



U.S. Agency for International Development

Bureau for Global Health

# COUNTRY PROFILE

HIV/AIDS

## PAKISTAN

Since 1987, the numbers of reported HIV infections and AIDS cases in Pakistan have risen steadily and affect all geographical regions of the country. The total number of reported cases, as of December 2002, was 1,998. However, the WHO/UNAIDS forecast model estimates a much higher number: between 70,000 and 80,000 people, or 0.1 percent of the adult population.

Heterosexual transmission (52.55 percent) and contaminated blood or blood products (11.73 percent) are the most commonly reported modes of transmission for HIV/AIDS in Pakistan. Other modes of transmission include injecting drug use (2.02 percent), male-to-male or bisexual relations (4.55 percent), and mother-to-child transmission (2.2 percent). Mode of transmission in 26.9 percent of the reported HIV/AIDS could not be established. The male-to-female ratio is 42:6 and 7:1 (per 100,000) in reported HIV-positive and AIDS cases, respectively. Limited available research indicates that HIV prevalence is 1 percent to 2 percent in vulnerable or high-risk populations such as female sex workers and long-distance truck drivers.

According to the WHO/UNAIDS definition, Pakistan is a low-prevalence but high-risk country for the spread of HIV infection. The epidemic stage can rapidly change, as has happened in other countries in the region, based on a number of vulnerabilities that also exist in Pakistan. They include: increasing levels of poverty combined with low levels of literacy, especially in women; low levels of condom use for disease prevention (despite the popular use of condoms for family planning); low levels of awareness among health workers; a large mobile population including refugees in border areas, internal

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	78,000
Total Population (2001)	144,971,000
Adult HIV Prevalence (end 2001)	0.1%
HIV-1 Seroprevalence in Urban Areas	
Population at High Risk (i.e., sex workers and clients, patients seeking treatment for a sexually transmitted infection, or others with known risk factors)	0.5%
Population at Low Risk (i.e., pregnant women, blood donors, or others with no known risk factors)	—

Sources: UNAIDS, U.S. Census Bureau

and external migrants, and long-distance truck drivers known to engage in sexual practices that put them at risk of contracting HIV and sexually transmitted infections (STIs); widespread indulgence in commercial sex with low levels of condom use; limited safety of blood transfusion; high prevalence of STIs with limited access to good-quality STI care; extensive use and reuse of syringes without sterilization, including an increasing rate of needle-sharing among injecting drug users; and a large proportion of young people with low levels of knowledge about HIV transmission and prevention.

Although the prevalence of HIV infection is low, Pakistan could face a rapidly escalating epidemic because of the presence of a variety of risk factors, such as the following:



Map of Pakistan: PCL Map Collection, University of Texas

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- An estimated 60,000 injecting drug users
- A commercial sex industry
- Inadequate blood transfusion screening and a high number of professional blood donors
- Large numbers of refugees and internal migrants who may be economically pressed into risky behaviors
- Unsafe medical injection and health care practices
- Low literacy
- Social and economic disadvantages, particularly for women and girls

Recently, the United Nations warned that Pakistan can avert a rapid HIV/AIDS epidemic, but that it needs “urgent, coordinated, and multisectoral action in order to maintain the seemingly limited presence of the virus.”

## **NATIONAL RESPONSE**

Pakistan established its National AIDS Control Programme in 1988, shortly after the first case of AIDS was diagnosed in Lahore. In 1999, the National AIDS Control Programme began working with UNAIDS to examine the prevalence and trends of HIV/AIDS; the vulnerabilities and patterns of behaviors that place people at risk for infection; and how groups, individuals, and institutions involved in fighting the epidemic had thus far responded to it. That examination resulted in a situation response analysis that formed the basis for a national HIV/AIDS strategic framework for the 2001–2006 period, and which sets out the strategies and priorities for controlling the epidemic.

In the next few years, one of Pakistan’s biggest challenges will be to transform the strategic plan into meaningful action. Among the difficulties will be finding ways to pay for HIV prevention and HIV/AIDS care-and-treatment programs; establishing effective partnerships and networks with donors and nongovernmental organizations; reducing the stigma associated with HIV/AIDS; safeguarding the rights of those already infected; and providing care and support to individuals, households, and communities affected by HIV/AIDS.

## **USAID SUPPORT**

The United States Agency for International Development (USAID) reopened its Mission in Islamabad in July 2002. USAID’s primary goals are to strengthen Pakistan’s ability to combat terrorism, and to encourage economic freedom, just governance, and investments in people. Through the latter, USAID is working to improve the health of women, children, and young people by addressing diarrheal diseases, measles, neonatal tetanus, and acute respiratory infections.

USAID activities to combat HIV/AIDS began in December 2003; the budget is \$900,000 annually, through September 2008.

### ***Prevention***

USAID is working to promote awareness of HIV/AIDS among adolescents and young people who practice risky behaviors, to educate them about risk factors, and to inform them about ways to avoid HIV infection. The information campaign will be accompanied by activities that encourage young people to change their behavior to reduce their risk of being infected.

USAID has asked Family Health International to carry out its activities through the IMPACT Project. Nearly 100 nongovernmental organizations are now involved in HIV/AIDS public awareness activities, and provision of care and support services to persons living with HIV/AIDS. USAID will ask these organizations to apply for grants, which they can then use to carry out expanded public information activities. The grants program will result in stronger local organizations that are better able to develop appropriate, targeted messages for their audiences.

### ***Monitoring and evaluation***

USAID supports efforts by Pakistan’s National AIDS Control Programme to monitor the status of the epidemic, promote its ability to perform surveillance activities, and measure the effect of prevention programs. The primary objective is to help Pakistan maintain its current low rate of HIV infections by assisting the government to conduct quality HIV/AIDS

management programs and to strengthen the quality-assurance skills of program staff. In addition, Family Health International will, on occasion, work with the National AIDS Control Programme to review training and infection-surveillance protocols.

## **FOR MORE INFORMATION**

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Websites: [http://www.usaid.gov/pk/program\\_sectors/health/projects/awareness\\_raising.shtml](http://www.usaid.gov/pk/program_sectors/health/projects/awareness_raising.shtml)

[http://www.usaid.gov/locations/asia\\_near\\_east/countries/pakistan/pakistan.html](http://www.usaid.gov/locations/asia_near_east/countries/pakistan/pakistan.html)

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*For more information, see [http://www.usaid.gov/our\\_work/global\\_health/aids](http://www.usaid.gov/our_work/global_health/aids) or <http://www.synergyaids.com>*

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