

# Post-IAS 2023 scientific symposium and workshop

2 – 3 May 2024, Islamabad, Pakistan

## “HIV science and community: Progress and challenges in Pakistan”

### Report

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*This report was developed in collaboration with Nai Zindagi and Aga Khan University. The opinions expressed in this report do not necessarily reflect the official position of IAS – the International AIDS Society.*

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The Educational Fund of IAS – the International AIDS Society – organized a scientific symposium and workshop in partnership with Nai Zindagi and Aga Khan University in Islamabad, Pakistan, on 2 and 3 May 2024. Titled **“HIV science and community: Progress and challenges in Pakistan”**, the convening provided a platform for a comprehensive overview of the progress made in HIV science and community initiatives in Pakistan while identifying the persistent challenges that hinder effective prevention, treatment and care.

The symposium and workshop facilitated collaboration and knowledge exchange among researchers, healthcare professionals, policy makers, community leaders, representatives from provincial and national governments, UN partners (WHO, UNAIDS, UNDP) and representatives of civil society organizations and community-based organizations (CBOs). The goal was to collectively address some of the challenges associated with HIV prevention, treatment and care in Pakistan.

The themed sessions featured presentations and reflections on best practices and challenges, and

identified key priorities and actionable recommendations for policy makers, healthcare providers and community stakeholders to strengthen the HIV response.

The four key thematic areas explored on the first day were: strengthening the accessibility and acceptability of PrEP; latest treatment access and rollout; co-infections; and harm reduction services for key populations. Each session included presentations from key stakeholders, followed by a moderated panel discussion that explored different aspects and perspectives of the subject in question.

The second day was designed to include group discussions and the development of concrete recommendations based on the information presented on the first day for each thematic area.

The symposium programme, slides and recordings are available on [IAS digital platforms](#). The full group work recommendations are available in Annex 1 of this report.

## Session 1: Strengthening accessibility and acceptability of PrEP

The objective of this session was to discuss the uptake of pre-exposure prophylaxis (PrEP) and its effectiveness in preventing HIV transmission. The main topics included strategies to address misconceptions and stigma surrounding PrEP through informative materials and community engagement, as well as the initiation of community-based PrEP programmes that offer support services, counselling and linkage to care. The panel discussion highlighted and discussed how to address fundamental obstacles to PrEP access and adherence, including stigma, discrimination and social exclusion.

### Key points:

- Low HIV seroconversion rates demonstrate the effectiveness of PrEP programmes.
- PrEP programmes led to positive behavioural changes, such as increased consistent condom use, which resulted in a lower prevalence of syphilis in monogamous relationships.
- High retention rates showcased strong adherence and commitment to the programme.
- There is a need for strong collaboration with the community.
- Effective counselling to reduce vulnerability to acquiring HIV should be enhanced.
- The session highlighted increased acceptability of PrEP services.
- Participants discussed screening clients who are HIV negative but have STIs to identify and treat asymptomatic infections early.

### How can Pakistan address different modalities for PrEP to make it accessible and acceptable for various key populations?

- The national government should implement a policy about the dispensing of PrEP in Pakistan, and provincial governments should formulate structured frameworks to address the needs of key populations according to their dynamics by the end of 2024.
- Training and education should be provided to all ART physicians and CBO staff on raising awareness about PrEP among key populations, followed by biannual refreshers.
- PrEP should be available at CBOs, continuum of prevention and care sites and antiretroviral therapy (ART) centres.
- Structured monitoring and audits of PrEP dispensing bodies should be implemented.
- Digital platforms, including apps and social media, should be used to increase the use of PrEP among key populations.

### How can we strengthen the role of CBOs and support CBOs to prevent HIV acquisition and to reduce HIV transmission?



- Conduct a federal and provincial needs assessment for updates required for the national guidelines for infection and prevention control (IPC) at CBO level.
- Review, update and disseminate national guidelines for IPC with active participation and leadership of key populations and key stakeholders.
- Build capacity among CBOs and key stakeholders to prevent HIV acquisitions and co-infections and transmission.
- Develop an awareness and advocacy campaign for multisector stakeholders (community, policy makers) around stigma reduction to create an enabling environment.
- Develop a national AIDS society to organize and strategically mobilize CBOs in the country to comprehensively respond to the evolving needs of the community in relation to HIV prevention.

## Session 2: Latest treatment access and rollout

The speakers presented and reviewed the latest advancements in HIV treatment options and discussed strategies for the effective rollout and accessibility of these treatments to all individuals living with HIV in Pakistan, focusing on marginalized communities.

### Key points:

- Needs-based differentiated services should be employed in all high-disease-burden districts across Pakistan.
- The requirement for a Computerized National Identity Card (CNIC) for client registration should be removed, recognizing that the majority of people who inject drugs do not possess a CNIC. Denying life-saving treatment on this basis violates the constitutional human right to access health services.
- Differentiated service delivery mechanisms should be used for ARV refills for other people living with HIV to save them from long-distance travel to ART centres.
- Data should be reconciled jointly (between ART clinics and referring organizations) on a regular basis to identify gaps and strategize to address those gaps promptly.
- Committed, informed and resourceful leadership is crucial in creating a supportive environment for implementing effective programmes and policies for prevention of vertical transmission and ensuring accountability for results.
- It is imperative to integrate HIV treatment services with a special focus on collecting case management data to inform decision making for the programme.
- Established programmes for prevention of vertical transmission and paediatric ART centres should be strengthened.
- A person-centric approach should be used to improve ART adherence.

**What steps should be put in place to ensure that the newest HIV treatments are acquired, accessed and rolled out efficiently in Pakistan?**

- By August 2024, the establishment of a “treatment working group” for HIV injectable treatments should be officially notified by the Central Management Unit (CMU), through issuance of an official letter, from available administrative resources.
- By June 2025, the acceptance assessment and modelling for prioritization along with a pre-treatment drug resistance survey will be conducted by Aga Khan University through implementation of a funded proposal using financial resources from WHO and UNAIDS grant allocations.
- Starting in January 2025 and ongoing, quarterly meetings to lead on policy matters for the acquisition of HIV injectable treatments will be conducted by the CMU through virtual and in-person meetings with stakeholders from available administrative resources.
- By December 2025, national clinical guidelines and standard operating procedures (SOPs) for injectable HIV treatment will be developed through a consultative process by the treatment working group from available administrative resources.
- By the first quarter of 2026, training of master trainers on injectable HIV treatment will be rolled out by WHO and Aga Khan University through the implementation of a specific training plan advised by the working group using financial resources from WHO and UNAIDS funding.

### **Session 3: Address co-infections according to latest guidelines**

This session provided an opportunity to review the latest guidelines and recommendations for managing co-infections among individuals living with HIV, with a focus on hepatitis. The discussion centred on how these guidelines can be effectively implemented in the Pakistani healthcare system.

#### **Key points:**

- All people living with HIV should be screened for HCV.
- ART should be initiated in all people with HIV/HCV co-infection regardless of CD4 cell count.
- Policies and procedures should be simplified to the optimal level to increase access to treatment and ensure desired retention.
- Mobile rollout strategies should be adopted to determine PCR diagnostic eligibility for treatment.
- All communicable diseases, including HIV, HBV, HCV, TB and STIs, should be managed through a one-stop approach to provide a comprehensive case management model for Pakistan.
- Eliminating multiple diseases requires an integrated management approach at the primary care level, which involves the three “Ps”: political support, workable policy, and participation.
- Community participation and engagement are essential to increase service utilization by clients.

#### **How can Pakistan strengthen care services to prevent future co-infections and strengthen care for clients with co-infections?**

- Integrate co-infection (diagnostic and management aspects of hepatitis B and C and TB) into ART centres.
- Ensure availability of screening, diagnostic and treatment for STIs (syphilis, gonorrhoea and chlamydia).
- Provide training for physicians working in ART centres on treatment of co-infections.
- Development of training modules on co-infections.
- Strengthen HPV and HBV vaccines, screening and treatment for key populations.
- Introduce an awareness programme for general practitioners at the primary healthcare level regarding early co-infection diagnosis through webinars and training workshops.

## Session 4: Strengthen harm reduction services

The session explored ways to strengthen harm reduction services tailored to the specific needs of key populations. This included needle exchange programmes, opioid agonist therapy and access to sterile injecting equipment, all aimed at reducing the likelihood of HIV transmission among these groups.

### Key points:

- There is a need for advocacy, awareness and sensitization of various sections of society about harm reduction programming.
- Increase government oversight, monitoring and regular evaluation of harm reduction programmes to tailor them to the needs and requirements of key populations, review their impact and redesign for better outcomes.
- Adopt high-impact interventions, including:
  - PrEP
  - Opioid agonist maintenance treatment (OAMT)
  - HIV self-testing
- Strengthen the management of HIV co-infections.
- Implement evidence-based HIV combination prevention programmes and adapt contextually appropriate, tailored, community-friendly and key population-friendly differentiated HIV testing, treatment, care and support models.
- Promote community-based and community-led programming.
- Create enabling environments that safeguard gender and human rights, mitigate stigma and discrimination, ensure social protection and manage HIV in crises.
- Provide services to other vulnerable populations in special settings, such as prisons.
- Implement a large-scale and low-threshold rollout of OAMT for people who inject drugs as soon as possible.
- Deliver differentiated ART services to doorsteps to improve ART adherence and treatment efficacy.
- Introduce long-acting injectable ARVs.
- Scale up treatment for HCV.
- Enact laws and legislation to protect the constitutional right to life for people who inject drugs and their partners.

### How can Pakistan implement user-friendly models for optimal utilization of opioid-assisted maintenance treatment?

- Develop ethical guidelines to ensure client dignity and respect, to establish quality services at the OAMT centre.
- Use existing outreach for advocacy, motivation and mobilization of people who use drugs from hotspots (places where drugs are used) to the OAMT centre.
- Provide transportation and refreshments to clients registered with OAMT services.
- Initiate OAMT services using a static model approach in the beginning; clients may be transferred to a nearby facility upon stabilization of a dose for continuation of long-term OAMT services.
- The government should issue a registration card to clients for social and legal support, subject to approval by a competent authority.



**How can we strengthen harm reduction services by integrating community-led best practices?**

- Ensure the sustainability of in-person services and upgrade digital and remote services (including behaviour change communication awareness, mental health services and referral networks) through the development of digital applications.
- Take on board the existing needle syringe exchange services to address chemsex.
- Use a direct approach mechanism for rehab referral to address chemsex.
- Create or develop peer-led support groups and counselling services.
- Develop a SMART advocacy and action plan framework focused on policy reforms, along with effective resource mobilization and allocation.



## Annex 1 Recommendations from workshop on 3 May 2024

Question 1: How can Pakistan address different modalities for PrEP to make it accessible and acceptable for various key populations?

N°	Recommendations	Timeline	Stakeholders responsible for implementation	How? (first steps towards implementation)	Financing (funders/implementation partners)
1	Implement a policy to regulate the dispensing of PrEP nationwide. Concurrently, each provincial government will develop a tailored framework within six months to effectively address the needs of key populations, aligning with their unique dynamics and circumstances.	By December 2024	Government (Ministry of Health), WHO, UNDP, UNAIDS	Consultations among all stakeholders, including DRAP	Government (Ministry of Health), UN agencies (UNDP, UNAIDS, WHO)
2	Offer training and education for all ART physicians and CBO staff to conduct awareness sessions on PrEP among key populations. Follow this with biannual refresher courses to ensure sustained knowledge and competency.	By December 2024 and then biannual	Government (Health Department), ART centres, CBOs	Training of trainers, community outreach programmes, community awareness sessions	Donor agencies (Global Fund, UNDP, UNAIDS, WHO)
3	Initiate the process of availability of PrEP at community-based organizations, continuum of prevention and care sites, and ART centres to enhance accessibility and coverage.	By December 2024	Government (Ministry of Health), UNAIDS, UNDP, Global Fund	Proper monitoring and accountability to improve services	Government (Ministry of Health), UNAIDS, UNDP, Global Fund
4	Implement structured monitoring and audits of PrEP dispensing bodies to ensure compliance and efficacy.	By June 2025	Federal and Provincial Health Department, UNDP	Through the development of the centralized monitoring tools	Government, UN agencies
5	Digital platforms, including apps and social media, should be used to increase the use of PrEP among key populations.	June 2024-June 2025	UNDP, Health Ministries	Communication and collaboration with social media platforms	UNDP, Global Fund



**Question 2: How can we strengthen the role of CBOs and support CBOs to prevent HIV acquisition and to reduce HIV transmission?**

N°	Recommendations	Timeline	Stakeholders responsible for implementation	How? (first steps towards implementation)	Financing (funders/implementation partners)
1	Perform a comprehensive federal and provincial needs assessment to identify necessary updates for the national guidelines on infection prevention and control at the CBO level.	January 2025-June 2025	CBOs, UNDP, AKU, PK, government	A qualitative and quantitative field survey / TA	UNDP, government
2	Review, update and disseminate national guidelines for infection prevention and control with the active participation and leadership of key populations and key stakeholders.	July 2025-December 2025	CBOs, UNDP, AKU, PK, government	Consultative workshops / TA	UNDP, WHO, government
3	Run capacity-building trainings for CBOs and key stakeholders to prevent HIV acquisition and to reduce HIV transmission.	January 2026-June 2026	CBOs, UNDP, AKU, PK, government	Capacity-building workshops at provincial and district levels, needs assessment	Global Fund, WHO
4	Develop an awareness and advocacy campaign for multisector stakeholders (community, policy makers), i.e., for stigma reduction, to create an enabling environment.	January 2026-December 2026	CBOs, UNDP	Advocacy meetings and workshops at national, provincial and district levels	CBOs, UNDP, AKU
5	Establish a national AIDS society network aimed at organizing and strategically mobilizing CBOs nationwide with the objective to effectively address evolving community needs in relation to HIV prevention through comprehensive response strategies.	By March 2025	UNDP, CBOs, CSO activists, government, other interested stakeholders	Connect with the Malaysian AIDS Foundation to understand infrastructure and operations of a national AIDS society	UNDP, Global Fund





**Question 3: What steps should be put in place to ensure that the latest and new HIV treatments are acquired, accessed and rolled out efficiently in Pakistan?**

N°	Recommendations	Timeline	Stakeholders responsible for implementation	How? (first steps towards implementation)	Financing (funders/implementation partners)	Means of verification
1	Establish a treatment working group for HIV injectable treatments, which will be officially notified by the Central Management Unit (CMU) through issuance of an official letter from available administrative resources.	By August 2024	CMU	Official notification	NA	Official notification
2	Acceptance assessment and modelling for prioritization along with a pre-treatment drug resistance survey will be conducted by Aga Khan University through implementation of a funded proposal using financial resources from WHO and UNAIDS grant allocations.	By June 2025	Aga Khan University	Through implementation of a funded proposal	WHO, UNAIDS	Report available
3	Hold quarterly meetings to lead on policy matters for the acquisition of HIV injectable treatments.	Ongoing from January 2025	CMU	Virtual and in-person meetings of local stakeholders at CMU office	NA	MoM & action plans
4	Develop national clinical guidelines and SOPs for injectable HIV treatment.	By December 2025	Working group notified by CMU	Through regular meetings and consultations; virtual and in-person meetings at CMU office	NA	Guidelines availability
5	Roll out training of master trainers on injectable HIV treatment.	By Q1 2026	WHO and Aga Khan University	With training plan advised by working group	WHO, UNAIDS	Training plan for master trainers



#### Question 4: How can Pakistan strengthen care services to prevent future co-infections and strengthen care for clients with co-infections?

N°	Recommendations	Timeline	Stakeholders responsible for implementation	How? (first steps towards implementation)	Financing (funders/implementation partners)
1	Conduct a feasibility assessment for implementation of an integrated approach for management of co-infections, encompassing diagnostic and treatment aspects of hepatitis B, hepatitis C and tuberculosis services through ART centres.	June 2024-December 2024	Provincial government	Feasibility assessment	Provincial government with partners, WHO
2	Ensure the availability of screening, diagnostic and treatment services for STIs (syphilis, gonorrhoea, chlamydia) at ART centres to enhance accessibility and comprehensive healthcare provision.	June 2024-December 2024	Government with implementing partners	Strengthening of labs Provision of medicines	Provincial government with partners
3	Develop and implement tailored training modules for physicians working in ART centres to effectively diagnose and treat co-infections, thereby enhancing the quality of comprehensive care provided to clients.	June 2024-December 2024	Government with implementing partners	Train the physician	UNDP, WHO, UNICEF
4	Ensure the provision of human papillomavirus (HPV) and hepatitis B vaccines, as well as screening and treatment services, specifically tailored to the needs of key populations, to enhance preventive healthcare measures and overall health outcomes	June 2024-December 2024	Government with partners	Pilot project and availability of vaccines	Global Fund
5	Conduct a comprehensive awareness programme targeting general practitioners at primary healthcare centres, utilizing webinars and training workshops, to enhance early diagnosis of co-infections and improve healthcare delivery in the community.	June 2024-December 2024	Government with partners	Trainings by ART physicians	UNDP, WHO

#### Question 5: How can Pakistan implement user-friendly models for the optimal utilization of opioid agonist maintenance treatment?



## Question 6: How can we strengthen harm reduction services by integrating community-led best practices? (Strengthening Harm Reduction Services)

N°	Recommendations	Timeline	Stakeholders responsible for implementation	How? (first steps towards implementation)	Financing (funders/implementation partners)
1	Develop and implement ethical guidelines aimed at preserving client dignity and respect in opioid agonist maintenance treatment (OAMT) centres, thereby establishing high-quality service standards.	Before initiation of OAMT services	Nai Zindagi, UNDP, CMU-PACPs, WHO, UNAIDS, UNODC	Stakeholders' meeting, ToRs	Global Fund, government
2	Optimize existing outreach services to facilitate advocacy, motivation and mobilization of people who use drugs, transitioning them from their current locations to OAMT centres.	In first quarter from the beginning of OAMT rollout	Nai Zindagi	Awareness session and motivational counselling	Global Fund
3	Implement transportation and refreshment services for clients registered with OAMT services to enhance accessibility and support retention in treatment programmes.	In first quarter from the beginning of OAMT rollout	Global Fund, Nai Zindagi	Stakeholders' meeting, ToRs	Global Fund
4	Initiate OAMT services at static facilities, transitioning adherent people to nearby satellite facilities for long-term continuation of treatment, thereby optimizing accessibility and sustainability of care.	Second quarter from the beginning of OAMT services	PACPs, ANF, CMU	Broad discussion with ANF, CMU, PACPs	Global Fund, CMU, PACPs
5	Implement a system wherein the government issues registration cards to clients for accessing social and legal support, contingent upon approval by the competent authority, ensuring efficient administration and accountability.	Second quarter from the beginning of OAMT services	Government, PACP	Certificate, card	Provincial government



N°	Recommendations	Timeline	Stakeholders responsible for implementation	How? (first steps towards implementation)	Financing (funders/implementation partners)
1	Enhance sustainability by maintaining in-person services while upgrading digital and remote platforms with incorporation of behaviour change interventions to reduce harm associated with oral use, increasing awareness, providing mental health services, and facilitating referrals through the development of a digital application or platform.	December 2024-December 2026	CBOs, UNDP	Launch and conduct review after every one year for update and improvements	Global Fund, UNDP, government (sustainable approach)
2	Integrate existing needle syringe exchange services to effectively address needs related to chemsex, optimizing resource utilization and expanding support for vulnerable populations.	From December 2024, continued	Nai Zindagi and CBOs, Health Ministry, primary and secondary health departments	Data analysis to determine the number of individuals in need for these services	Global Fund, government (Health Ministry, planning and development department) UNDP, Nai Zindagi
3	Implement a direct approach mechanism for rehab referrals to effectively address chemsex, ensuring timely access to appropriate support services for individuals in need.	From December 2024, continued	CBOs, UNDP, anti-narcotics force, ANF department, NGOs	Review of ANF policy on model for treatment of substance use disorders and rehabilitation centres, mapping, MOUs or contract	Global Fund, WHO, government (ANF, Health Ministry), UNDP, UNICEF, UNFPA, UNESCO
4	Create or develop peer-led support groups and counselling services.	October 24-March 2025	UN partners, CBO, CMU, PACP, SACP	Develop TORs, initiate support group, conduct regular evaluation	Global Fund, CMU, PACP, SACP, UNDP, UNAIDS
5	Develop a SMART advocacy and action plan framework focused on policy reforms, along with effective resource mobilization and allocation.	October 2024-August 2025	CBOs, UNDP, UNAIDS	Desk review or audit analysis, advocacy strategy, framework, quarterly progress review	UNDP, UNAIDS, Health Ministry, Human Rights Ministry, Global Fund