**APLHIV Comments**

As per TORs of the Committee the suggestions submitted by the APLHIV are as listed below. [Most of the suggestions were also highlighted during previous meeting]: -

**Expansion Of Quality Preventive & Treatment Services**

1. The involvement of the Honourable Supreme Court of Pakistan may be taken as an opportunity to address the gaps in our HIV response at the Provincial and National levels. We must take this opportunity to highlight all the obstacles/barriers being confronted with an objective to have clear instructions from the Honourable Court to get over with these barriers. Non-disclosure of any facts/barriers at this stage will be a contributing factor for any increase in the epidemic in future. Routine okay report [sab acha hay] must not be an option now. Diplomatic approach has badly failed in last two years to yield any results and the communities continue to suffer in addition to periodic break outs of HIV across country including the break out at Larkana, Sawabi Jail, Kot Momin/Kot Imrana and may be elsewhere. A more assertive activism duly supportive by all stakeholders is need of the hour instead of diplomatic approach. The partners working on diplomatic approach are requested to consider what has been achieved in last two years through diplomacy. The priority being the communities and not diplomacy can drive us towards achieving the targets/goals.
2. Immediate restoration of HIV prevention and testing services for KPs under PC1 in Punjab and initiation of same in other provinces.
3. Close coordination and cooperation between National and Punjab AIDS Control Programs.
4. We need to ensure that right people/organizations are placed for the jobs, resources are directed to the right direction as per available evidence. The capacity of these people/organizations needs to be ensured on regular basis.
5. We have well thought out, well developed and coasted AIDS Strategies at Provincial and Federal level as result of a broad based consultative process with work plan and frameworks, which needs to be implemented in true spirit and litter. Our current GF grant is also based on these Strategies. Developing another action plan in presence of these strategies will not serve the purpose and has no guaranty of implementation, therefore it is strongly suggested that we must focus on implementation part more vigorously and taking all the stakeholders on board, ensuring that each of the stakeholders is ready to learn and share the experiences.
6. Timely execution of provincial strategies and release of funds under PC1s has always been an issue. The provincial programs need to be more assertive in their provinces in this regard. Services under PC1s need to be in line with AIDS Strategies and through a transparent process. Identified KPs as per HIV prevalence and available evidence need to be targeted. Any new experience without any evidence will not serve the purpose. Currently the services for KPs and the treatment are through GF Grant. We thanks and appreciate the GF for this continued support. But the provinces need to take the ownership to ensure sustainability and expansion of these available services through their committed PC1s.
7. The services in one of the province [Punjab] including HIV Prevention and testing services in KPs, care and support services for PLHA are not available since July 2016, which is a big question mark in our approach in addressing the epidemic and role of all the stakeholders. We need to accept the facts, learn from the past and move in a right direction collectively ensuring engagement of all the partners and stakeholders. Gathering diversity in HIV response may be helpful.
8. The Communities, Community Based Organizations and Civil Society Organizations are backbone in HIV response and this is very well established at the Global level but unfortunately the engagement of these partners in one of the province [Punjab] is missing on one ground or the other. We need to ensure that these partners are engaged through a transparent process to combat the epidemic. Effective, meaningful and sustained public private partnership can help us to halt the epidemic and reduce further spill over to other/general population. Alone, no one can handle the task as none is perfect and all rounder.
9. We lack in existence of strong institutional capacity to ensure implementation of Provincial and National Strategies and programs. NACP as an umbrella organization at the National level needs to be strengthened with enhanced mandate, role, responsibilities and capacities. Technical capacity of Provincial Programs in terms of implementation, monitoring, evaluation and directing the resources in right direction needs to be enhanced.
10. A strong mechanism of accountability needs to be in place to ensure that the resources available are being used as per available evidence at the right place and in right direction through a transparent system with required/expected results being ensured. We may consider revamping the accountability mechanism and ensuring its implementation across the country.
11. We all are aware that HIV epidemic in Pakistan is driven by the PWIDs but the basic services through OST are not available. Nai Zindagi under the GF Grant is doing an appreciable job in provision of services to the Drug Users. But the component of OST is missing altogether which needs to be highlighted to have instructions from the Honourable Court to initiate the OST services across the country at large scale. Again diplomacy has badly failed in initiation of these much needed services. Keeping past experience in mind it is an opportunity to have directions from the Honourable Supreme Court in this regard.
12. Provision of services through Community Based Organizations [CBOs] has a proven and success record globally. The engagement of CBOs not only increases the coverage but it also caters for human rights aspects, reduction in stigma and raising awareness. Therefore as a national agenda we must ensure to establish, support and strengthen such CBOs to provide services to the KPs in need.
13. To ensure expansion of quality & sustained treatment services we need to have well equipped decentralized ART Centers. These centers must be equipped with required human and technical skills as per national protocols. Availability of ARVs through domestic resources and probably by manufacturing the ARVs locally needs to be considered seriously. W.H.O needs to have a lead in this direction to facilitate the AIDS programs and pharmaceutical companies.
14. Strict rules and regulation and their implementation against quacks and unauthorized health clinics is an incomplete agenda in AIDS response, which must be addressed on war footing.
15. A strong advocacy mechanism is required to be in place. For this the APLHIV strongly recommends that APLHIV must be supported to enhance its advocacy skills. We are already doing it but on self help basis where chances of successes may be limited, therefore a full fledge support from stakeholders is required to make the APLHIV a strong and vibrant advocacy agency.

**Awareness**

1. As mentioned earlier CBOs should be encouraged, capacitated and strengthened as these organizations have a reach in their communities and can play an effective role in awareness rising.
2. Expansion and training of community support groups being established by the APLHIV, with a primary task to carry out peer education.
3. AIDS programs & leading CBOs should purchase AIR TIME on leading electronic media houses for awareness and HIV specific programs. Short & Brief informative messages through print media can be another effective measure to educate general public about HIV and its myths. We need to engage PEMRA, as by law it is binding for each of the media houses to support in airing public health message free of cost. In this aspect HIV component is missing.
4. Engagement Of Interactive Theater for massive awareness at gross level is recommended.
5. It is also recommended that we should engage “Non Health Actors” in awareness to educate them and to use them as educators.

Provision of awareness, stigma and discrimination issue and human rights will automatically be addressed if quality prevention, testing and treatment services are provided based on available evidence.

Analysis or review of Provincial AIDS Strategies is recommended to be carried out by a technical committee. Any changes may be through a consultative process. Any change in strategies will also affect already committed resources by the governments.

We also need to ensure implementation of HIV related legislation that has already been approved by some of the provincial assemblies. Just passing the rules/acts will not serve any purpose.