



# AIDS crisis in Pakistan

Syeda Samra Iqbal Jaferi, Muhammad Ilyas and Muhammad Idrees

Center of Excellence in Molecular Biology, University of the Punjab, Lahore Pakistan.

## Abstract

The estimated number of HIV patients in Pakistan is ~80,000 that is about 0.1% of the adult population of the country. Although the prevalence of HIV/AIDS seems to be low but still the country is at high risk as the potential for a widespread epidemic is high due to contamination risk factors common in this country like other countries with high HIV prevalence. These risk factors include, low literacy, poverty, high fertility, low contraception uptake and poor access to health and education. This current review establishes the presence of HIV among all four provinces of Pakistan and further necessitates detailed behavioral study for risk assessment in subpopulation. The society in general needs to debate the issues through conferences, seminars, workshops and media for enhancing awareness.

**Keywords:** AIDS, precautions, awareness, Pakistan.

## INTRODUCTION

United Nations Program on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) estimated that AIDS has killed more than 25 million people since December 1, 1981 when it was first recognized (Morens et al., 2004). According to current estimates, HIV is set to infect 22 million people in Africa and 33 million people worldwide (Gallo, 2006). Antiretroviral treatment reduces both the mortality and the morbidity of HIV infection, but routine access to antiretroviral medication is not available in all countries (Palella et al., 1998).

Without treatment, about 9 out of every 10 persons with HIV will progress to AIDS after 10 -15 years (Buchbinder et al., 1994). Treatment with anti-retrovirals increases the life expectancy of people infected with HIV. Even if HIV has progressed to diagnosable AIDS, the average survival time with antiretroviral therapy (as of 2005) is estimated to be more than 5 years (Schneider et al., 2004). Without antiretroviral therapy, death normally occurs within a year of time. It is hoped that current and future treatment options may allow HIV-infected individuals to achieve a life expectancy approaching that of the general public.

Since 1987, the number of reported HIV infections and AIDS cases has been steadily on the rise worldwide. Limited available literature indicates that prevalence of HIV infection is 1 - 2% in vulnerable/high risk population Groups (Schneider et al., 2004). These include, commercial sex workers, migrant workers, injecting drug users,

men who have sex with men, long distance truckers (drivers and attendants), blood and blood product recipients, patients suffering from sexually transmitted infections, professional blood donors, jail inmates and seamen (Iqbal et al., 2005).

## SITUATION IN PAKISTAN

The Government of Pakistan is fully aware of the growing challenge of HIV/AIDS and its implications for the population. The Ministry of Health (MOH) established a Federal Committee on AIDS (FCA) in 1987 soon after the first case of AIDS was reported in the country (NACP, 2007).

The National AIDS Control Program (NACP) was established in 1990 with a focus on establishment of screening centers and launching awareness campaigns throughout the country. In year 1994, the program was expanded with increased financial commitment (National AIDS Control Program, 2008). In addition, many other non-government organizations are also performing their roles in controlling HIV/AIDS in Pakistan.

In Pakistan, the estimated number of HIV/AIDS patients is around 70,000 to 80,000 and the disease prevalence rate among injecting drug users (IDUs) is about 21% however, only 5000 HIV/AIDS patients are registered with NACP (Maqbool, 2008). The potential for a rapid, widespread epidemic of HIV infection is high, as the risk

factors of contamination are common in this country like other countries that have high HIV prevalence. These risk factors include, low literacy, poverty, high fertility, low contraception uptake and poor access to health and education. There are 38.6 million people living with HIV and AIDS worldwide and it is the worst epidemic that humanity has ever faced (Koff et al., 2007). According to the "HIV Second Generation in Pakistan National Report Round 3, 2008" compiled by National AIDS Control Program, Pakistan has a well-established concentrated HIV epidemic in IDUs (Azam, 2008). Despite various preventive efforts, the infection rate among IDUs has steadily increased from 10.8% in year 2005 to 21% in year 2008 (National AIDS Control Program, 2008). The efforts made by Government of Pakistan are not enough and in addition to the current efforts being carried out by the government to fight against this disease still there is a dire need for rapid implantation of effective programs and improving coverage of existing programs to curtail further expansion of HIV epidemics in vulnerable groups.

Unfortunately HIV infection and AIDS cases are reported from all parts of the country. The HIV infection has been recorded in all the four provinces (Punjab, Sindh, Balochistan and North West Frontier Province), the Federally Administered Tribal Areas (FATA) and Azad Jammu and Kashmir (AJK). Till September 2005, 2741 HIV cases and 332 AIDS cases have been reported (PRCS, 2009).

The good news is that HIV/AIDS infection rates remain low in Pakistan (0.1%) as compared to neighboring countries of India, Bangladesh and Nepal due to the timely prevention of HIV transmission (NACP, 2001), safe blood transfusions, reduction of STI transmission, establishment of surveillance, training of health staff, research and behavioral studies and development of program management. WHO and UNAIDS estimate the number of actual number of HIV/AIDS cases in Pakistan to be not more than 85,000 (IRIN, 2007).

## PRECAUTIONS

Early diagnosis reduces the risk of onward transmission; once someone knows that he/she has acquired HIV he/she is more likely to take precautions to avoid infecting others. To minimize the already low risk of HIV transmission in hospitals, the sources of risk of percutaneous injury should be better defined and the design of percutaneous lines, needles and surgical equipment as well as techniques should be improved. There is a need of preventive measures recommended on the basis of demonstrated efficacy which also aim at routes of exposure that represent true risk.

## CONCLUSION

HIV carriers should receive counseling to prevent the transmission of HIV to other adults. This means promoting

safer sexual behavior through condom use, fidelity and voluntary abstinence. Counselors should ask about partners who might be at risk of HIV infection and discuss how these partners may be notified. Pregnant women with HIV must be diagnosed early to receive the maximum benefit, including education and counseling on prevention methods.

A National response to control the HIV epidemic calls for a multi-sectorial involvement and an enabling environment ensured by an adequate legislation in all sectors. The NACP has started to work on propositions to revise the legislation regarding public health. With regard to HIV/AIDS, any legislation needs to draw on a clear understanding and awareness of the status of the HIV epidemic in Pakistan now, as well as in future projections, so that it remains relevant. The legislation has to take into account the urgent need for comprehensive interventions, to weigh their pertinence in view of their benefits, now and in the future and to protect their implementation.

## REFERENCES

- Azam F (2008). National AIDS Control Programme approved. The Nation Pakistan. 2 December.
- Buchbinder SP, Katz MH, Hessel NA, O'Malley PM, Holmberg SD (1994). Long-term HIV -1 infection without immunologic progression. *AIDS* 8(8): 1123-1128.
- Gallo RC (2006). A reflection on HIV/AIDS research after 25 years". *Retrovirology* 3: 72.
- Iqbal Z, Hashmi AK, Bashir FZ, Bakhsh S, Jatoti H (2005). Need and Significance of HIV/AIDS Preventive Education in Pakistan. Curriculum Wing, Ministry of Education in collaboration with UNESCO Office, Islamabad p.23.
- IRIN (2007). Pakistan, Islamic Republic of Humanitarian Country Profile. IRIN humanitarian news and analysis. <http://www.irinnews.org>.
- Koff WC, Kahn P, Gust ID (2007). AIDS vaccine development. Challenges and Opportunities. Horizon Press pp. 9-14.
- Maqbool S (2008). Pakistan: Probe underway into Gujrat HIV outbreak. The News International - Karachi, Pakistan. 16 November.
- Morens DM, Folkers GK, Fauci AS (2004). The challenge of emerging and re-emerging infectious diseases. *Nature* 430: 242-249.
- National AIDS Control Program (2001). National AIDS Control Program, Ministry of Health, Government of Pakistan, Program Implementation Plan, NACP, (2003 – 2008).
- National AIDS Control Program (2007). Progress Report on the Declaration of Commitment on HIV/AIDS for United Nations General Assembly Special Session on HIV/AIDS. National AIDS Control Program Ministry of Health Government of Pakistan Islamabad. 2007.
- National AIDS Control Program (2008). HIV Second Generation Surveillance in Pakistan, National Report Round III. Available at <http://www.nacp.gov.pk/wp-content/uploads/2008/11/r3.pdf>.
- Parella FJ Jr., Delaney KM, Moorman AC, Loveless MO, Fuhrer J, Satten GA, Aschman DJ, Holmberg SD (1998). Declining morbidity and mortality among patients with advanced human immunodeficiency virus infection. HIV Outpatient Study Investigators. *N. Engl. J. Med.* 338 (13): 853–860.
- PRCS HIV / AIDS Strategic Plan 2005 – 2009. Pakistan Red Crescent Society (PRCS). <http://www.prcs.org.pk>.
- Schneider MF, Gange SJ, Williams CM, Anastos K, Greenblatt RM, Kingsley L, Detels R, Munoz A (2004). Patterns of the hazard of death after AIDS through the evolution of antiretroviral therapy: 1984–2004. *AIDS* 19(17): 2009–2018.