

HIV epidemics in Pakistan

The Lancet Infectious Diseases has received several letters from concerned health professionals in Pakistan about HIV epidemics that appear to have stemmed from unsanitary and unregulated medical practice, usually in isolated, rural towns. In March, 2019, Braira Wahid reported an outbreak of HIV in a single village in Sargodha district, Punjab province, Pakistan, where the prevalence of HIV infection increased from 1% to around 13% in 6 months. Interviews with patients revealed that many of them had been treated by the same unlicensed practitioner before testing positive for the virus.

Subsequently, we received a letter from Fizzah Arif describing an outbreak of HIV in Larkana district, Sindh province, Pakistan. The outbreak was first reported in April, when 15 children with persistent fever were found to be infected with the virus, and has since garnered international attention owing to its size and the preponderance of children affected. Responding immediately to the outbreak, the National AIDS Control Programme (NACP) began a major screening campaign that has seen more than 26 000 people tested for HIV. Around 700 cases were identified, affecting more than 600 children, most of whom are younger than 5 years. After ruling out mother-to-child transmission in almost all cases, suspicion turned to contaminated blood products and medical equipment. As a result, several hundred unregistered blood banks and clinics run by unlicensed practitioners were shut down, and a registered paediatrician linked to more than 100 children in the outbreak was arrested on charges of spreading HIV through contaminated syringes. However, with the sources of most infections unaccounted for, and the extent of the epidemic likely unknown, an international response team coordinated by WHO was tasked with investigating the outbreak. Their report, due after *The Lancet Infectious Diseases* had gone to press, may be a damning indictment of the current health situation in Pakistan.

In 2018, a UNICEF report ranked Pakistan as the riskiest place to be born in the world. Numerous health indicators, particularly those related to maternal and child health, are worse in Pakistan than elsewhere in the south Asian region. Preventable communicable diseases remain a primary cause of morbidity and mortality in the country; a situation

that can be attributed to many complex societal, political, and structural factors that lead to inadequate sanitation, unsafe drinking water, overcrowding, low socioeconomic status, and poor vaccination coverage. Health literacy is low and varies geographically and by sex: estimates from the country's 2017–18 Demographic and Health Survey suggest that as little as 32% of women and 67% of men in the country had ever heard of HIV/AIDS, with comprehensive knowledge of the disease limited to 4% and 10%, respectively. These findings are despite the Pakistani Government launching the NACP, an HIV/AIDS prevention and awareness programme, in 1986–87.

The reports of HIV epidemics in Pakistan linked to health providers (legitimate or not) have highlighted a potentially unappreciated source of the burden of bloodborne infections in the country, which has previously been attributed to transmission among the country's considerable population of injecting-drug users and sex workers. These reports are concerning for several reasons. First, they could indicate a worrying but potentially addressable knowledge gap in infection control processes and mechanisms of HIV transmission among health workers in Pakistan. Second, they could suggest a severe lapse in regulation of the country's health system, which allows people without appropriate training and certification to call themselves doctors. Third, they could lead to fear and mistrust of the health system, further exacerbating the country's health woes and putting health targets out of reach.

The response to the HIV outbreak in Larkana has been fairly swift, involving various international agencies and provincial and federal governments. A new antiretroviral treatment (ART) clinic for children has been established in Larkana, although how long these treatments will be available is unclear, with access to ART generally limited in the country. The UN in Pakistan is supporting the federal government to develop short-term and long-term plans for identifying and mitigating causes of the outbreak, including strengthening the continuum of care for HIV, promoting health education, and reducing stigma. However, it should not have taken this tragedy to spur action. The health authorities in Pakistan must at least now use it as a catalyst for change.

■ *The Lancet Infectious Diseases*



Warrick Page/Panos Pictures

For more on the **HIV outbreak in Sargodha, Pakistan** see [Correspondence Lancet Infect Dis 2019; 19: 241](#)

For more on the **HIV crisis in Sindh, Pakistan** see [Correspondence](#) page 695

For more on the **NACP** see <https://www.nacp.gov.pk/whatwedo/treatment.html>

For the **2018 UNICEF report** see https://www.unicef.org/publications/index_102640.html

For **Pakistan's 2017–18 Demographic and Health Survey** see <https://www.dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

For more on the **outbreak response in Sindh, Pakistan** see https://www.unaids.org/en/resources/presscentre/featurestories/2019/june/20190611_larkana_outbreak