AIDS where adolescents from 4 provinces participated. The participants, from general population to most-at-risk, drafted a manifesto for immediate action to prevent HIV among young people and presented it at the launch to the Prime Minister.
- ✘ Launch of *Positive Diaries*, a book of testimonies of young people in Pakistan living with HIV. The book was launched by a young man whose testimony was included in the book, the first brave young person in Pakistan to publicly disclose their HIV positive status.

The *Unite for Children, Unite Against AIDS* campaign was launched globally in October 2005 by UNICEF and UNAIDS.

The campaign supports efforts to halt and reverse HIV transmission among children and adolescents and ease the impact of HIV on those already infected.

The *Unite for Children, Unite Against AIDS* campaign was launched in Pakistan on July 16th, 2007 by the National AIDS Control Programme, Ministry of Health, with the support of UNICEF and UNAIDS to ensure that children and adolescents were pushed to the top of the AIDS agenda and to the forefront of the debate in line with the **Convention on the Rights of the Child**.

- ✘ Of the currently estimated 85,000 people living with HIV and AIDS in Pakistan, almost 2% is aged 0-14 years
- ✘ Of the estimated injecting drug users, 3% are <20 yrs
- ✘ Of the estimated female sex workers, 11% are aged 15-19 yrs
- ✘ Of the estimated male sex workers/*hijra* sex workers 23% are 15-19 yrs
- ✘ Injecting drug users are initiated as young as 14 years
- ✘ Female sex workers are initiated younger than 15 years
- ✘ Male and *hijra* sex workers are initiated as young as 13 years
- ✘ Children are already being born to HIV positive mothers and nearly 50% of injecting drug users are married.



Yahya gives his testimony of living with AIDS at the Pakistan *Unite for Children* launch

The Four Ps in Pakistan

The Campaign focuses on Four Ps:

- ⓧ Prevention Among Adolescents and Young People
- ⓧ Prevention of Parent to Child Transmission (PPTCT)
- ⓧ Providing Paediatric Treatment
- ⓧ Protection of Affected Children

The 4 Ps contribute to targets set in the Declaration of Commitment from the UN Special Session on HIV/AIDS in 2001¹, as well as Goal 6 of the Millennium Development Goals to halt and begin to reverse HIV by 2015, both committed to by the Government of Pakistan.

The HIV & AIDS Prevention and Treatment Act 2006

The Act provides a legal framework for the 4Ps:

Primary Prevention:

- ⓧ All persons have the right to HIV and AIDS information, including children and young people

PPTCT:

- ⓧ Pregnant HIV positive women have the right to PPTCT interventions

Paediatric AIDS

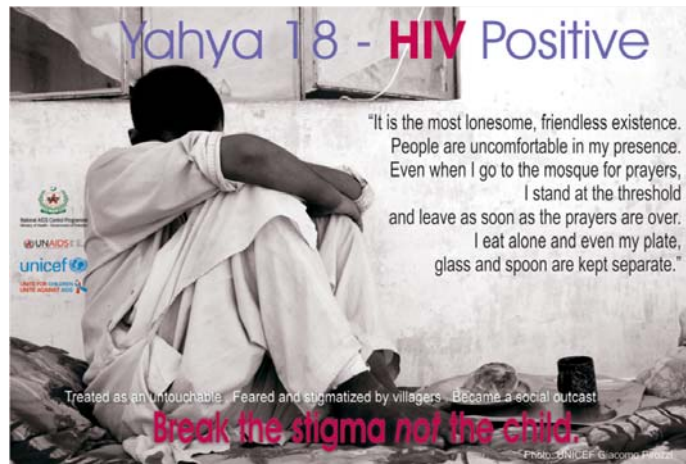
- ⓧ All persons have the right to counselling, testing, care, support, treatment tailored specifically and separately for all members of most-at-risk-populations, for children and for women who are vulnerable and at risk for HIV infection

Protection of Affected Children:

- ⓧ Prohibits discrimination based on HIV status in employment, education, health facilities for all persons
- ⓧ All persons have the right to legal protection against discrimination
- ⓧ Enshrines the concept of **confidentiality** as regards disclosing HIV status

The 4 Ps also build on the commitment to children made by the Government of Pakistan by signing on to the Convention on the Rights of the Child:

- ⓧ Survival, development and protection
- ⓧ Non-discrimination
- ⓧ The best-interests of the child
- ⓧ Participation

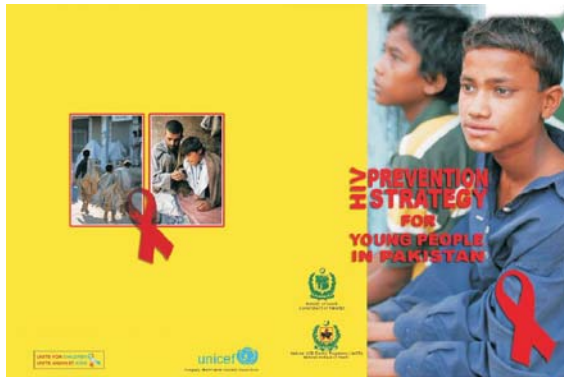


¹ United Nations General Assembly Special Session HIV/AIDS. The Declaration of Commitment. New York, United States, 25 – 27 June 2001.

Prevention Among Adolescents and Young People

What is Happening

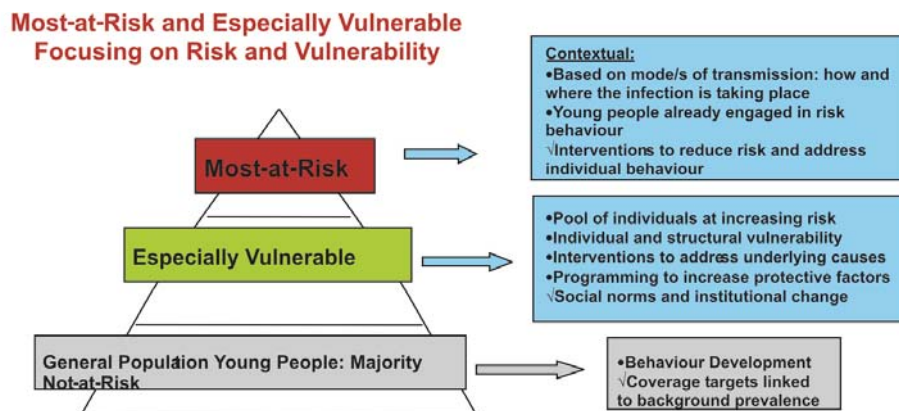
National Strategy



✚ *The National HIV Prevention Strategy for Adolescents and Young People*

The strategy outlines different approaches for different cadres of adolescents and young people in Pakistan. The strategy prioritises interventions with most-at-risk adolescents and young people in order to stem the epidemic where HIV exists or potentially exist due to high risk behaviours.

In the *HIV Prevention Strategy for Adolescents and Young People in Pakistan*, the different cadres of young people needing different responses are articulated as follows:



The National Response for Young People

✚ **MARA:** In partnership with NGOs and development partners, Pakistan is responding to the needs of these adolescents with prevention interventions directed towards individuals to change their risk behaviours to reduce risk. Prevention interventions include:

- Behaviourally specific life skills (including HIV/STI prevention information and condom promotion);
- STI treatment promotion, primary healthcare and social services including reintegration through drop-in-centre models
- National and Provincial Working groups on MARA provide linkages between NGOs and services such as vocational training and informal/formal education

In Pakistan most-at-risk adolescents (MARA) are defined as: Adolescents injecting drugs or engaged in unprotected sex with an infected partner or a partner with high-risk behaviours.

In Pakistan adolescents living on the streets are also most-at-risk. This is not necessarily because they are living on the street, which makes them more vulnerable, but because most abuse solvents, which lead them to engage in sex, including for commercial gain,, or makes them less able to resist sexual exploitation or abuse. Adolescents engaged in commercial sexual exchange who may be still living within their homes are also considered most-at-risk.

The National Response for Young People continued...

🚫 **EVA:** Programmatic responses are to reduce vulnerability, and address broader structural issues of a safe and supportive environment. In partnerships with NGOs and development partners, Pakistan is reaching especially vulnerable adolescents through:

- HIV awareness and education (including life skills)
- Long-term solution interventions such as education and vocational training



Popular band *Strings*, National Ambassadors for *Unite for Children*

Especially vulnerable adolescents (EVAs) are defined as: young people living and working on the streets (i.e. garbage pickers) or labourers (i.e. those working in workshops) as well as children affected by HIV and AIDS and young girls married early.

🚫 **General Population of Young People:** For the general population, the least at risk, awareness and education on HIV is critical. In partnership with NGOs, community leaders including religious leaders, and media, Pakistan is ensuring the following interventions are implemented:

- Integration of Life Skills Based Education into pre and in service teacher training and rolled out as extra-curricula subject through secondary schools.
- Ongoing work with religious leaders and the Pakistan Inter-Religious Council on HIV and AIDS
- A sustained HIV awareness multi-media campaign that including partnerships with celebrities

What Still Needs to Happen

🚫 Challenges regarding HIV and reproductive health information to young people

Discussing sexual and RH is very difficult in Pakistan but essential to providing correct information on HIV. More efforts need to be made to engage communities in supporting and facilitating awareness-raising among young people on reproductive health and HIV.

🚫 Increase coverage for MARA

Coverage of interventions for MARA such as behaviourally-specific life skills, STI treatment, VCT, and long-term interventions such as education, vocational training and reintegration needs to be scaled up to reach 80% of MARA in order to have an impact on the epidemic.

🚫 Life Skills in all schools

Life Skills should be adopted into the core curricula and provided in all schools across Pakistan.

Prevention of Parent to Child Transmission

What is Happening

National Strategies:

⌘ Partnerships

In order to achieve targets, the PPTCT programme is being implemented by the NACP and PACPs, MoH, in collaboration with UNICEF, UNAIDS, WHO and UNFPA. A national task force monitors the progress of implementation and takes technical decisions. Pakistan is also represented on the Asia-Pacific Task Force on PMTCT. PPTCT sites are run in partnership with PACPs, UNICEF and the medical institutions where the sites are housed.

⌘ Development of Guideline and Framework

In 2006, in collaboration with UNICEF, the NACP produced the *Prevention of Parent-to-Child Transmission of HIV: National Strategic Framework* and the *Prevention of Parent to Child Transmission of HIV: Clinical Guidelines for Pakistan*.

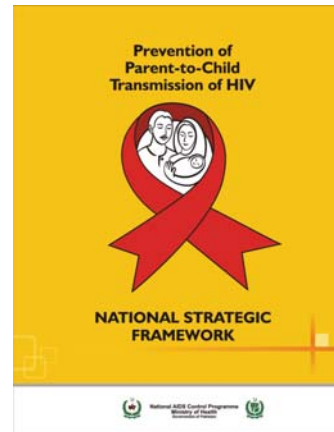
⌘ Counselling and testing women in ANC

Given that HIV in the general population is 0.1%, routine testing of all pregnant women accessing ANC is not recommended for Pakistan. A risk assessment is used to identify women at ANC-PPTCT sites at-risk to HIV and refer into the PPTCT stream starting with VCT. All ANC clients at PPTCT sites are targeted with HIV and PPTCT awareness messages.

⌘ PPTCT in a concentrated epidemic

Given that Pakistan is in a concentrated epidemic, it is critical to target through NGOs most-at-risk and vulnerable populations including female sex workers and wives of IDUs, male sex workers and migrant workers. The Pakistan Association of People Living with HIV and AIDS is a critical partner in the PPTCT programme to raise awareness among PLHIV on the risk of MTCT as well as available PPTCT services.

Pakistan has chosen to use the term prevention of **parent to child transmission** (PPTCT) as opposed to prevention of mother to child transmission to highlight the responsibility of men in the transmission to children and to reduce stigma and discrimination against the mother.



Rolling out the PPTCT Programme:

⌘ Training

In 2006, in collaboration with UNICEF, the Ministry of Health trained medical staff from PPTCT site teams and Provincial AIDS Control Programmes on PPTCT programming. Training in 2007 includes refresher trainings on VCT and infant feeding counselling. From 2008 trainings will be rolled out to district level.

⌘ Development of sites and support materials

PPTCT sites are located within 5 tertiary hospitals in 3 provinces of Pakistan, as well as the Capital Territory of Islamabad. Plans are in place to expand the programme to more tertiary and district hospitals, with referral linkages up from basic health units in areas where high risk populations reside.



Rolling out the PPTCT Programme continued...

✘ Getting RH information to women

In Pakistan it is difficult for women to access reproductive health information and services due to proscriptive gender inequities including education prioritised for boys. As in many countries, Pakistani women are not expected to discuss or make decisions about sexuality or their own reproductive health needs. They cannot request, let alone insist on using a condom or any form of protection. If they refuse sex they often risk abuse and there may be a suspicion of infidelity. The NACP in collaboration with UNFPA, UNICEF and the Lady Health Workers Programme (LWHs) is working to train LHWs to impart reproductive health information as well as HIV and PPTCT awareness to the general population through home visits to women.

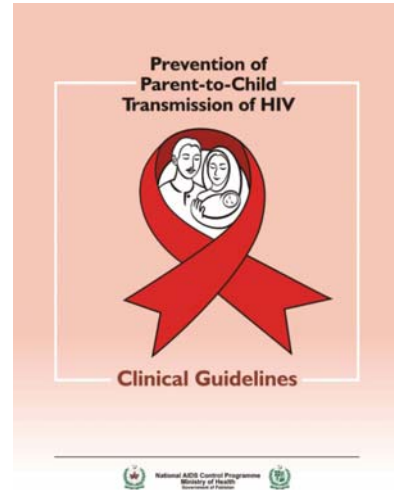
What Still Needs to Happen

✘ Scale up VCT for most-at-risk populations

VCT is the entry point for HIV treatment, care and support services. Currently many HIV positive persons miss out on these essential services as they do not know their status. VCT targeting most-at-risk populations must be scaled up using a family centred approach – partners and children of HIV positive persons should be referred to VCT for testing. Systematic referral from NGOs working with most-at-risk populations to PPTCT sites is critical so that female sex workers and wives of IDUs, male sex workers and migrant workers can access PPTCT services.

✘ Finding women who may be positive in bridging and general populations

Although we target the populations we know are most-at-risk, the spouses of bridging populations are among the general population who have a low attendance rate for ANC, less than 30%. Finding these women is a challenge. Bridging populations are a key priority for Pakistan in the *National Strategic Framework 2007 – 2010* and PPTCT awareness will be raised through services implemented directly with this population.



✘ Referral Networks built amongst public institutions and with NGOs

In order to ensure all pregnant women or women of child bearing age are aware of PPTCT services and are able to ascertain their risk to HIV, referral networks need to be expanded to include STI and Family Planning service providers, obstetricians/gynaecologists, midwives, traditional birth attendants, LHWs, as well as a broad spectrum of NGOs working with women.

✘ Awareness raising in medical staff

Knowledge of HIV and AIDS amongst medical staff is still low as it is a fairly new epidemic in Pakistan. General HIV knowledge, as well as specific knowledge on PPTCT interventions and their integration into maternal health care, needs to be built amongst referral tertiary and district hospitals and basic health units.



Providing Paediatric Treatment

It is estimated that <2% of the estimated 85,000 people living with HIV and AIDS in Pakistan are children under the age of 14. While the numbers are still quite small, it is critical to seize this window of opportunity to set up systems to manage paediatric HIV-infection to ensure children born to HIV positive mothers receive the treatment, care and support they need.

What is Happening

⌘ Development of National Guidelines

In 2006, in collaboration with UNICEF, the NACP produced the *National Guidelines on Management of HIV Infection in Children in Pakistan*.

⌘ Involvement in development of Baylor Medical College International Paediatric AIDS Initiative (BIPAI) Regional Training materials

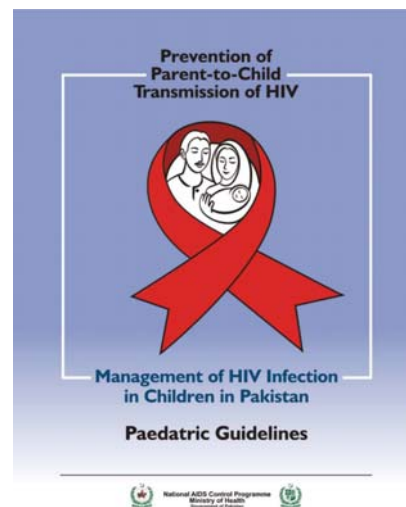
In partnership with UNICEF, WHO and BIPAI, the National AIDS Control Programme participated in the development of a regional paediatric HIV and AIDS training manual. As part of the roll out of the National Paediatric programme this regional training will be adapted for Pakistan.

⌘ Training of Paediatricians

As part of the on-going collaboration with BIPAI, WHO and UNICEF, the National AIDS Programme will train paediatricians and HIV treatment care and support clinicians on paediatric AIDS management through a regional training in association with the Indian Academy of Paediatrics

⌘ Access to oral suspensions ARVs

As part of its commitment to ensuring that children have access to life-prolonging antiretroviral medicines for AIDS, the National AIDS Control Programme has procured paediatric formulations of the medicines in the form of oral suspensions.



⌘ Testing Criteria for Children

In order to help PLHIV organisations and NGOs working with PLHIV understand when and if they need to test their children for HIV, a simple tool has been developed with infectious disease paediatricians. The tool gives guidance on testing depending on the age of the child and how long the parents have been positive. Understanding when and if children need to be tested will ensure positive children who did not go through a PPTCT programme will not be missed.



John Moore/Getty Images

What Still Needs to Happen

- ⚡ Increased capacity of paediatricians to recognise paediatric HIV and AIDS symptoms

Very few paediatricians in Pakistan have experience managing and treating HIV and AIDS. Following the BIPAI training in India, a centre of excellence for paediatric AIDS management will be set up at the tertiary hospital level.

- ⚡ Test the children of HIV positive families

Given the stigma and discrimination around HIV and AIDS in Pakistan, disclosure is very difficult – disclosure from one parent to another and disclosure from parents to children. Support groups for children need to be set up through HIV treatment, care and support centres as well as NGOs serving people living with HIV and AIDS so that children of positive parents can be tested if relevant and enter the treatment, care and support stream.

- ⚡ Scale up VCT for most-at-risk populations

In order to reach the children of positive mothers in high-risk populations or their sexual networks, VCT must be scaled up. When positive women are identified then not only can they access PPTCT, but other children in the family can be tested for HIV and if positive, access treatment, care and support.

Protection of Affected Children

What is Happening

⚡ Assessment on Protection Risks and Failures

The NACP in partnership with the Ministry of Social Welfare and UNICEF conducted an *Assessment of Protection Risks and Failures for Children Vulnerable to and Affected by HIV and AIDS in 4 provinces in Pakistan* to increase the understanding of the impact of the HIV and AIDS epidemic on children in Pakistan up to age 18 years and accelerate evidence-based action. The assessment provided a critical analysis of the overall system of care for children vulnerable to and affected by HIV and AIDS and made recommendations for policy development, advocacy and targeted evidence-based strategies for programming.

⚡ Psychosocial Support for Affected Children

Psychosocial support for affected children has started on a small scale through partnerships with NGOs working with PLHIV. Tools for disclosure have been developed – both for parents to partners and parents to children, and creative tools such as hero books are being used in children's support groups to help affected children come to terms with their families or their own illness, as well as build confidence for the future.

⚡ Child Protection Acts

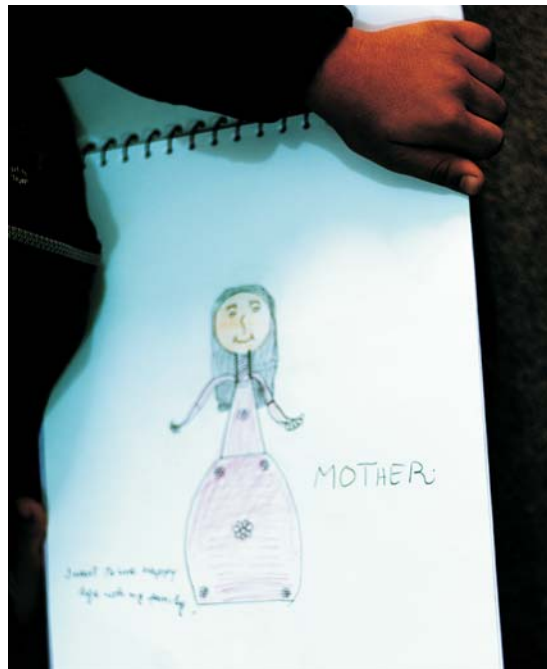
Pakistan is in the process of ensuring the rights of all children are protected through Child Protection Acts. At a Federal level the Child Protection Act is in the process of being approved. Other provinces are developing their own Acts. The Punjab Province has a Child Protection Act and Child Protection Bureau tasked with enforcing the Act. The Acts ensure the protection of minors through access to services and institutional support.

⚡ Care and Support Framework

The Care and Support Framework was developed in 2006 in order to improve the delivery of HIV care services by bringing together all elements of HIV treatment, care and support into a coordinated and efficient referral network with roles clearly defined for all involved actors, including social protection roles.

⚡ Association of People Living with HIV and AIDS

A National Association of People Living with HIV and AIDS was launched on World AIDS Day 2006 in collaboration with UNAIDS, Catholic Relief Services and Family Health International. The Association is a registered not-for-profit entity with an elected board of positive people. Capacity of the Association has been built through APN+, the Asia-Pacific Network of People Living with HIV and AIDS, with a focus on meeting the needs of affected children. The Association has developed literacy materials in collaboration with the NACP, UNAIDS, UNICEF, FHI and CRS, including a book for affected children to help them understand what they and their families are going through.





The most important protective measure for affected children is to prolong the lives of parents. This means ensuring all HIV positive parents know their status and have access to antiretroviral therapy.

What Still Needs to Happen

⚡ Strengthening social protection nets

Social protection nets at the district and community level need to be built. There are few formal systems and structures in Pakistan aside from social protection payments to registered persons and residential care for orphans and destitute children provided by Government or NGOs. In addition to legislation, access to essential services such as health, education, birth registration and others must be ensured; community based responses must be built; and awareness raised through advocacy and social mobilisation to create a supportive environment for children and families affected by HIV and AIDS so that extended family networks are maintained.

⚡ Mainstreaming HIV into Social Welfare

HIV needs to be mainstreamed in through Social Welfare in all components of building a Protective Environment for children including developing adequate legislation and enforcement, facilitating open discussion, imparting life skills, providing essential services, and building the capacity of families and communities.



Partnerships

🚫 World Bank and Canadian International Development Agency

The World Bank is supporting the Government of Pakistan's Enhanced HIV and AIDS Prevention Project through both credit and grant. The Bank works with CIDA and other development partners and Government in a public-private partnership to provide service delivery packages through NGOs to reach the most-at-risk: IDUs, male and female sex workers and jail inmates; and implementation of a second-generation surveillance system to monitor behaviours and HIV prevalence in these groups.

🚫 Global Fund to Fight AIDS, Tuberculosis and Malaria

Pakistan receives Global Fund support to enhance the health impact of public and private health services amongst target communities at risk and vulnerable to HIV, including most-at-risk adolescents, establishing VCT centres, providing antiretroviral therapy, and improving blood safety.

🚫 UN Agencies

The UNAIDS co-sponsors support Pakistan's National Response to HIV & AIDS, within the context of the National HIV & AIDS Strategic Framework, the Poverty Reduction Strategy of Pakistan, the United Nations General Assembly Special Session (UNGASS) Declaration and the United Nations Development Assistance Framework (UNDAF) Pakistan 2004-2008. The UNAIDS Secretariat and its co-sponsors facilitate country processes on scaling up towards Universal Access, including a targeted focus on prevention for young people, PPTCT and Paediatric AIDS.

🚫 Donors

Given that the HIV prevalence in the general population is still 0.1%, while some donors such as the United States International Development Agency (USAID), Australian Agency for International Development (AusAID), United Kingdom Department of International Development (DfID), European Union (EU) and Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) are supporting the National Response, primary donor support in Pakistan has been to other sectors such as education and maternal health. Pakistan has a narrow window of opportunity to halt the epidemic where it is and needs donor commitment to prevent HIV from spreading into the general population.

🚫 Media

The Government of Pakistan in collaboration with the UN has developed partnerships with both print and electronic media associations to train journalists on reporting on HIV and AIDS and to set up resource centres so journalists can access both technical and programmatic information on HIV in order to report accurately on the epidemic.

🚫 Religious Leaders

The NACP in collaboration with UNICEF has worked extensively with religious leaders to sensitise them on issues around HIV and AIDS, especially stigma, and to actively involve them in the national response. A Religious Leaders Info-Kit on HIV and AIDS was produced, the Pakistan Inter-Religious Council on HIV and AIDS (PIRC) launched and registered as a not-for-profit organisation and religious leaders at a provincial level were trained on the info-kit. The PIRC is now fully engaged producing sample Friday *jumma* prayer sermons and conducting trainings in every district in Pakistan through 2007.



At the national launch of the *Unite for Children, Unite Against AIDS* campaign, the Federal Minister of Health, the honourable Muhammad Nasir Khan, promises young people that their *National Youth Forum Advocacy Declaration 2006* will be acted upon. The declaration calls for scaled-up HIV prevention efforts for all young people in Pakistan prioritising most-at-risk adolescents.

UNITE FOR CHILDREN
UNITE AGAINST AIDS

