



Annex-V

Government of Pakistan

Ministry of Population Welfare

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South-South Collaboration

Integration of Reproductive Health and HIV / AIDS to meet Millenium Development Goals

Contents

- **Preview**
- **Key Issues**
- **Historical Perspective**
- **Tracking the status on MDGs Monitor**
- **Why Integration of RH & HIV**
- **Goals of Integrated Services**
- **Evidenced Based Approach**
- **Challenges to Integration of Services**
- **The Way Forward**

Preview

- HIV is a global pandemic
- The number of people living with HIV worldwide continues to increase
- The HIV epidemic is especially severe in many resource-constrained countries
- HIV is a virus that destroys the immune system, leading to opportunistic infections
- The progression from initial infection with HIV to end-stage AIDS varies from person to person and can take more than 15 years

Preview

- The most common route of HIV transmission worldwide is heterosexual transmission
- Women of childbearing age are at particular risk for acquiring HIV
- Pregnant women who are HIV-infected are at risk of passing the infection to their newborn
- Risk of HIV transmission from mother-to-child can be greatly reduced through effective PMTCT programs

Key Issues

- Pakistan is in a concentrated epidemic of HIV, driven by injecting drug users, male & transgender sex workers with high risk population and migrant workers
- In addition, Pakistan has one of the largest cohorts of young people in the world – 60% of the nearly 163 Million are under the age of 24 years
- These young people need correct information on HIV in order to protect themselves and their peers

Historical Perspective

- ICPD (Cairo Egypt-1994)
 - Effective Prevention & Treatment of STIs as an Integral Component of RH
 - Key Programmatic Linkage between FP & Prevention of HIV in Women & Children
- Millennium Development Goals - 2000
 - MDG 6 To halt & begin to reverse HIV by 2015
- Glion (Switzerland May 2004)
 - Strengthen the Linkages between SRH and HIV/AIDS

Historical Perspective

- International Forum of PPD at Kampala (Nov 2008)
25y - into AIDS Epidemic
1/2 -way through the MDG targets
Women >60% living with AIDS

Providing access to RH to women with HIV/AIDS can reduce #s of unintended pregnancies which leads to mother-to-child-transfer

Tracking the current status on MDG Monitor*

MDGs	Current Status & Progress towards achieving Goals (Pakistan)
MDG 1	Possible to achieve if some changes are made
MDG 2	Possible to achieve if some changes are made
MDG 3	Off track
MDG 4	Possible to achieve if some changes are made
MDG 5	Possible to achieve if some changes are made
MDG 6	Very likely to be achieved; on track
MDG 7	Possible to achieve if some changes are made
MDG 8	Insufficient information

*UN MDG monitor to Track MDGs

Barriers in the Progress on MDGs*

- Macro-economic Imbalance
 - Widening Disparities in Social Indicators
 - Spiked Inflation a recent phenomena
 - Sharp increased Liabilities of Public accounts
 - Growing Deficit

*UNDP 2007

*Why Integration of RH & HIV

- People come in contact with RH service providers more often
- Opportunity for At-Risk population
 - Seeking Information
 - Counseling
 - Condoms Promotion
 - Management of STIs
 - Contraceptive Service
- HIV/AIDS services offer opportunities for access to SRH services

* Advocacy Summit on Global Fund, 2006:
Integration of RH & HIV

Why Integration of RH & HIV

- FP / RH are essential tools in reducing the spread of HIV & AIDS
- FP is effective & affordable interventions for preventing Mother to Child Transmission
- Efficient way to promote wanted, healthy pregnancies, improve child health and prevent disease

Population action international 2006

Goals of Integration of RH & HIV

- Integrated services can help to de-stigmatize HIV/AIDS whilst simultaneously addressing the dual need for both services & care
- Better and clearer understanding of cost-effectiveness that is crucial to quickly scale up and serve more women and men
- Scaling-up integration between these parallel programs will accelerate progress towards achieving MDGs 4,5 & 6

Advocacy summit on integration of RH & HIV, 2006

Evidence Based Linkages

- Results of 58 studies show*:
 - Improved access & uptake of both services
 - Improved Health & Behaviour
 - Increased Condoms use
 - Improved RH & HIV Knowledge
 - Overall improved Quality Services
 - Cost- effectiveness

Linkages: Evidence Review & Recommendation WHO, 2008

Challenges to Integration of Services

- Lack of trained Health Personnel
- Understaffed clinics
- Lack of Commitment & Providers Bias
- Stigma preventing clients from utilizing services
- Reduction in Donors' Funding
- Separate Funding schemes for RH & HIV/AIDS

Actions Taken by MOPW

- Included in National Standards
- Being Taught in Basic Course of Paramedics
- Practiced at Service Delivery Outlets
- Given Coverage in Outreach Programs
- IEC materials availability is ensured
- Awareness raising at all levels

The Way Forward

- Advocacy for awareness of integration of RH & HIV
- Ongoing Human Resource Development & Capacity Building
- Partnership building & joint initiatives for sustainability of the program
- RH & HIV integration as a Best Practice

The Way Forward.....

- Increased female participation in decision making in HIV prevention
- Engagement of Key Population players
- Positive Attitudes to De-stigmatize Services
- Women Empowerment for better outcomes
- Male involvement for Responsible Behaviors

In Conclusion

- The RH needs of People and of Country are constantly changing
- Business as usual will not curb the spread
- Both need a multisectoral approach
- Capitalize on new challenges and new opportunities
- Special focus on improvement of Health System and removal of bottlenecks

In Conclusion

- SRH & HIV in targeted programs for young people & key vulnerable groups
- Shift focus on health outcomes rather than inputs
- Address the range of unmet need & missed opportunities in RH including HIV / AIDS

An old saying is that
The best time to
plant a Tree was 20
Years back
The second best
time is Now