

## HIV/AIDS in Pakistan — translating facts to actions

Madam, over the last three decades, human immunodeficiency virus/ acquired immunodeficiency syndrome (HIV/AIDS) has evolved from an assortment of case-reports to a global epidemic. The first reports of HIV in Pakistan in 1987 implicated contaminated blood transfusions. Thereafter, HIV was predominantly reported in expatriates from other countries such as the Gulf States. Estimates from UNAIDS placed the number of HIV cases in Pakistan at 85,000 in 2005.<sup>1</sup>

The presence and interlinking of intravenous drug users (IDU) and high-risk sexual networks combined with precariously low levels of HIV knowledge indicate that there is huge potential for rapid spread of HIV to other high-risk groups and its further expansion to the general population through bridging groups in Pakistan.<sup>1</sup> Pakistan experienced its first major HIV outbreak in 2004 in an IDU community in Larkana city.<sup>2</sup> Since then, epidemiological studies in IDU communities all over Pakistan have recorded alarmingly high rates of HIV cases. According to the latest data from the National AIDS Control Programme of Pakistan, HIV prevalence among IDUs had jumped from 0.4% in 2003 to 7.6% in 2004,<sup>3</sup> this represents a more than 100-fold increase. Commercial sex workers in Pakistan represent the second most serious threat for HIV transmission. In addition to female prostitutes, male transvestites (locally named Hijras) are probably important contributors to HIV demographics in Pakistan. HIV prevalence among Hijras in Karachi approximates 4%.<sup>2</sup> The situation is bound to be even more worrisome in those parts of Pakistan where homosexuality may be a socially tolerated behavior.<sup>4</sup> Furthermore, the majority of men having sex with men in Pakistan are married to women;<sup>5</sup> this brings into light their possible role as a bridge to the general population.

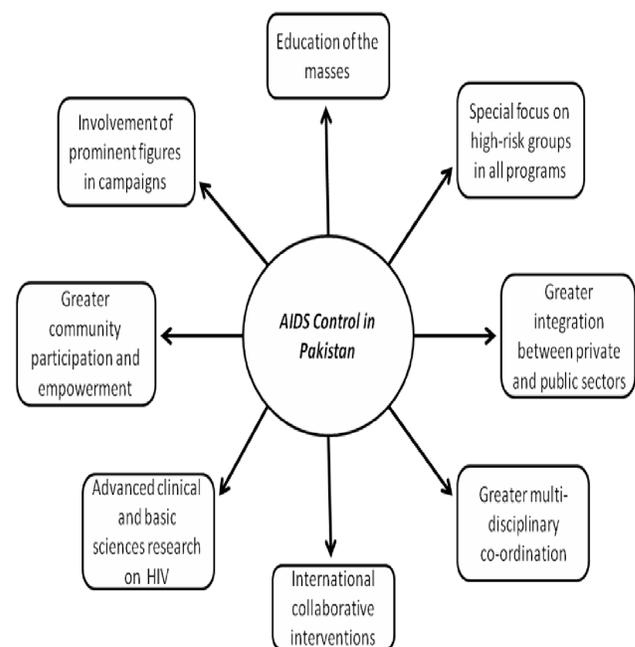


Figure: Components for AIDS control in Pakistan.

In order to grapple the impending epidemic of HIV in Pakistan, efforts such as the National AIDS Programme, provincial AIDS programmes, and responses by other private and non-governmental sectors require greater liaison and integration. Community participation is also pivotal to the success of any HIV prevention programme. The stigma and discrimination towards HIV/AIDS in the society can only be removed when prominent figures including politicians, parliamentarians and celebrities start discussing the subject in public (Figure). Given the scarce literacy rate

and exponential population boom in Pakistan, the battle against HIV/AIDS indeed represents a challenging, albeit not impossible, onus. Pakistan appears to have high-risk ingredients for the making of a large scale HIV epidemic. If HIV/AIDS is allowed to mushroom unchecked in Pakistan, it will claim its devastating epidemic potential, as it has already done in many other parts of the world. Timely action is, therefore, needed to prevent any such an eventuality. We must recognize the magnitude of this threat, reflect on its source and react to the challenges it poses.

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