

Universal Periodic Review of Islamic Republic of Pakistan

42nd Session

January - February 2023

Joint submission by:

The PACT

A Vibrant Coalition of 152+ youth Organizations working collaboratively and strategically in the global HIV response. Since 2013, we have been building solidarity across youth organizations to ensure the health, well-being and human rights of all young people.

Email: contactyouthpact@gmail.com website: www.theyouthpact.org

Hi Voices

Hi Voices, is a minority youth-led initiative working for YPLHIVs and vulnerable key populations. We use innovative digital and social media strategies to reach unreachable young minorities across Pakistan. We empower YPLHIVs through leadership, education, advocacy, and development so they can raise their voices for health and human rights.

Address: 464 Soomro Street Gul Road O/S Pak-Gate Multan, Pakistan

Website: www.HiVoices.org Email: hivoicescontact@gmail.com

Sexual Rights Initiative

The Sexual Rights Initiative is a coalition of national and regional organizations based in Canada, Poland, India, Argentina, and Southern Africa that work together to advance human rights related to sexuality at the United Nations.

Address: Rue de Monthoux 25, Geneva, 1201. Website: www.sexualrightsinitiative.com

Email: anthea@srigenewa.com

Phone: +41767656477



Key Words HIV, AIDS, young people living with HIV, youth awareness, health system, discrimination, stigma, criminalizing laws.

Executive Summary

1. This submission, prepared ahead of the 4th Cycle of the Universal Periodic Review (UPR) for the Islamic Republic of Pakistan, examines the challenges faced by the young people living with HIV in Pakistan in relation to HIV, AIDS treatment and human rights.
2. This report was prepared based on research from credible sources of information, input from experts and young people living with HIV. Prior to that, a national-level hybrid UPR training was conducted for young activists and representatives from youth-led organizations. Approximately 31 experts working substantially for young people living with HIV from across Pakistan took part in the consultation.
3. The report identified loopholes and gaps affecting the lives of young people living with HIV and contributing to the increase in new HIV cases in Pakistan.
4. The report makes recommendations to the government of Islamic Republic of Pakistan for the resolution of issues faced by young people living with HIV, AIDS and to control new HIV infections among young people.

Introduction

5. Over 64% of the population of Pakistan is below the age of 30 years- one of the largest young populations in the world.¹ 29% of the youth in Pakistan is illiterate, while only six percent has more than 12 years of education. The most alarming situation is that almost half of the country's young are not in education, employment or training.
6. From the last UPR cycle until now, Pakistan has implemented several programs and policies for the empowerment of young people across Pakistan. However, there is a need to put more effort into the implementation of policies and measures that promote the social and economic inclusion of all young people living with HIV.² Pakistan is one of the countries with the highest number of new HIV infection rates in South Asia. Data shows that there is an increase of 25,000 new PLHIVs reported

¹ Shimshali, Ali Rehmat "Youth as national dividend" The News, May 27, 2021. <https://bit.ly/3uDmf3V> A news report article published by a staff member of Resilient Development at SDPI, Islamabad in national print and digital news media The News discussing a UNDP report published in 2020.

² Ahmad, Shakeel "Unleashing the potential of a young Pakistan" UNDP Pakistan, July 24, 2018. <https://hdr.undp.org/content/unleashing-potential-young-pakistan> An article published by assistant country director and chief of the development policy unit of UNDP Pakistan on their news site discussing Pakistan's National Human Development Report 2017.

from 2010 to 2020. The public healthcare system in Pakistan is already facing a lot of pressure from patients.

7. Despite an elaborate and extensive health infrastructure, healthcare delivery suffers from key issues including high population growth, uneven distribution of health professionals among provinces and towns, deficient workforce, insufficient funding and limited access to quality healthcare services.³

Introduction to the HIV and AIDS epidemic in Pakistan

8. We regret that Pakistan did not receive any recommendations on HIV and AIDS during the last cycle.
9. Pakistan has an estimated 210,000 people living with HIV (PLHIV) out of which only 44,758 are reached, diagnosed and registered with AIDS control programs. Out of those diagnosed, only 24,362 are on antiretroviral (ARV) treatment across Pakistan. This means only 12% of the total estimated population of people living with HIV and AIDS are on treatment, and the remaining estimated 88% of people living with HIV and AIDS are unable to reach, be diagnosed and register with AIDS control programs, whose core focus is on limiting new infections.
10. The HIV epidemic in the country is concentrated in key populations, namely people who inject drugs (PWID), male, female and transgender sex workers (MSW, FSW & TGSW), men who have sex with men (MSM) and transgender people. The HIV epidemic in Pakistan is following the Asian Epidemic Modelling trend i.e., the epidemic has nearly plateaued in people who inject drugs and has moved into the sexual networks, from where a gradual spill-over into the general population through bridging populations is silently taking place.⁴
11. Young PLHIV and HIV-related illness, including AIDS, and those close to them are confronted by a host of problems that require emotional and/or practical support: anxiety about having spread infection, physical isolation, hospitalization, stigma and discrimination within the community and/or family, loss of housing, interruption of education, financial problems and the physical effects of illness.⁴

Challenges in coordinating the HIV response

12. The HIV response in Pakistan faces challenges including weak coordination between stakeholders such as national and provincial health departments among community-based organizations for different key populations and various districts. There is also inadequate inter-provincial information sharing related to registered PLHIV, new infections, and medicines out of stock, collation of reporting and

³ "Pakistan Health Service Delivery" World Health Organization <https://bit.ly/3PgdgO5> . The World Health Organization regional office of Eastern and Mediterranean region shared the data report on the healthcare system of Pakistan.

⁴ "Standard Operating Procedures: HIV Treatment and Care Centres" The National AIDS Control Program Ministry of Health Government of Pakistan, 2006 page 17-18. The National AIDS Control Program Publishes their SOPs for HIV treatment and healthcare centres to follow during HIV treatment and diagnosis

utilization mechanisms, variations in HIV interventions and lack of effective community engagement.

13. HIV programmes in the country are predominantly donor-dependent (mainly Global Fund grants) and there is limited key population-specific and geographically diverse coverage. For example, interventions in cities and towns based on Integrated Biological and Behavioural assessment Survey key populations surveys (IBBS) focused on the main big towns. Other challenges include barriers to access to HIV services including testing and prevention programs, stigma and discrimination, sexual and gender violence, human rights abuses and lack of community and social support in addition to limited capacities of Community Based Organisations (CBOs) to execute community-based prevention programmes.⁵
14. There are many factors contributing to the increase in new HIV cases, including lack of comprehensive knowledge about HIV. Latest surveys show that only four percent of women and 10% of men have comprehensive knowledge about HIV.⁶ Knowledge about HIV/AIDS has gradually decreased with decreasing sources of information about protective methods over time. In 2006, 44% of women were aware of HIV/AIDS; this percentage dropped slightly in 2012-13 to 42%, and then decreased sharply to 32% in 2017-18. Women's knowledge of prevention methods increased from 17% in 2006 to 20% in 2012 before dropping to 16% in 2017-18. The decrease can be associated with a decrease in mainstream advocacy and awareness campaigns. Restrictions on condom advertisements in mainstream media plays a role in this. In 2016, the Pakistan electronic media regulatory authority (PEMRA) banned contraceptive and condom advertisements on all radios and TVs in Pakistan.⁷ Overall, 18% of women and 46% of men know that using condoms is a way to prevent HIV transmission.⁸
15. Pakistan has yet to implement best practices for HIV control and data protection and privacy. HIV self-testing facilities are still not available or are limited to pilot projects. This leads key populations to avoid government healthcare facilities and community-based organizations that could reveal their status to another person. There is high discrimination towards PLHIV in Pakistan. Widespread stigma and

⁵ "Country progress report – Pakistan: Global AIDS Monitoring 2020" HIV AIDS Asia Pacific Research Statistical Data Information Resources AIDS Data Hub, 2021.
https://www.unaids.org/sites/default/files/country/documents/PAK_2020_countryreport.pdf UNAIDS published a country progress report of Pakistan in terms of HIV and AIDS.

⁶ "HIV/AIDS-related Knowledge, Attitudes, and Behaviour" page 245-251 "Pakistan Demographic and Health Survey 2017-2018" National Institute of Population Studies Islamabad Pakistan, January 2019.
<https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

⁷ "Condom ads banned by Pemra" Dawn News Daily Paper May 28, 2016.
<https://www.dawn.com/news/1261217> . National daily newspaper Dawn published this story in 2016 after a ban of contraceptive and condom advertisement by Pakistan media regulatory authority followed by public complaints.

⁸ "HIV/AIDS-related Knowledge, Attitudes, and Behaviour" page 245-251 "Pakistan Demographic and Health Survey 2017-2018" National Institute of Population Studies Islamabad Pakistan, January 2019.
<https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

discrimination in the overall population is adversely affecting both PLHIV's willingness to be tested and their adherence to antiretroviral therapy (ART) programs.

16. Misconceptions are another hurdle; the 2017-18 Pakistan Demographic Health Survey (PDHS) assessed HIV and AIDS knowledge and misconceptions by obtaining information on common misconceptions about HIV transmission. Misconceptions collected include that HIV can be transmitted through mosquito bites and that a person can become infected with HIV by sharing food with someone who has AIDS. 46% of women and 48% of men who have heard of AIDS do not think that children living with HIV should attend school with children who are HIV negative. 53% of women and 48% of men would not buy fresh vegetables from a shopkeeper who has HIV. Overall, 60% and 61% of women and men respectively have discriminatory attitudes towards PLHIV. Knowledge of how HIV is transmitted is crucial in enabling young people to avoid HIV infection.⁹
17. Two percent of young women and six percent of young men have comprehensive knowledge of HIV and AIDS. Seeking an HIV test as a young person is more difficult than it is for older people because many people in this age range lack experience in accessing health services for themselves, and also because there are often barriers to young people obtaining such services.¹⁰ Laws such as Penal Code, Section 377¹¹, Section 9 of the Control of Narcotics Substances Act (CSNA), 1997 stipulating death penalties as punishment prevents people from revealing their status as, or association with vulnerable key populations. In Pakistan there are no mechanisms in place to record and address cases of HIV-related discrimination based on perceived HIV status and/or belonging to any key population that is criminalised. 49% of HIV positive people seeking treatment face discriminatory attitudes when accessing healthcare facilities and treatment.¹² These issues are not new, but they remain largely unresolved or growing.

Recommendations

18. The Government of the Islamic Republic of Pakistan should prioritise issues facing young PLHIV, AIDS and amplify their efforts to control this epidemic among young people.

⁹ "HIV/AIDS-related Knowledge, Attitudes, and Behaviour" page 245-251 "Pakistan Demographic and Health Survey 2017-2018" National Institute of Population Studies Islamabad Pakistan, January 2019. <https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

¹⁰ "HIV/AIDS-related Knowledge, Attitudes, and Behaviour" page 245-251 "Pakistan Demographic and Health Survey 2017-2018" National Institute of Population Studies Islamabad Pakistan, January 2019. <https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

¹¹ Outlaws "unnatural offences", a charge often used against sexual and gender minorities and carries a penalty of a custodial sentence of between 2 years and life imprisonment.

¹² "Country progress report – Pakistan: Global AIDS Monitoring 2020" HIV AIDS Asia Pacific Research Statistical Data Information Resources AIDS Data Hub, 2021. https://www.unaids.org/sites/default/files/country/documents/PAK_2020_countryreport.pdf UNAIDS published a country progress report of Pakistan in terms of HIV and AIDS.

19. AIDS control programs in Pakistan should decentralise their system of HIV prevention and control to reach all young people across all key populations in all geographical locations of Pakistan.
20. Develop a comprehensive strategy for reducing new HIV infections by making strategic adjustments. It should counter the low prevention and testing program coverage among key populations by ensuring maximum community-based HIV Testing and Counselling (HTC) delivered in community settings and by community members.
21. National and provincial AIDS controlling authorities should modify the treatment delivery model to bring treatment closer to those that need it and remove the institutional and attitudinal barriers that make visiting a clinic so problematic for young PLHIV.
22. Counter the lack of comprehensive HIV education by including life-skilled based education programs for young people, to prevent new HIV infections amongst them.
23. Ensure and increase access to HIV prevention options for all young people.
24. Support PLHIV through already present social protection schemes and benefits.