Editorial

HIV in Pakistan: The Unfolding Catastrophe

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HIV in Pakistan, was classified as low prevalence, a key population issue, is transforming into a significant health crises. The number of new cases has been steadily increasing alarmingly in the last ten years, which highlights the vital gaps in prevention, diagnosis, and treatment infrastructure. This is an evolving scenario, representing an unfolding disaster and needs immediate, collaborative and evidence based actions. Even though the adult HIV prevalence in Pakistan is about 0.2% on average, this value masks a fast-growing epidemic.[1]

Pakistan has become one of the nations with the highest rates of HIV infection growth in Asia-Pacific. It is estimated that in first nine months of 2024, almost 9,700 new HIV infections were reported.[2] Projection with the current trends indicates the number of new cases per year may increase to approximately 40,000 in the next few years.[3]

The true incidence of HIV in Pakistan is grossly underestimated. Though the official number of registered cases is about 81,847, it is estimated that 350,000-370,000 people live with HIV (PLHIV).[4] This difference is indicative of a significant gap in the detection of the cases where almost 80% of infected people are unaware of their status. This submerged mass of an undiagnosed population is a hidden reservoir and contributes to further transmission and undermining control measures.[5]

The HIV continuum care in Pakistan is also very weak. The awareness of HIV status among PLHIV is only approximately 21%, 16% are taking antiretroviral therapy (ART) and only 7% have achieved to virus suppression. These are significantly below the international 95-95-95 targets and indicate systemic challenges in the testing, linkage and retention in care processes. Thus, the mortality rates are still high as over 14,000 AIDS-related deaths were registered in 2024.[6]

The change in epidemiological pattern of HIV transmission is concerning. HIV is historically clustered around some of the most vulnerable population groups (i.e., people who inject drugs (PWID), sex workers, and transgender individuals but currently it is spreading into the general population. The situation is turning to generalized epidemic as women and children are getting more affected. An example is the rise of pediatric infections, which in 2010 was around 530 cases, but today is estimated at about 1,800. This trend is a manifestation of vertical transmission as well as unsafe healthcare practices.[5]

Unsafe malpractices and quackery have emerged one of the major causes of HIV. This combined with use of non-sterilized or reused syringes, unsafe blood transfusion, substandard screening practices and high rate of unregulated healthcare facilities complex the situation.[7,8] Recent outbreaks have brought to light systemic flaws in infection control and prevention in health care facilities. One such instance is an outbreak in Punjab during 2025-2026 where more than 300 children were found to be affected with HIV, attributed to contaminated needle sharing in medical facilities.[7] Similar health care associated transmissions have been reported in Larkana and Mirpurkhas, indicating lapse in safety practices in hospital settings. The situation demonstrate the role of iatrogenic transmission in the HIV epidemic in Pakistan where frequency of therapeutic injection administration is one of the highest worldwide.[3] The consistent pattern of outbreaks in Sindh and rural Punjab depict lack of healthcare regulation and quality assurance processes alongside behavioral, cultural and migration patterns that further contribute to the problem.[9]

Stigma and discrimination arising out of sociocultural determinants is one of the most critical barriers in the control of HIV in Pakistan. Apparent healthy, in particular, are reluctant to undergo testing and treatment, for fear of being socially disenfranchised, thereby creating a delay in diagnosis and further transmission. This further mounts hurdles for already marginalized high risk groups of society such as transgenders and sex workers resulting in their continued struggle in seeking help, treatment and enrollment with health care services.[10]

Incapable healthcare systems has emerged as major role player too. Till December, only 98 Anti-Retroviral Therapy (ART) Centers are operational through National Aids Control Program (NACP) all over the country with only approximately 60,000 on ART.[4] Pakistan's raising curves persistently reflects widening gaps in leadership, governance and coordination, surveillance, prevention strategies, healthcare regulation and access along with retention in care, stigma reduction despite existing national strategy.[11]

HIV epidemic has spilled beyond high risk marginalized population. Strengthening HIV prevention along with

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tailored behavioral strategies, timely diagnosis, prompt treatment initiation and its integration into health system needs urgent addressal to halt the evolving havoc in already resource constraints country like Pakistan. If Pakistan continues to do nothing about the HIV epidemic, it can lead to an irreversible epidemic of poor health.[4]

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