

Fading Promises of Victory and Resurgence of HIV/AIDS in Pakistan: Between Global Progress and Local Vulnerability

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Human Immunodeficiency Virus (HIV), the virus responsible for Acquired Immunodeficiency Syndrome (AIDS), has been one of the most significant global health challenges that has claimed millions of lives and there exists no cure so far. With a promise to eliminate AIDS by 2030, international efforts such as Global Fund to Fight AIDS, Tuberculosis and Malaria and President's Emergency Plan for AIDS Relief, have substantially enhanced access to Antiretroviral Therapy (ART) [1]. Nevertheless, despite grandiose international efforts and promises, access to ART remains inequitable, and continues to strain the health system capacity which have raised apprehensions about sustaining earlier gains.

With this global context, the case of Pakistan is of pertinent relevance, amid the recent surge of HIV cases in Sindh and Punjab [1, 2]. Incidence and mortality rates of HIV infections has reached over 14,000 cases/year where alarmingly the highest prevalence is in the pediatric population [3]. For instance, the major outbreak in Ratodero, Larkana, Sindh in 2019 and other similar outbreaks were reported in Taunsa Sharif, Hyderabad, and Karachi. In just Taunsa Sharif, more than 331 children were diagnosed with HIV between late 2024 and early 2026, that acquired the virus during healthcare services utilization [4-7].

In contrast, the recent surge in Hyderabad, Jacobabad, Mirpur Khas, Karachi and Taunsa Sharif, compared with Ratodero, records one of the fastest growing HIV epidemics within the World Health Organization (WHO) Eastern Mediterranean Region [8, 9]. Having been previously considered a "low-prevalence, high-risk" country, during the recent surge, Pakistan experiences the phase of the concentrated epidemic marked by the rising level of the general population exposure to the infection [10]. Therefore, the recent surge involves significant HIV infection levels among its key populations, For instance, over 20% of people who inject drugs suffer from HIV, whereas in some urban centers, the rate rises above 40% [11]. This is mainly because of ignorance of the disease, lack of testing, absence of preventive programs, and unwillingness of infected persons to inform their spouses, children, and family members about their status [12]. Furthermore, prevention of mother-to-child transmission is insufficiently covered as a tiny fraction of women receive pre-delivery HIV tests or receive treatment if found positive.

It would be preposterous to comprehend the HIV spread in Pakistan without considering its sociocultural context. Despite the extensive work aimed at changing societal perceptions about HIV, it is still associated with immoral connotations linked to religious beliefs and sexual preferences. Among key populations, stigma becomes even more severe due to their already vulnerable demographic characteristics that include gender, sociocultural background, and legal aspects. Fear of physical violence, stigma, and prosecution discourages people from visiting healthcare facilities to address their issues [13]. In particular, women in patriarchal societies often lack the autonomy to access healthcare services independently, which increases their exposure to the infection, and elevates the risk of vertical transmission. Ultimately, the proliferation of misinformation claiming the existence of a cure or misinterpretation of preventive measures, and overall negative image of the disease create barriers to testing and treatment adherence [1].

The fact that international donors finance the majority of HIV initiatives in Pakistan is another source of uncertainty in the future of the disease. Being entirely dependent on international financing, Pakistan may fail to maintain the effectiveness of the initiatives [14]. Another aspect of relevance is the Pakistan's healthcare system inability to manage the existing epidemic. Despite the recent increase in the number of ART centers, Pakistan lacks adequate facilities required to treat the growing number of patients [15]. Attrition of 20,000 patients from the national treatment registry reveals substantial failures in surveillance mechanisms and follow-up. This breakdown in the continuity of care enhances the risk of community transmission and demands an instant strengthening of monitoring frameworks at ART centers. Enforcement of regulations promoting Infection Prevention and Control (IPC) practices is another foremost challenge as many healthcare institutions operate without regulatory authority. This challenge is further compounded by the pervasive uncontrolled quackery [16].

Given the scenario, following recommendations may hold importance in context of Pakistan;

1. First and foremost, establishment of a completely integrated real-time national HIV surveillance and early warning system because reporting still remains highly fragmented, delayed, and poorly linked between public and private health sectors.

2. Infection prevention and control measures must be in place and enhanced at all healthcare facilities immediately, coupled with stringent checks and inspections at all clinics related to the administration of injections.
3. Decentralized testing facilities may be introduced in order to help identify all individuals affected by the virus. Expansion of HIV testing programs among communities needs to become an immediate reality. This includes integration of HIV testing into routine services like TB clinics, antenatal/pregnancy clinics, and other primary health care facilities.
4. The creation of a reliable system for supply chains is paramount. This can only be achieved through improving procurement strategies, building buffer stock reserves, and reducing the effect of foreign donors' unpredictable changes on treatment supplies.
5. HIV-related services must be integrated into maternal health and child health programs.
6. Last but not least, all healthcare providers must be trained, inspected and registered so as to make sure that they provide safe medical care.

HIV/AIDS in Pakistan reflects a serious public health crisis driven by both resurgence and underlying vulnerabilities that encompass far beyond basic infection prevention. Therefore, this multifaceted issue involves complex epidemiological and systemic dimensions, including unsafe practices of medical procedures, stigma, and policy inefficiencies that continue to facilitate the spread of virus. Without suitable interventions, Pakistan risks falling further behind global health benchmarks. Nonetheless, this trajectory can be reversed if effective measures will be implemented on war footing as the time for action is now.

Keywords: HIV, AIDS, Pakistan, Local Vulnerability, Global Promises, Pediatric Population

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