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LETTER TO THE EDITOR

An assessment of the Pakistan national HIV/AIDS strategy for sex workers

Sir,

Pakistan is facing a concentrated and expanding HIV epidemic among certain high-risk population groups, including injection drug users (IDUs), emigrant workers, men who have sex with men, transgender sex workers, female sex workers (FSWs), long-distance truck drivers and prisoners. The National AIDS Control Program has developed a consolidated strategic framework to confront the challenge, the 'HIV/AIDS Strategic Framework' [1], which presents a multifaceted plan of action for vulnerable and high-risk groups. This framework seeks, on the one hand, to empower these individuals and enhance their participation in patient support groups and other services related to HIV care and treatment and, on the other hand, to ensure the effective delivery of HIV/AIDS-related services. These services encourage the use of condoms among sex workers and fresh, disposable syringes for IDUs and facilitate the provision of these supplies at reduced prices or free of cost. Despite the extensive interventions of the National Aids Control Program, the prevalence of HIV in high-risk groups continues to rise. Between 2005 and 2009, the HIV prevalence among IDUs increased from 10.8% to 20.8%; among male sex workers (MSWs), the prevalence of HIV increased from 0.4% to 0.9%; among 'hijra'¹ sex workers, the prevalence increased from 0.4% to 6.1%; and among female sex workers, the prevalence of HIV increased from 0.4% to 0.91% [2].

A prudent analysis of the strategy for high-risk groups, especially sex workers, reveals that it is misplaced, to some extent. Bringing these vulnerable groups into confidence and providing

them with the opportunity to interact among themselves and with health personnel might make it easier to address their needs, but concentrating on how they can make their trade and practices safer is certainly not very effective and may even be counterproductive. Emphasis needs to be redirected to training and building the capacity to counsel these vulnerable groups on the risks and dangers involved in their activities and to encourage them to give up these practices. This process can involve advice, support and encouragement on how these groups can return to a culturally dignified life that will earn them social respect and repute. They can be counseled on how they can establish a happy family life for themselves within social norms, live in harmony with one spouse, and raise children who can be of financial and moral support to them and can care for them in their old age and senescence. Workshops and interactive programs can be organized on the fruits of a happy family life. Innovative ways of helping these populations reintegrate into society should be developed and included in training modules. Clearly, this approach will require mature strategies to appeal to a substantial audience among the target groups. However, the results of this approach will be sustainable because they will facilitate the eradication of the root of the problem.

The strategy that is currently employed may help to decrease the risks associated with the problem, but it will in no way eradicate its root cause. In fact, on the contrary, the current strategy may even bolster such practices in Pakistani communities because people may presume that they can protect themselves from imminent risks if they take a few preventive steps. The National AIDS Control Program, in its invitation for bids to NGOs and other organizations to provide services to FSWs, mentions increasing the prevalence of condom use as an objective, but the importance of reducing the size of this vulnerable population is not mentioned at all, shying away from the core of the problem [3]. The document places great emphasis

¹ Males and transgender individuals disguise themselves as females and engage in sexual work. The hijra population in South Asia is sizeable.

on empowering FSWs and bringing them together to establish a 'community' and networks among themselves. Such a strategy is counterproductive because it will minimize the sense of involvement in a socially immoral and unethical act among FSWs and other observers. The awareness of this involvement, which would otherwise deter other individuals from entering the business, will gradually fade. Consequently, the problem will only increase. Although a 60% prevalence of condom use is a fair target, the absolute number of FSWs who do not use condoms may remain the same or even increase if the total population of the group increases. The impact of societal norms and taboos on sexual trade in the country should be viewed as being more beneficial in keeping the trade in check than detrimental.

The National Strategy on HIV Preventive Services for Female Sex Workers in Pakistan finds that it is important to educate FSWs on the 'techniques and tricks of the trade' and to empower them socially and politically [4], but practical behavioral-change counseling is sidelined. The commercial sex trade is unlawful, according to the Pakistani Constitution, and is subject to strict punishment by law (Pakistan Penal Code, Article 371A,B) [5]. Hence, such programs can also have considerable legal implications.

Providing vocational training and alternate employment opportunities may also serve as an effective means of resolving the problem because poverty is among the major reasons that commercial sex workers enter the business [6]. Alternate sources of income will encourage sex workers to consider abandoning the trade and reverting to a socially acceptable life. Innovative programs can be designed that offer individuals stipend-paid training prospects, such as stitching and handicraft work for women and mechanical work for men. Following this training, their expertise can be utilized in paid work opportunities. Negotiations can be conducted to help these individuals acquire jobs in government institutions as a means of rehabilitating them. Thus, the productivity of the country's workforce can be enhanced because, clearly, most of the country's FSW population of approximately 125,000 and the MSW and transgender sex worker population of 35,000 [7] do not contribute to the country's gross domestic product in a meaningful way.

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