National Youth Shadow Report

Progress Made on the UNGASS Declaration of Commitment on HIV/AIDS

PAKISTAN

GYCA
global youth coalition on hiv/aids

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The Global Youth Coalition on HIV/AIDS (GYCA) is a youth-led, UNAIDS and UNFPA-supported alliance of 1,600 youth leaders and adult allies working on HIV/AIDS worldwide. The Coalition, based at a North Secretariat in New York City and a South Secretariat in Port Harcourt, Nigeria, prioritizes capacity building and technical assistance, networking and sharing of best practices, advocacy training, and preparation for international conferences.

GYCA aims to empower youth with the skills, knowledge, resources, opportunities, and credibility they need to scale up HIV/AIDS interventions for young people, who make up over 50% of the 5 million people infected with HIV each year. Our members are working at the local, national, regional, and international levels to ensure that young people are actively involved in policies and programmes to halt the spread of the deadly pandemic.

For more information about GYCA or to join, please visit www.youthaidscoalition.org or write to info@youthaidscoalition.org.

The views and findings in this report are those of the author alone.

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Regards,
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About the Author

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Preface[1]

On 25–27 June 2001, heads of State and government representatives met for the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), which resulted in the issuance of the Declaration of Commitment on HIV/AIDS (DoC). The DoC outlines what governments have pledged to achieve– through international, regional and country-level partnerships and with the support of civil society– to halt and begin to reverse the spread of the HIV/AIDS pandemic. The DoC is not a legally binding document; however, it is a clear statement by governments concerning what should be done to fight the spread of HIV/AIDS and what countries have committed to doing, with specific time-bound targets[2].

The DoC is unique because it recognized the **specific vulnerability of young people** to HIV and AIDS and established time-bound targets for action:

- (Paragraph 37) By 2003, ensure the development and implementation of multi-sectoral national strategies and financing plans for combating HIV/AIDS that (…) involve partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people (…)

- (Paragraph 47) By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal: to reduce, by, 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent.
    - To reduce, by 2010, HIV prevalence among young men and women aged 15-24 globally.
    - To intensify efforts to achieve these targets as well as to challenge gender stereotypes, attitudes, and inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys.

- (Paragraph 53) By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV/AIDS education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers.

- (Paragraph 63) By 2003, develop and/or strengthen strategies, policies and programmes:
    - Which recognize the importance of the family in reducing vulnerability, in educating and guiding children and take account of cultural, religious and ethical factors,
    - To reduce the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV/AIDS in curricula for adolescents;
    - Ensuring safe and secure environments, especially for young girls;
    - Expanding good-quality, youth-friendly information and sexual health education and counseling services;
    - Strengthening reproductive and sexual health programmes; and
    - Involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible.

[1] Adapted from the Global Youth Coalition on HIV/AIDS and Global Youth Partners, "Our Voice, Our Future: Young People Report on Progress Made on the UNGASS Declaration of Commitment on HIV/AIDS." UNFPA, 2004. http://www.youthaidscoalition.org/resources.html

[2] DoC on HIV/AIDS. Resolution adopted by the UN General Assembly, A/RES/S-26/2. August 2001

As part of the monitoring process of the DoC, progress made towards attaining the targets will be reviewed at the UN General Assembly in New York on May 31- June 2, 2006. The participation of young people in this review process is critical and this report strives to ensure their voices are heard.

Methodology

To ensure that the voices and concerns of young people are included in the monitoring process of the UNGASS DoC in its five year review, young people from around the world reported on the progress made towards achieving the UNGASS targets related to young people in their countries. Their participation is crucial to ensure that resulting policies and programmes take the needs and priorities of young people into consideration, and that young people are involved in their design, implementation and evaluation. To this end, young GYCA members have been selected to be part of their national delegations in Japan, México, Ghana, Democratic Republic of Congo, Nigeria, Zambia, and the Netherlands. GYCA has been lobbying country missions actively to ensure that young people's issues are incorporated into country statements at the high level meetings and into the negotiations on the final outcome document. At the Review meetings, young participants will use their knowledge of their national response to advocate to decision-makers on how best to scale up and improve current efforts.

To ensure that all of the country reports addressed the same issues, a guide was developed by young people with the technical assistance of adult allies to assist youth researchers in gathering information and reporting on their country's progress.[3] A number of questions, based on the indicators suggested by the UNAIDS *National AIDS Programmes - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programmes for young people*",[4] were suggested to guide their research. Members of the Global Youth Partners Initiative[5] actively contributed to the development of the research tool in 2004 through an interactive e-discussion. Data collection and analysis focused on four main indicators:

1) Political Commitment
2) Financial Commitment
3) Access to Information Services
4) Youth Participation

Young people used a range of methods to conduct their research and collect relevant information. They gathered inputs from young people, including young people living with HIV and AIDS (YLWHA) in their countries through focus group discussions, in-depth interviews and workshops. Young people were asked to make recommendations for strategies to ensure that their country would achieve the UNGASS targets for young people. This qualitative information was supplemented by reviews of national policies, laws and documents, as well as academic literature. Young people also consulted representatives from national and local governments and national AIDS programmes, as well as various stakeholders such as service providers, representatives from

[3] The research guide is available upon request.

[4] National AIDS Programmes - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programmes for young people. UNAIDS, 2004.

[5] Global Youth Partners (GYP) is a UNFPA youth-adult partnership initiative, and aims to rally partners and stakeholders to increase investment and strengthen commitments for preventing HIV infections among young people, especially among under-served youth. GYP is building capacity of GYP team members, learning lessons from successful advocacy campaigns and building partnerships and collaborative networks with other youth initiatives, including youth-adult partnerships. In the foreground of the initiative stands the development, implementation and monitoring of national strategic advocacy action plans in seven countries.

NGOs, international and bilateral organisations. The final reports were reviewed and edited by GYCA staff, preserving original content.

Why focus on young people?

Over half of all new infections worldwide each year are among young people between the ages of 15 and 24. Every day, more than 6,000 young people become infected with HIV – almost five every minute. Yet the needs of the world's over one billion young people are often ignored when strategies on HIV/AIDS are drafted, policies developed, and budgets allocated. This is especially tragic as young people are more likely than adults to adopt and maintain safe behaviours.[6] Young people are vulnerable to HIV infection because they lack the crucial information, education, and services to protect themselves.

The 2001 United Nations General Assembly Special Session on HIV/AIDS noted, "poverty, under-development and illiteracy are among the principal contributing factors to the spread of HIV/AIDS". These factors are particularly poignant for young people who are so often voiceless and powerless in society. Young people are in a transitional phase between childhood and adulthood, and are rarely taken into account in official statistics, policies, and programmes.

This year, 2006, marks five years since the DoC was put into effect. The author and 60 young leaders in HIV/AIDS will participate in the Five Year AIDS 2006 Review at the United Nations Secretariat to advocate to decision-makers to scale-up comprehensive, evidence-based interventions on HIV/AIDS for and with young people

[6] Young People and HIV/AIDS, Opportunity in Crisis. UNICEF, UNAIDS & WHO, 2004.

I. Introduction

II. HIV/AIDS situation in Pakistan

Pakistan is perceived as a 'high risk low prevalence country' concerning the HIV/AIDS virus. According to official government figures, there are 2,622 HIV and 321 AIDS cases in the country.[7] However, according to UNAIDS estimates, HIV/AIDS cases are under-reported in the country and perhaps prevalent among 70,000 to 80,000 people in the country or 0.1 percent of the adult population. Recent studies,[8] further indicate that there is a rise in HIV/AIDS and STI cases in the 'high risk groups' with concentrated epidemics beginning in marginalized populations like the intravenous drug users and transvestites in Karachi, which, according to a study conducted by Family Health International (FHI), have a high potential of being passed on into the general population due to a closely weaved social network.[9] The Pakistan National AIDS Control Programme (NACP) is the one organization that coordinates national AIDS strategies.

In the present scenario, HIV/AIDS prevention and control in Pakistan has gained attention due to donor driven pressure and allocations of large amounts of funding ($40 million USD) through a comprehensive, five-year enhanced HIV/AIDS program (2003 – 2008) executed by NACP under the leadership of the Ministry of Health (Government of Pakistan) with financial assistance from the World Bank and other bilateral donors such as the Department for International Development (DFID) and Canadian International Development Agency (Canadian CIDA).[10] The contract for the Enhanced Program was signed in 2002; however, the funds were released to the provinces only in 2004.

III. Research Methodology

To prepare this report, the following research methodologies were used:

- Review of existing documents and UNGASS country report
- Focused Group Discussions (two focused group discussions were arranged with the female youth including both out of school and in the school in Rawalpindi.)
- Interviews with service providers in Rawalpindi and Islamabad.
- Taking in depth interviews with the out of school youth and in the school youth again in Rawalpindi and Islamabad.

IV. Key findings: A rising HIV prevalence[11]

Despite the low prevalence rate of HIV/AIDS in the general population, reports show local outbreaks among injecting drug users whose linkages and sexual networking with the general

[7] National AIDS Control Program September , 2005
[8] Family Health International (FHI) National Study of Reproductive Tract and Sexually Transmitted Infections (2005) and Punjab Aids Control Program, Mapping Exercise of High Risk Groups in Selected Districts of Punjab (2005)
[9] *Ibid*
[10] National AIDS Control Program, Ministry of Health, Proposed Research Strategy and Study Design, National Study of Reproductive Tract Infections & Sexually Transmitted Infections, 2002
[11] National AIDS Control Programme, UNGASS Indicators Country Report 2006

population makes Pakistan vulnerable to the threat of a generalized epidemic. Moreover, the existence of a number of high risk sexual behaviors among general population, internal and external migration, high level of injecting drug use, unsafe and invasive medical practices and inadequate health and social services are some of the factors increasing the risk of a generalized HIV epidemic in the country. Particular risk behaviours make some groups of people more-at-risk of infection, and these groups include Female Sex Workers (FSWs), Male Sex Workers (MSWs), Injecting Drug Users (IDUs), prison inmates, coal miners, etc. Moreover, denial about risks and vulnerability, and social stigma attached to HIV/AIDS further aggravates the problem.

Pakistani women are more vulnerable to HIV/AIDS infection due to biological and socio-economic factors, especially gender inequality. Since women in the country in general have lower socioeconomic status, less mobility and a lack decision-making power, all of these factors further contribute to their HIV vulnerability. For example, because of gender disparities in educational enrolment, the literacy rate is much lower among females (41%) than males (64%)[12]. Thus, while illiteracy presents an obstacle for HIV/AIDS prevention efforts in general, it is much harder to reach women than men with information about how they can protect themselves from HIV infection. Additionally, restrictions on mobility often make it difficult for women to access health and social services, including basic reproductive health care services. These restrictions include lack of resources, lack of health services and in some areas there are cultural traditions that prevent women from consulting male doctors. Finally, in situations where women's decision-making power is restricted, women are ill-equipped with skills to negotiate with their partners for safer sexual practices such as faithfulness, abstinence, or using condoms.

Pakistani youth, just like other young people in the rest of the world, are also vulnerable to HIV infection as adolescence is a time when young people may be curious about sex and drugs, during formation of habits and values, and are heavily influenced by their peers. Moreover, other contributing factors like unemployment, easy availability of narcotic drugs, and economic frustration can all influence young people to engage in unsafe behavior, which may put them at increased risk of HIV infection. The special vulnerability of young people is related to a lack of information and awareness about reproductive health in general and HIV/AIDS and other Sexually Transmitted Infections (STIs). Because social taboos related to sexuality inhibit the open discussion of issues related to sex and reproductive health, opportunities to gain accurate information about such issues and to learn skills with which to protect oneself from infection are often quite limited for the vast majority of youth. In addition street youth are more exposed to sexual violence and exploitation.

Recommendations

- A special emphasis should be given to incorporating life skills-based education programmes by the Government in all schools.[13]

[12] National AIDS Control Programme, UNGASS Indicators Country Report 2006

[13] This term refers to a large group of psycho-social and interpersonal skills which help people make informed decisions, communicate effectively, and develop coping and self-management skills to lead a healthy and productive life. Life skills may be directed at individual or group behaviours, as well as actions to change the surrounding environment to make it conducive to healthy living. LSBE refers to an interactive process of teaching and learning which enables learners to acquire knowledge and develop attitudes and skills which support the adoption of healthy behaviours. Not all programme content is considered "health-related." For example, life skills-based literacy and numeracy, life skills-based peace education, and/or human rights education.

- More youth friendly services must be made available in rural areas.
- Policies should address gender equality and women have a right to participate in HIV/AIDS related programming and policy making.

V. Results

VI. Political Commitment

Pakistan does not have a formal HIV/AIDS policy but rather works through a country strategic framework formulated in 1999-2000 with the assistance of UNAIDS and other development partners as well as civil society organizations and PLWHA groups. The National AIDS Strategic Framework identified the following priority areas:

- Expanded Response: To ensure an effective, well coordinated and sustainable multi-sectoral response to HIV/AIDS in Pakistan.
- Vulnerable and High Risk Groups: To reduce risk of HIV infection amongst vulnerable and high risk groups namely injecting drug users (IDUs), female sex workers, male sex workers (MSM), men on move (migrant males), transgender people and long haul truck drivers.
- Youth: To reduce the vulnerability of young people to HIV/AIDS.
- Surveillance and Research: To expand the knowledge base in order to facilitate planning, implementation and evaluation of STI/HIV/AIDS Programs.
- Sexually Transmitted Infections: To reduce the prevalence and prevent the transmission of STIs both as an important public health issue in its own right and as part of the effort to reduce HIV transmission.
- General Awareness: To reduce risk of infection amongst the general public through an increase in awareness levels.
- Blood and Blood Product Safety: To reduce the risk of transmission of HIV and other blood borne infections through blood transfusion.
- Infection Control: To prevent transmission of HIV in formal and non-formal health care settings through enhancing knowledge about and compliance with universal precautions.
- Care and Support: To improve the quality of life for People Living with HIV/AIDS through the provision of quality care and support (including meeting their medical, social, and sometimes material needs), and ensuring a secure environment for all people infected and affected by HIV/AIDS

This programme is being implemented by NACP and other NGOs in Pakistan. In fact, it is the NGO sector that is actually implementing major interventions such as working with marginalized groups, harm reduction programs and managing community based Voluntary Counseling and Testing centers (VCT). However, in the long run, the role of public sector institutions has also been given significant attention in the Enhanced Program. Blood transfusion screening, surveillance centers, and care, support and treatment facilities for HIV/AIDS are an integral part of the program proposed interventions in the public sector health services.

At the national level, there is no policy promoting life skills-based education in schools. However several NGOs such as Aahung, World Population Foundation (WPF) and the United States Agency for International Development (USAID) are promoting life skills based education in the schools. WPF's life skills-based education programme addresses HIV/AIDS and health issues. There are yet

to be any concrete multi-sectoral interventions in this regard, with major stakeholders like Ministry of Education, Labour and Population Welfare still struggling to find an appropriate space in the HIV/AIDS program. Presently, the various programs in these Ministries pertaining to HIV/AIDS are still at an early stage. Although many government policies and programs pertaining to health and reproductive health include HIV/AIDS and STIs management and treatment, there is still need to mainstream these issues as integral program/policy components. The Ministry of Education has received funding from NACP for incorporating HIV/AIDS education in the school and college level curriculum, but the work on this program is still underway. Similarly, the Ministry of Labour was also involved in providing health related education to its workers including HIV/AIDS awareness. There is low awareness about any national HIV/AIDS policy or strategic framework including UNGASS and its goals.

VII. Financial commitment

Pakistan's expanded response to HIV/AIDS is implemented through NACP under the leadership of the Ministry of Health, Government of Pakistan. The main program control is at the Federal level with a budget of Rs. 2.85 billion for a five-year program[14] with already positive signals from other interested donors. Although the provincial implementation units are independent programs with separate PC-Is (government program documents including budgeting) for their respective programs, however, NACP has the responsibility of coordination, regulation and overall supervision plus the disbursement of funds. As NACP is not an implementing agency, implementation and service delivery are done through the NGOs and public sector facilities.

However, no sound data is available on the utilization of funds concerning youth related HIV/AIDS issues. In Pakistan, youth related HIV/AIDS programmes are mostly funded by international organizations such as the World Bank, European Commission and UNAIDS.

VIII. Access to information and services

Recently, the steps taken by NACP at media level are very helpful in promoting awareness about HIV/AIDS to youth. On TV, radio, and in schools there are awareness raising programmes conducted by different NGOs.[15] Young girls living in rural areas and people who do not have any access to education or mass media do not have any information on Sexual Reproductive Health (SRH). However, in the last year, young people's access to SRH education has improved dramatically, but still requires much more effort.

Life skills-based education is not a part of the school curriculum; however, several NGOs are voluntarily delivering their programme in schools. Aahung[16] and WPF are doing good work in this regard and their programmes are addressing gender, HIV/AIDS and sexual health. NGOs are providing out of school youth and sex workers with information related to HIV/AIDS. Mostly, young people in the remote areas where there are no hospitals and clinics do not have any access to youth friendly health services. Lack of awareness and non-availability of services deny young people's access to health services. Most services are managed by the NGOs.

[14] PANOS, UNGASS Country Monitoring Report, 2006
[15] PNAC. Aahung, WPF
[16] http://www.aahung.org/services/dasim.html

Condoms are available for out of school youth sponsored by an NGO; however, there is an age restriction of 18 years.[17] This is not practical because in Pakistan many young people become sexually active before the age of 18 years.

IX. Young People's participation

At the government level there is no policy to ensure that young people, especially those living with HIV/AIDS, are involved in planning implementation and evaluation of HIV/ AIDS prevention, care and support services. The government consulted some youth leaders and youth organizations in 2004 to draft the National Youth Policy. After that, no significant involvement of young people has taken place.

However, some NGOs such as WPF have involved young people from each district to give their input in youth related activities. WPF has life skills based-education programme where they included young people from selective districts to give their input, and their involvement was helpful to design and implement this programme. Young people's participation has improved to some extent only; there is still the need to do a lot of work to involve them more actively.

X. Major Gaps identified

- Commitment of young people living with HIV/AIDS is just a concept reflected in National AIDS Control Programme but is not implemented by involving YLWHA meaningfully.
- People living with HIV/AIDS face a lot of stigma and discrimination within the society, so cases are mostly unreported and unaddressed.
- Information on HIV/AIDS among education providers is very low and in rural areas there is very little access to information related to HIV/AIDS
- There is a widespread lack of youth friendly services
- Women and adolescents between the ages of 8-14 are most vulnerable to not getting information related to sexual health and HIV/AIDS. [18] [19]
- Integration of life skills-based education programmes in schools is limited as these programmes are being run by NGOs only.

XI. Major Recommendations for Action

- There should be specific concentration on out of school youth and injected drug users; in Pakistan one of the most common modes of HIV/AIDS transmission is through the use of injected drugs.
- Federal and Provincial Government should be encouraged to formulate legal policies prioritizing youth participation in HIV/AIDS programmes.

[17] RAAG (NGO working with the youth out of school)
[18] Interview with Chris Wardle, Country Representative of WPF
[19] Interview with Qadeer Baig, National Manager of Pakistan National AIDS Consortium

- Young people need to be recognized as the most significant element in the fight against HIV/AIDS. The existing policies and programmes on HIV/AIDS should comprehensively address information, services and needs of young people. There is a need for a policy that would combat stigma and discrimination that prevail in Pakistani society and allow young people to access youth friendly services including access to condoms, abstinence, faithfulness, and the age of consent.
- Life skills-based education should be incorporated in all public and private schools.
- There should be more programmes for the out of school youth conducted by government at national level.

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