

Prevention And Treatment Of HIV/AIDS: A Survey Of Hospitals And NGOs In Pakistan

Humera Aziz

&

Shahida Sajjad

Department of Special Education
University of Karachi

Abstract

The study "Prevention and treatment of HIV/AIDS: A survey of hospitals and NGOs in Pakistan" was conducted to obtain insight about prevention of this disability & provision of treatment facilities provided by hospitals and NGOs for the persons having HIV / AIDS. In the subsequent study, the researcher gathered information from 35 hospitals and NGOs working for HIV / AIDS selected through convenience sampling method from selected cities of four provinces of Pakistan. For the purpose of data collection the researcher prepared structured questionnaire. Data was collected by direct contact method in Karachi city and by correspondence method from Hyderabad, Lahore, Rawalpindi / Islamabad, Peshawar, Faisalabad and Quetta cities of Pakistan. The results indicate that most of the hospitals & NGOs working for HIV/AIDS; were providing treatment, prevention & counseling services, were aware about guidelines provided by government as well as international health agencies i.e. WHO, UNICEF etc., were not providing medicines to the patients having HIV / AIDS and faced lack of funds regarding their treatment & prevention programs. The study recommended that Government should take initiative for setting up nationwide institutes for HIV/AIDS to deal with vital issues related to this disability. The expected institutes may be set up by the public private joint venture or by the Pakistani doctors serving out of the country.

تلخیص مقالہ

یہ تحقیق HIV/AIDS کی روک تھام اور عمومی علاج، پاکستان میں ہسپتالوں اور غیر سرکاری تنظیموں کا جائزہ لینے کے لئے کی گئی۔ تحقیق کا بنیادی مقصد یہ تھا کہ یہ معلوم کیا جاسکے کہ HIV/AIDS کی روک تھام اور اس کے علاج کے لئے ہسپتال اور غیر سرکاری تنظیمیں کیا کیا سہولیات فراہم کر رہے ہیں۔ اس تحقیق کے لئے ۵۳ ہسپتالوں اور غیر سرکاری تنظیموں سے معلومات حاصل کی گئیں۔ پاکستان کے چاروں صوبوں کے منتخب شہروں سے Convenient Sampling کے ذریعے ان ہسپتالوں اور غیر سرکاری تنظیموں کو منتخب کر کے سوائے مواد اکٹھا کیا گیا۔ محقق نے کراچی شہر کے منتخب اداروں سے خود رابطہ کر کے جبکہ دوسرے شہروں سے خط و کتابت کے ذریعے رابطہ کیا۔ تحقیق کے نتائج سے یہ پتہ چلتا ہے کہ HIV/AIDS کے لئے کام کرنے والے زیادہ تر ہسپتال اور غیر سرکاری تنظیمیں علاج معالجہ، احتیاطی تدابیر، صلاح و مشورے اور ادویات کی سہولیات فراہم کر رہے ہیں لیکن انہیں وسائل کی قلت کا سامنا ہے۔ ان اداروں کی اکثریت حکومت اور بین الاقوامی اداروں مثلاً UNICEF, WHO کی ہدایات سے آگاہ ہے۔ تحقیق کے آخر میں سفارش کی گئی ہے کہ حکومت ملکی سطح پر ایسے ادارے بنائے جہاں ان افراد کی اکثریت کو علاج معالجہ اور دیگر سہولیات حاصل ہو سکیں اور اس کے لئے ان پاکستانیوں سے مدد طلب کی جائے جو کہ پاکستان سے باہر دوسرے ملکوں میں اپنی خدمات فراہم کر رہے ہیں۔

Introduction

Handicap occurs when an individual encounters cultural, physical or social barriers preventing his/her access to systems available to other citizens. Thus, modification to an environment of a physical or social nature may reduce the handicap but not the disability. When look deeper to the roots of disability especially in the context of Pakistan, the major cause of disability appears to be the "poverty". Disability and poverty are linked together as the poverty increases the chance of having disability and with disability there is a great chance of increase in poverty. Several disabilities that do not occur frequently in the population, but can have a major impact on a person's functioning like HIV/AIDS. According to Human Development Report, Pakistan (2009), the serious risk factors that place the country in risk of facing a fast extend of HIV are extensive poverty, considerable power imbalances in men and women, work force immigration, deficiency of any system to confirm the HIV positive reported persons, unsystematic transfusion of unscreened blood, increasing figure of drug addicts and low condom use rates.

According to the private newspaper, The News and NACP NIH (Xinhuanet News. 2009), previously Pakistan was considered to be a low incidence country, but currently it is in the group of "Countries in Transition" with an intense endemic amongst high risk groups, where the AIDS crisis is rising since last five years. If accurate screening is carried out the figure of infected persons might be running in millions. Abrar, N. (2010) reported that curiosity on the subject of sex and drugs, pessimistic peer demands, and financial frustration in Pakistan is encouraging to the raise of HIV infection to immature people.

Objectives of the Study

- To find out the services provided by government, national and international agencies and NGOs in treatment and prevention of HIV/AIDS.
- To explore the facilities available for prevention and treatment of HIV/AIDS in Pakistan.
- To identify the problems faced by hospitals and NGOs in treatment and prevention of HIV/AIDS in Pakistan.

Hypothesis of the Study

- Majority of hospitals and NGOs working for HIV/AIDS are unaware about policies and guidelines provided by government and international agencies.
- Majority of hospitals and NGOs working for HIV/AIDS do not provide medicines to the patients of HIV/AIDS.

- Government is not promoting treatment/prevention program for HIV/AIDS.

Research Methodology

The present study was an exploratory research both qualitative and quantitative in nature. The sample consisted of thirty five hospitals and NGOs that are working for HIV/AIDS from four provinces of Pakistan selected through convenient sampling method. Out of these 35 hospitals and NGOs, the researcher selected eleven hospitals and NGOs from Sindh province, thirteen from Punjab province, four from KPK province and seven from Balochistan province.

The study was carried out with the help of structured questionnaire. The questionnaire was designed after the consultation of professionals working in the field of HIV/AIDS.

The investigator personally visited NGOs and hospitals of Karachi and interviewed the doctors and administrators of hospitals and NGOs of Karachi city. The responses were recorded in the questionnaire on the spot. In other selected cities of Punjab province, Sindh province, Khyber Pakhtun Khwah province and Baluchistan province a structured questionnaire was sent as a hard copy and as a soft copy via email. The responses were collected through email and postal service i.e. by correspondence method. The process of data collection took a period of almost one year. The data collected was recorded in writing and for the purpose of analysis it was recorded in the computer through SPSS. The responses were tabulated and converted into tabular form. Descriptive statistic techniques including percentage and chi square were applied for hypotheses testing.

Interpretation of Results

Table No 1
Fields in Which Currently Cater the Patients
Suffering from HIV/ AIDS

Description	Frequency	Percentage
Counseling	29	27
Screening	20	20
Monitoring	10	10
Treatment	19	18
Total	78	100

Table No. 1 provides information about fields in which currently cater the patients suffering from HIV AIDS. Results revealed that majority of hospitals and NGOs i.e. 27% provided the services of counseling and prevention, 20% provided screening services, 18%

provided treatment services whereas 10% provided monitoring services to patients with HIV/AIDS.

Table No. 2
Awareness about Guidelines Provided by Government
for Treatment of HIV/ AIDS

Description	Frequency	Percentage
Yes.	24	69
No.	01	02
To some extent	10	29
Total	35	100

Table No.2 provides information about awareness about guidelines provided by government for treatment of HIV/AIDS. Results revealed that majority of hospitals and NGOs i.e. 69% were aware about guidelines provided by government, 29% were aware to some extent while 2% were unaware about these guidelines provided by government for treatment of HIV/AIDS.

Table No. 3
Awareness about Policy of WHO Regarding HIV/AIDS In Pakistan

Description	Frequency	Percentage
Yes.	24	69
No.	03	08
To some extent	08	23
Total	35	100

Table No. 3 provides information about Awareness about Policy of WHO regarding HIV/AIDS. Results highlighted that majority of hospitals and NGOs i.e. 69% were aware about policy of WHO, 23% were aware to some extent whereas 8% were unaware about policy of WHO regarding HIV/AIDS.

Table No. 4
Provision of Medicines for Patient of HIV/AIDS

Description	Frequency	Percentage
Yes.	10	29
No.	14	40
To some extent	11	31
Total	35	100

Table No. 4 provides information about Provision of medicines for patient of HIV/AIDS. Results showed that majority of hospitals and NGOs i.e. 40% did not provide medicines,

31% provided medicines to some extent whereas 29% provided medicines for the patients of HIV/AIDS.

Table No. 5
Problems Regarding Prevention Program of HIV/AIDS

Description	Frequency	Percentage
Lack of medicine	11	16
Lack of experts	17	25
Lack of funds	26	38
Patient's non-cooperative behavior	06	09
Non-cooperative behavior of patient's family	05	07
All of them	04	06
Total	69	100

Table No. 5 provides information about problems regarding prevention program of HIV/AIDS. Respondents selected multiple answers for the question regarding prevention programs. Results showed that majority of hospitals and NGOs i.e. 38% faced lack of funds, 25% faced lack of experts, 16% faced lack of medicines, 9% faced non-cooperative behaviour of patients, 7% faced non-cooperative behaviour of patient's family while 6% faced all of the above problems regarding prevention program of HIV/AIDS.

Table No. 6
Problems Regarding Treatment Program of HIV/AIDS

Description	Frequency	Percentage
Lack of medicine	10	17
Lack of experts	15	25
Lack of funds	19	32
Patient's non-cooperative behavior	06	10
Non-cooperative behavior of patient's family	02	03
All of them	08	13
Total	60	100

Table No. 6 provides information about problems regarding treatment program of HIV/AIDS. Results revealed that majority of hospitals and NGOs i.e. 32% faced lack of funds, 25% faced lack of experts, 17% faced lack of medicines, 13% face all of the above problems, 10% faced patient's non-cooperative behaviour, whereas 3% faced non-cooperative behaviour of patient's family.

Table No.7
Role of Government in Promoting Prevention Program for HIV/AIDS

Description	Frequency	Percentage
Yes.	05	14
No.	08	23
To some extent	10	29
Do not know	12	34
Total	35	100

Table No. 7 provides information about the role of government in promoting prevention program for HIV/AIDS. Results showed that majority of professionals i.e. 34% did not know about the role of Government in this regard, 29% professionals agreed that government is promoting prevention program for HIV/AIDS to some extent, 23% professionals did not agree with this, whereas 14% professionals were agreed that government was not promoting prevention program for HIV/AIDS.

Discussion

The study was conducted to obtain insight about provision of facilities provided by hospitals & NGOs for the persons having HIV/AIDS regarding their prevention & treatment. The important aspects of the study are discussed below:

Services for Treatment and Prevention of HIV/AIDS

Our study reveals that majority of hospitals & NGOs working for HIV/AIDS were providing treatment, prevention & counselling services. Methods used by hospitals and NGOs for awareness about prevention of HIV/AIDS is through printed material, videos and public address system. Awareness about HIV/AIDS is highlighted by a research study conducted by Sheikh & Sheikh (2006) revealing that HIV is considered extremely shameful, particularly in the rural setting of Pakistan. Lack of awareness about HIV/AIDS can be reflected from a survey conducted among school teachers in the capital city, Islamabad where 60% of the teachers responded that “HIV was irrelevant in our cultural setting.” A Pakistani study by Hannan (n.d) reveals that in the absence of pharmacological, immunological and medical intervention, the change in behaviour and attitude of the public may only be considered a possible way for the prevention and cure for HIV/AIDS.

Regarding the treatment of HIV/AIDS, according to Fact sheet of WHO (July, 2012) antiretroviral therapy (ART) controls viral replication and allows an individual's immune system to make stronger and regain the power to fight off infections therefore people can

live longer with productive lives. More than 8 million people living with HIV in low- and middle-income countries were getting ART at the end of 2011.

Awareness about Guidelines Provided by Government and International Health Agencies for Treatment / Prevention of HIV/AIDS

Our study reveals that majority of the hospitals & NGOs working for HIV/AIDS had awareness about guidelines provided by government as well as international health agencies i.e. WHO, UNICEF etc. As a co-sponsor of the Joint United Nations Program on AIDS (UNAIDS), WHO takes the lead on the priority areas of HIV treatment and care.

WHO's core activities on HIV also include to improve the accessibility and quality of HIV related medicines and diagnostics tools, setting norms and values for scaling up HIV prevention, diagnosis, treatment, care and support services, monitoring and promoting health-sector progress towards achieving worldwide access to HIV services and facilitating stability and alliance among associates to attain the HIV related Millennium Development Goals and the targets set out in the *Global health sector strategy on HIV/AIDS, 2011--2015*.

The Government of Pakistan regarding the response to the HIV epidemic is working through National AIDS Control Program (under the control of Ministry of Health), the Provincial AIDS Control Programs, National and Provincial Consortia of NGOs and Civil Society, bilateral and multilateral donors and the UN System. The Government of Pakistan is nevertheless the major shareholder in all investments prepared for HIV prevention, care and support for both vulnerable populations as well as general population.

Provision of Medicines for HIV/AIDS

Results revealed that majority of the hospitals & NGOs working for HIV/AIDS did not provide medicines to the patients having HIV/AIDS due to deficiency in funds and lack of medicines. It is observed that in Pakistan most of the NGOs are run on the assistance of generous people and they don't have sufficient financial resources to provide medicines to the patients having HIV/AIDS. Some NGOs provide medicines only to the deprived patients because the medicines are very expensive and deprived patients don't have the option to spend their money on medicines or the essential requirements of life so they close the eyes to their own health problem. Julian Reinhard (2004) discussed the situation of developing countries that the vast majority of persons having HIV/AIDS has inadequate resources and has to give out money for the treatment at his own and because governments and NGOs would like to take care of people living with HIV/AIDS have also restricted resources so they need medicines at the most reasonable prices to scaling

up treatment for the maximum persons having HIV/AIDS. The researcher further mentioned that in developing countries, only 300 000 people received treatment of HIV/AIDS, whereas nearly 6 million did not received the treatment at all, so lesser prices for ARVs means more patient's access to treatment.

Problems regarding Prevention / Treatment Programs of HIV/AIDS

Results reveal that majority of the hospitals & NGOs working for HIV/AIDS faced lack of funds regarding their treatment & prevention programs. Main focus of prevention program of HIV/AIDS is on sex education, safe blood transfusions, and safe needles/injections.

Main sufferers of HIV/AIDS are highlighted by a behavioral and mapping study in three big cities of Pakistan found a commercial sex worker population of 200,000 with partial knowledge of protected sexual practices and frequently they are incapable to talk about safe sex or search the medical treatment for sexually transmitted infections (WORLD BANK, 2012).

Another cause which increases the probability of HIV/AIDS in Pakistan is unsafe transfusion of blood and in this regard the report of World Bank (2006) stated that 40 percent of the 1.5 million annual blood transfusions in Pakistan are not screened for HIV. In 1998, the AIDS Surveillance Center in Karachi conducted a research study of professional blood donors- in general they are very deprived and habitual drug users, who sale their blood for money. The study also highlighted that among them 20 percent were infected with Hepatitis C, 10 percent with Hepatitis B, and one percent with HIV. Professional donors are contributed for about 20 percent of the transfused blood. Another report of UNDP by Ashutosh Saxena (2004) supported this situation that, majority of the private and public hospitals in Pakistan blood screening for HIV and other infections is not done, even though the screening kits for HIV and HBV are provided by AIDS Control Program to all government hospitals at regional level, but the contemporary condition is not satisfactory. In addition, continuous practice of purchase and sale of blood is seen in majority of big hospitals. Most professional blood donors are drug users and almost every week they exchanged their blood with money. World Bank (2006) also estimated that the rate of medical injections is very high in Pakistan - around 04.5 per capita per year and 94 percent injections are applied by used equipment and used injections are insecure and are cause of 62 percent Hepatitis B, 84 percent Hepatitis C, and 3 percent new HIV cases.

Worldwide situation of blood transfusion is that, 92 million units of blood are donated every year, both in high-income and low- and middle-income countries. (WHO/UNAIDS/UNICEF, 2011). In 2007, forty one countries have limited resources for

screening (TTIs) transfusion-transmissible infections (WHO, 2009). UNAIDS statistics illustrate that in once a year only half of Pakistan's 1.5 million bags of transfused blood are screened (UNGASS, 2010) and the cause of 19 percent of new HIV infections in Pakistan are unsafe blood. (Pakistan Red Crescent Society, PRCS HIV/AIDS Strategic Plan 2005 - 2009, IRIN, 2008). Majority of professionals working for HIV/AIDS were not sure whether government is promoting treatment /prevention program of HIV/AIDS or not.

Recommendations

In the light of this study conducted, the following recommendations are given below:

Although the existing HIV levels are low in Pakistan but need to develop an action plan to avoid a much improved epidemic in future.

- Persons with HIV/AIDS and their families need moral, psychological, financial and health support from the society and Government.
- People living with HIV/AIDS need to have all required information for the betterment of their lives.
- Health service policies need to be developed for the persons with HIV/AIDS.
- There is a need to develop plans for the provision of the same standard of care and service for all the patients irrespective of their HIV status.
- There should be a comprehensive policy of HIV/AIDS patients to continue with their jobs.
- There is a need to raise the accessibility of special AIDS care clinics for HIV positive persons with well-resourced and experienced professionals who should be specifically skilled to take care of such patients.
- Maternal and family counseling services for the betterment of HIV positive persons need to be established
- Drugs at affordable prices should be available to persons with HIV/AIDS.
- There is a need to create awareness among the people in society regarding HIV (AIDS).
- For clear understanding of HIV/AIDS media should play key role to lessen stigmatization and bias against persons having HIV/AIDS.

References

- Abrar N. (2010) AIDS/ HIV Knowledge, Attitude and beliefs of Adolescents of *European Journal of Social Sciences*.1 Agha Khan University (1997)
- Agha S. (2000 Oct 20), Potential for HIV transmission among truck drivers in Pakistan. *Aids* 14(15):2404-6.
- Ahmed T. (2010), World Bank discontinues aid for AIDS. *The Express Tribune*.
- Anja, M. Hauri et al. (2004) 'The global burden of disease attributable to contaminated injections given in health care settings', *Int J STD AIDS* 15(1)
- Ashutosh Saxena, (2004), VULNERABILITY ASSESSMENT OF HIV/AIDS WITHIN TRADE UNIONS SARDI/UNDP Innovative Partnerships Reducing Migrant Workers Vulnerability to HIV/AIDS IN SOUTH ASIA
- Greener R (2002). "AIDS and macroeconomic impact". In S, Forsyth (Ed.). *State of The Art: AIDS and Economics*. IAEN.
- Hannan, M.(n.d), Prevention campaigns: a critical analysis: *Canadian journal of media studies*.5(1)www.cjms.fims.uwo.ca/issues/05
- Hanif M. (1993), No safer sex for Pakistan's gays. In *World AIDS*. London: Panos Institute; Vol II
- Human Development Report, Pakistan, (2009)
- Hyder A.A, Khan OA. (1998)HIV/AIDS in Pakistan: the context and magnitude of an emerging threat. *J Epidemiol Community Health*. 52:579–585. Doi
- IRIN (2008, 13th March) 'Pakistan: Unsafe blood transfusions pose HIV, hepatitis risk'
- Julian Reinhard (2004) Antiretroviral medicines as core of HIV/AIDS treatment. *Medicicus Mundi Schweiz*, Murbacherstrasse.
- Kellerman, S.; Essajee, S. (2010 Jul 20).” HIV testing for children resource-limited seting: what are we waiting for?” *PLOS medicine* 7 (7): e 1000285. doi: 10.1371/journal.pmed.1000285. PMC 2907270
- Khan OA, Hyder AA (1998) HIV/AIDS among men who have sex with men in Pakistan. *Sex Health Exch*, 5(2)

Mishra, V et al (2008, October) 'Medical injection use and HIV in sub-Saharan Africa', USAID DHS Comparative reports 21

Over M (1992) (PDF). The macroeconomic impact of AIDS in Sub-Saharan Africa, Population and Human Resources Department. The World Bank. Archived from the original on May 27, 2008. Retrieved May 3, 2008

Pakistan Red Crescent Society 'PRCS HIV / AIDS Strategic Plan 2005 - 2009

Patton J et al. (2007, Feb) Evaluation of Dried Whole Blood Spots Obtained by Heel or Finger Stick as an Alternative to Venous Blood for Diagnosis of Human Immunodeficiency Virus Type 1 Infection in Vertically Exposed Infants in The Routine Diagnostics Laboratory. *Clinical and Vaccine Immunology*, Vol. 14, No. 2.)

Policies and Guidelines: (2006). (Report) Washington D.C.: The World Bank.

Sheikh AA & Shaikh SA(2006) High Frequency of False Positive Results in HIV Screening in Blood Banks (Research paper) *Journal of the Pakistan Medical Association* (Centre) Karachi PMA House Vol 56(1)

Simonsen L, et. al (1999) 'In Focus: Unsafe injections in the developing world and transmission of blood borne pathogens: a review' *Bulletin of WHO* 77(10)

The National HIV/AIDS Strategic Frame Work. [http://un.org.pk/unaid/documents/National%20HIVAIDS%20Strategic%20Framework%20\(2001-06\).pdf](http://un.org.pk/unaid/documents/National%20HIVAIDS%20Strategic%20Framework%20(2001-06).pdf)

UNGASS PAKISTAN REPORT. (2007) Progress Report on the Declaration of Commitment on HIV/AIDS For United Nations General Assembly Special Session on HIV/AIDS. Prepared by, National AIDS Control Program, Ministry of Health, Government of Pakistan Islamabad

UNICEF, UNAIDS, WHO, (2008) Towards Universal Access: Scaling up HIV services for women and children in the Health sector – (Progress Report), New York: UNICEF.

United Nation Statement on HIV in Pakistan. http://aidsdatahub.org/en/pakistan-reference-materials/doc_download/2596-united-nations-statement-on-hivaids-in-pakistan

USAID HIV/AIDS Health Profile Pakistan. http://www.usaid.gov/our_work/global_health/aids/Countries/asia/pakistan_profile.pdf

Vogel, M; Schwarze-Zander, C; Wasmuth, JC; Spengler, U; Sauerbruch, T; Rockstroh, JK (2010 Jul). "The treatment of patients with HIV". *Deutsches Ärzteblatt international* 107 (28–29): 507–15; quiz 516.

WHO. HIV/AIDS Fact Sheet N° 360 (July 2012)

WHO/UNAIDS/UNICEF (2011) , 'Global HIV/AIDS , Response: Epidemic update and health sector progress towards Universal Access 2011

World Bank HIV/AIDS in Pakistan (July 10, 2012) www.worldbank.org/en/news/2012/07/10/HIV-aids-pakistan

Xinhua. (2009) AIDS spreads fast in Pakistan: report. Xinhuanet News. http://news.xinhuanet.com/english/2009-12/01/content_12570576.htm

Dr. Humera Aziz is Lecturer in the Department of Special Education, University of Karachi.

Prof. Dr. Shahida Sajjad is currently working as a Dean Faculty of Education and Chairperson, Department of Special Education, University of Karachi.