PARLIAMENTARIANS FOR GLOBAL ACTION (PGA)

Report on a joint initiative: "Empowering Parliamentarians to Address HIV & AIDS in Pakistan"

A Joint Publication by PGA and UNAIDS Pakistan







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UNODC ILO UNESCO WHO WORLD BANK

ACRONYM

HIV Human Immunodeficiency Virus

AIDS Acquired Immune Deficiency Virus

PGA Parliamentarians for Global Action

UNAIDS Joint United Nations Programme on HIV & AIDS

UNFPA United Nations Population Fund

WHO World Health Organization

UNDP United Nations Development Programme

NWFP North West Frontier Province

AusAid Australian Aid for International Development

CIDA Canadian International Development Agency

CPA Commonwealth Parliamentary Association

DFID- UK Department for International Development – United Kingdom

SDC Swiss Agency for Development and Cooperation

OPEC Organization of Petroleum Exporting Countries

PLHIV People Living with HIV

NACP National AIDS Control Programme

PACP Provincial AIDS Control Programme

MNA Member of National Assembly

MDG Millennium Development Goals

SDHP Sustainable Development, Health and Population Programme

UNHCR United Nations High Commissioner For Refugees

UNICEF United Nations Children's Fund

WFP World Food Programme

UNODC United Nations Office on Drugs and Crime

ILO International Labour Organization

UNESCO United Nations Educational, Scientific and Cultural Organization

PCB Programme Coordinating Board

MPs Members of Parliament

PML-Q Pakistan Muslim League – Quaid-e-Azam Group

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PPPP Pakistan People Party Parliamentarian

IDUs Injecting Drug Users

STIs Sexually Transmitted Infections

MSM Men having sex with Mer.

UNGASS United Nation General Assembly's Special Session on HIV & AIDS

ICPD International Conference on Population and Development

UN United Nations

AKU Aga Khan University

TB Tuberculosis

ICAAP International Congress on AIDS in Asia and the Pacific

NSF National HIV & AIDS Strategic Framework

VCT Voluntary Counseling and Testing

ARV Antiretroviral

NGOs Non- Government Organizations

MTR Mid Term Review

BCC Behavioral Change Communication

CBO Community Based Organization

MOH Ministry of Health

SRA Situation and Response Analysis

FSW Female Sex Workers

WTO World Trade Organization

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Acknowledgements

The contents of this document are based on the HIV&AIDS Seminar Series that took place between 2005 and 2007 in Pakistan as the result of a strategic partnership between Parliamentarians for Global Action (PGA) and United Nations, specifically the United Nations Joint Programme on HIV/AIDS Pakistan (UNAIDS Pakistan). The HIV&AIDS initiative undertaking was introduced by PGA and members of the Parliament of Pakistan in 2004. The seminar series methodology was first implemented by PGA, the United Nations Population Fund (UNFPA), the World Health Organization (WHO), United Nations Development Programme (UNDP) and the Senate and National Assembly of Pakistan in 2005 in Islamabad, Pakistan marking the first Sub-Regional Seminar on HIV&AIDS Policy. At that meeting, PGA and UNAIDS Pakistan decided to collaborate on an in-country provincial-level seminar series.

The HIV&AIDS seminar series was conducted in cooperation with UNAIDS Pakistan, the Senate and National Assembly of Pakistan, the Federal Ministry of Health, the National AIDS Control Programme of Pakistan, the Provincial Assemblies of Sindh, Punjab, North West Frontier Province and Balochistan, the Department of Health NWFP, and Aga Khan University.

PGA's HIV&AIDS initiative received government and institutional support from the Australian Government (AusAid), Canadian International Development Agency (CIDA), Commonwealth Parliamentary Association (CPA), Department for International Development (DFID-United Kingdom), Government of Norway, Swiss Agency for Development and Cooperation (SDC), United Nations Development Programme (UNDP), United Nations Foundation, United Nations Population Fund (UNFPA), World Health Organization and with core Support from Denmark and Sweden.

UNAIDS supported the initiative with the OPEC Fund, under the project on "Læadership and Political Advocacy". The project aims at building capacity, strengthening leadership, increasing awareness, and promoting partnerships. The Project was designed to acquire support for the national response to the epidemic at all political levels. The sensitization of key policy makers and political leaders at the national, provincial and district levels creates an enabling environment for entities and individuals in the public and private sectors working for the prevention and control of HIV&AIDS, the reduction of stigma and discrimination against People Living with HIV (PLHIV), the promotion of respect for human rights for PLHIV.

The project is being implemented at all levels with the full involvement of members of Parliament. The project is being executed through UNAIDS in collaboration with NACP (at the federal level) and PACPs (at

the Provincial levels) and both NACP/PACPs at the district levels. Within the project, Parliamentary Forums on HIV & AIDS have been created at the federal and provincial levels in order to take charge and finalize activities considered favorable for PLHIV.

PGA and UNAIDS would like to thank the MNAs, Senators and MPAs of Pakistan for their effort and interest. Please refer to Annex 3 for the participant lists for all seminars to date.

This document was developed jointly by PGA and UNAIDS-Pakistan

Parliamentarians for Global Action and UNAIDS-Pakistan Partner to Combat HIV&AIDS in Pakistan

1. Background and History of PGA's HIV&AIDS Initiative

1. ABOUT PGA

Parliamentarians for Global Action (PGA), is an international non-governmental organization that has been serving its membership of legislators as a forum for policy advocacy since 1978. PGA is based in New York,

MDGs

Goal 1: Eradicate extreme poverty and hunger

Goal 2: Achieve universal primary education

Goal 3: Promote gender equality and empower women

Goal 4: Reduce child mortality

Goal 5: Improve maternal

Goal 6: Combat HIV/AIDS, malaria and other diseases

Goal 7: Ensure environmental sustainability

Goal 8: Develop a Global Partnership for Development in close proximity to its long-time partner, the United Nations. Since 1998, PGA has held consultative status with the United Nations Economic and Social Council. PGA's current membership consists of over 1300 legislators worldwide to which it offers three distinct programs, the Peace and Democracy Programme, the International Law and Human Rights Programme and finally, the Sustainable Development, Health and Population Programme (SDHP). Heightened interest expressed by provincial assembly members (MPAs) over the last few years prompted PGA's Executive Committee to pass the decision approving their membership eligibility during December 2006.

In 2004, PGA members brought the issue of HIV & AIDS to the attention of the Executive Committee as a new advocacy area to undertake. The new initiative, designed as a seminar series, was mandated to the SDHP and later, in September 2006, was placed under a newly identified priority area named "Communicable and Infectious Diseases, and Reproductive Health" as means of organizing all SDHP program activities related to health and development. PGA members agreed that South Asian countries would be the initial focus of the initiative due to the gap in prevention campaigns and outreach within the sub-region, the ensuing risk of generalized epidemics, and the escalating case estimates in India, bringing attention to policymakers as an area of concern.

2. ABOUT UNAIDS

Established in 1996, the Joint United Nations Programme on HIV/AIDS (UNAIDS), is the main advocate for the global action on the HIV & AIDS epidemic. UNAIDS leads, strengthens and supports an expanded response aimed at preventing transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV & AIDS, and alleviating the impact of the epidemic

The Programme assists in coordinating all HIV & AIDS-related activities undertaken by the UN system by

bringing together the efforts and resources of ten UN system organizations to the global AIDS response. These include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank.

Based in Geneva, the UNAIDS secretariat works on the ground in more than 75 countries world wide and is committed to strengthening support to nationally owned and led responses.

With its ten cosponsors UNAIDS assists in ensuring better coordination among its partners in the UN system, governments, civil society, donors, the private sector and others through the following five focus areas:

- Provides leadership for establishing the global AIDS agenda and galvanizes political
 commitment for a pro-active, targeted and optimally effective response at all levels that is geared to
 the changing epidemic and that engages diverse partners and stakeholders, including intergovernmental bodies, governments, other key partners, UNAIDS and the broader UN system.
- Generates and widely disseminates up-to-date and reliable data, information and analysis on global, regional and country trends in the epidemic, its impact, and the response, to support advocacy and inform policy and strategy formulation by all partners.
- Harmonizes monitoring and evaluation approaches at global, regional and country levels to generate reliable and timely information on the epidemic and the response.
- Generates stronger and sustained involvement of civil society, people living with HIV, and
 population groups at elevated risk of HIV infection, through global, regional and national
 partrerships that facilitate the regular and structured engagement of civil society in policy and
 programme decision-making.
- Mobilizes increased human, technical and financial resources to meet priority needs in the
 response to the epidemic (including mitigation of its impact), and maximize the effective and
 efficient use of available resources.

UNAIDS in Pakistan – Until December 1995 the World Health Organization (WHO) and United Nations Development Programme (UNDP) were the main UN Agencies associated with the National AIDS Prevention and Control Project for which the main contributions came from WHO, UNDP, UNICEF and Government of Norway.

In 1996, with the establishment of the Joint United Nations Programme on HIV & AIDS, this initiative was further strengthened with an additional contribution from UNDP, UNFPA, UNAIDS HQ and the Government of Norway by building on the earlier initiatives and assisting in selected priority areas identified by NACP in its approved 1996-97 Workplan. The purpose was to draw upon and share experiences, contribute to UNDP's strengthening of multi-sectoral and community responses to HIV, UNFPA's reproductive health initiative and to the Norwegian Government's strengthening of national response activities.

Since 1996, UNAIDS Secretariat Pakistan has come a long way in terms of capability as well as action in the overall response to the epidemic especially after the mid-term evaluation in 2000 when the Programme Coordinating Board (PCB) endorsed the recommendation to have more coordinated and focused activities at the country level. In this respect the Secretary General has provided more clear guidelines to cosponsor agencies on the role of UNAIDS at the country level, the role of UNAIDS Country Coordinator within the Resident Coordinator's system and a joint planning (United Nations Implementation Support Plan) as an instrument of accountability for UNAIDS Secretariat and for Cosponsor Agencies.

Seminars are designed to help legislators:

- Build capacity for ownership & accountability
- Strengthen & harmonize political leadership
- 3) Foster multiple stakeholder partnerships
- Decentralize policy
- Achieve multi-sector engagement focusing on health, education, labor & family welfare
- 6) Sustain & expand prevention efforts
- Act to reduce stigma and discrimination against PLHIV
- Address current situations and spread awareness amongst constituents

11. The Seminar Series - Method and Context

The HIV & AIDS seminar series consists of high-level policy learning seminars from a rights-based approach. The series aims to sensitize and educate Members or Parliament (MPs) and MPAs and to build their capacity as advocates and informed policy-makers. HIV & AIDS is treated as a public health issue and a development issue, with cross-cutting effects in sectors such as health, family welfare, labor, and education, directly addressing the first six out of eight Millennium

Development Goals (MDGs). The initiative addresses HIV&AIDS in-country at the national level and the provincial or state level, contributing to the development of seamless policy in the sub-region of South Asia and in turn to the global movement to achieve the MDGs. In-country, the seminars aim to advance the goals set forth in national HIV&AIDS strategies and Three Ones.

[&]quot;Three ones" aim to improve coordination by calling for one HIV&AIDS action framework, one national AIDS coordinating authority and one agreed country-level monitoring and evaluation system.

The seminar series methodology has proven to be effective in educating policymakers, facilitating dialogue and consensus-building above party lines. This methodology has also served as an effective forum for multi-sector and multi-stakeholder engagement involving representation from government sectors such as health, labor, finance and education, entities representing civil society including people living with HIV&AIDS, UN Specialized Agencies, and health care professionals among other experts. The series has also served as a means for international and regional cooperation in addressing HIV&AIDS not only through commitments to conduct seminars in a variety of countries but by including an international delegation of Members of Parliament, and in some cases Health Ministers (at both the provincial and federal levels) from outside the host country at each seminar. While the seminar agendas are tailored to each seminar, they contain a consistent framework by which information is organized to facilitate knowledge-building. Topics are presented under four thematic areas, the HIV&AIDS situation from multiple scale perspectives (globally, regionally, in-country, state/provincial levels); stigma and discrimination; raising awareness & the role of leadership; and interventions with an emphasis on vulnerable population and high risk groups.

PGA Seminars to Date

- 1" Sub-Regional South Asian Parliamentary Seminar on HIV6ZAIDS Islamabad, Pakistan (January 2005)
- 2rd Sub-Regional Parliamentary Seminar on HIV&AIDS in South Asia Dhaka, Bangladesh (January 2006)

Seminars in Partnership with UNAIDS Pakistan

- t" Provincial Parliamentary Seminar on HIV & AIDS Policy Karachi, Pakistan (January 2006)
- 2nd Provincial Parliamentary Seminar on HIV & AIDS Policy Lahore, Pakistan (December 2006)
- 3" Provincial Parliamentary Seminar on HIV & AIDS Policy Peshawar, Pakistan (April 2007)

III. PGA and UNAIDS-Pakistan in Partnership

Pakistan was selected as the first focus country of the HIV&AIDS initiative, with PGA members and MNAs, Dr. Noor Jehan Panezai (PML-Q) and Mr. Naveed Qamar (PPPP) as the driving force. The government of Pakistan welcomed and supported the seminar series, acknowledging the risk of a generalized epidemic posed by geographic and socio-economic factors.

Pakistan shares a long border with Afghanistan on the west and the north reaching over 2,400 km in length. Afghanistan has one of the largest refugee populations in the world, with over three million Afghan refugees living in Pakistan and over 200,000 internally displaced people living just across the border in Southern Afghanistan. Afghanistan is wrought with instability, distinguished by opium production, injecting drug use, and severely lacking primary health services. Over the last year, Pakistan's epidemic has elevated from a 'low prevalence' to a 'concentrated epidemic,' particularly among the IDUs. Myriad aggravating factors such as low literacy rates, irregular or low school attendance rates in poor areas, high prevalence of sexually transmitted infections (STIs) among high risk groups, limited safety in blood transfusions and large number of professional donors² and medical injection practices³, a large number of injecting drug users (IDUs) and users of contaminated needles⁴, a significant migrant worker population employed overseas⁵ and a highly mobile refugee population, make Pakistan a "high-risk" country. When combined, such as men having sex with men (MSM) who are needle-sharing IDUs without protection, or sex worker who have unprotected sex with migrant workers, these factors put Pakistan at an even greater risk of a generalized epidemic.

1. The First Sub-Regional Seminar on HIV&AIDS Policy in Pakistan

In 2005, the National Assembly and Senate of Pakistan hosted the First Sub-Regional Seminar on HIV&AIDS Policy in Islamabad, organized by PGA and UNAIDS, kicking off the new initiative. The seminar was inaugurated by Pakistan's Prime Minister, H.E. Shaukat Aziz. The welcoming address was given by Federal Health Minister Muhammad Nasir Khan. Dr. Naf is Sadik, Special Adviser to the UN Secretary-General and UN Special Envoy for HIV&AIDS in Asia and the Pacific was the keynote speaker, and held this position for all of the subsequent seminars in the series that were held in Pakistan.

The two-day seminar provided legislators from India. Pakistan, Bangladesh, Nepal and Sri Lanka, with a forum for the dissemination of information on the nature and extent of the virus in South Asia, its modes of transmission, impact, analysis of methods and strategies proven to work in preventing transmission of the virus. and, most importantly, the roles MPs can play in increasing political commitment to address the epidemic. The seminar agenda covered topics depicting the HIV&AIDS situation in South Asia, elements

According to the World Bank estimates: About 1.5 million blood bags transfused annually, only 40% are screened for HIV, and 20% of transfused blood comes from professional donors. Professional donors give blood for money and are typically very poor and often times drugs users.

^{4.5} injections per capita are administered annually 94% of injections administered with used equipment (World Bank, HIV&AIDS South Asia: Pakistan)

According to the Narcotics Control Division of the Government of Pakistan's Ministry of Narcotics Control, 64% of 1DUs use contaminated needles.

According to World Bank estimates around 4 million Pakistanis are employed overseas.

of an effective HIV prevention program, the needs of women and youth, and international efforts to scale-up prevention and treatment.

Participating MPs signed the Islamabad Declaration of Action, the seminar outcome document by which

Expected outputs for HIV&AIDS Policy Seminar Series include:

- Heightened awareness of HIV@AIDS @ reproductive health linkages among South Asian Parliamentarians;
- Strengthened parliamentary capacity to address HIVEAIDS in South Asia;
- Exchanges of experience & best practice in HIVerAIDS policy & programming among parliamentarians;
- Strengthened political consensus among parliamentarians across the region & other regions;
- Agreement to a Parliamentary Declaration of Action outlining the specific follow-up:
- Increased partnerships between parliamentarians, UN. NGOs and Civil Society;
- Increased awareness of HIV&AIDS Issues among local, regional, & national media.

their citizens could hold them to account. The Declaration is a broad and comprehensive document that addresses the diverse demands of HIV&AIDS including investing in health systems strengthening, eliminating legislative obstacles to affordable antiretroviral drugs, ensuring resources are adequate to support the Three Ones, improving data collection on the epidemiology of HIV&AIDS, adopting legislation to address stigma and discrimination, advocating for the citizenty by speaking publicly about HIV&AIDS and supporting programmes that address the underlying risk factors such as education and literacy. The Declaration even outlines specific actions to be undertaken by MPs in order to conduct effective follow-up such as the creation of focus groups

within the parliaments to raise HIV&AIDS awareness of related issues⁶. The Declaration also re-affirms commitments to achieving the international agreements dating back to 1994:

- United Nations Millennium Declaration adopted by the United Nations General Assembly MDG #6 "Combat HIV&AIDS malaria and other diseases" is the basis for the UNG ASS Declaration of Commitment (September 2000)
- UNGASS Declaration of Commitment on HIV &AIDS adopted by the Special Session of the UN General Assembly (June 2001)
- Programme of Action of the International Comference on Population and Development (ICPD) (1994).
- Kathmandu Call Against HIV&AIDS in South Asia: Accelerating Actions and Results" agreed at the UNAIDS/UNICEFHigh-Level HIV&AIDS Meeting (February 2003)
- Leadership Statement of the XV International AIDS Conference in Bangkok (July 2004).

At the first provincial-level seminar in Karachi during January 2006, the formation of HIV&AIDS Working Groups at the provincial level and a Parliamentary Forum on HIV&AIDS at the Federal were announced and subsequent to the event they began launching.

For more details please refer to the Islamabad Declaration of Action in Annex 1. After Islamabad, PGA and UNAIDS-Pakistan combined competencies to coordinate the subsequent follow-up events, marking the start of a lasting synergistic relationship that would grow in the coming years.

Members of Parliament in Pakistan were eager to continue the HIV&AIDS dialogue in their search for appropriate and effective policy solutions to address HIV&AIDS in Muslim society. They were committed to capacity building to advance the objectives of Pakistan's National HIV&AIDS Strategic Framework⁷ and to uphold its principles. The Islamabad seminar proved to be an effective forum by which to progress these ends for two main reasons. The seminar convened a wide range of stakeholders that have distinct functions in addressing HIV&AIDS, providing them opportunities to participate in the dialogue as panelists or as observers intervening from the floor. Second, it created a point of entry by which to conduct forums at the provincial level with the goal of transferring policy to the local level. The Health Ministry, PGA and UNAIDS all recognized that in order for decentralization of HIV&AIDS policy to be successful, the political infrastructure at the provincial level must be prepared to support it. They acknowledged that the Provincial AIDS Control Programmes under the Provincial Health Ministries need political support to carry out their mission. Together, PGA and UNAIDS committed to producting provincial level policy seminars to decentralize the national level policy objectives and to address HIV&AIDS in the unique social context of each province.

2. The Provincial-Level Seminars on HIV&AIDS Policy in Pakistan

To date, three of Pakistan's four provinces have held their provincial-level seminars, with one remaining seminar to be held by the Province of Balochistan in Quetta during 2008. The provincial assemblies and health ministries of Sindh, Punjab and the North West Frontier Province hosted their seminars in succession. The seminars were attended by MPs from Islamabad, Provincial MPs representing the four provinces, AIDS Control Programme Managers or staff, PLHIV, representatives from civil society, NGOs and the UN, maintaining the multi-stakeholder participation of the Islamabad seminar. For all seminars the responsibilities were divided such that, UNAIDS would invite MPAs and MPs in Pakistan while PGA would invite the international delegation, comprising MPs from countries outside of Pakistan.

Each seminar agenda was carefully designed to address the current and unique situation of the respective province while building upon its predecessor(s). The thematic areas provided a framework for consistency and continuity, while each agenda reflected the diverse social contexts of the provinces and any recent

⁷ The National HIV&AIDS Strategic Framework was endorsed by the Health Ministry of Pakistan in 2001.

findings and accepted strategies.

Some of the main achievements of these seminars have been:

- > Sensitization of the MPs to HIV & AIDS and other issues related to it
- Giving a voice to PLHIV during the seminars so that they could talk about their personal experiences including stigma and discrimination.
- Discussion of issues related to policy & legislation, respecting basic human rights, access to treatment care and support to PLHIV
- Information-sharing by MPs representing various countries, especially the delegation of 10 MPs from India which was supported by CPA during the seminar held in Lahore.
- Exposure of the parliamentarians to the drivers of the epidemic including IDUs, Commercial Sex Workers (including both male and female), Male having sex with men (MSM), deported migrant workers and also issues such as condom use
- Exposure to international / political commitments signed by member countries of the UN, such as Universal Access, UNGASS and MDGs.
- Addressing the multi-sectorality of HIV & AIDS.
- Involvement of religious leaders and scholars where they spoke about compassion, care and support for PLHIV.
- > Inclusion of Civil Society to encourage multistakeholder engagement.
- A strengthened collaboration between UNAIDS and PGA

The Provincial Assembly of Sindh, the National Assembly and Senate of Pakistan, and Aga Khan University (AKU) hosted the first Provincial Parliamentary Seminar on HIV&AIDS Policy. The event took place during January 2006 in Karachi, the provincial capital. As the first, at the provincial level, this seminar set in motion achievement of important milestones. Members from all of Pakistan's provincial assemblies convened for the first time in three years. They engaged in the first open discussions with MPs about HIV&AIDS policy and aligning provincial and national efforts to prevent the spread of HIV in Pakistan. In Karachi, MPs and MPAs committed to launching HIV&AIDS Working Groups and committed to carry out district

level activities involving the district government officials in order to raise awareness on HIV & AIDS at the district level. Later, they prepared detailed Workplans showing timelines for carrying out pilot interventions at the district level. Subsequent to Karachi, the Federal Parliamentary Forum on HIV&AIDS was established to organize national level actions, while each province launched its own working group with exception of Balochistan.

The Provincial Assembly of Punjab hosted the Second Provincial Parliamentary Seminar on HIV&AIDS Policy in Lahore, the capital of the Punjab Province during December 2006. This seminar was inaugurated by Federal Health Minister Muhammad Nasir Khan, and welcomed by Deputy Speaker of the Provincial Assembly of Sindh, Mr. Sardar Shaukat Hussain Mazari. This seminar included a dialogue on HIV co-infections with diseases such as Tuberculosis and Hepatitis that have a higher prevalence in Pakistan and are more familiar to the general population than HIV, emphasizing the importance of a timely response to HIV&AIDS. The panel on interventions which in the past emphasized responses for vulnerable populations such as women and children and high risk groups such as migrant workers, MSM, sex workers and IDUs included a discussion on the role of religious leaders in addressing HIV&AIDS, an effective vehicle for outreach to the general population. One of the key highlights of this seminar was the productive participation of 10 MPs from India supported by CPA.

The Health Ministry and the Provincial Assembly of the North West Frontier Province hosted the Third Provincial Parliamentary Seminar on HIV&AIDS Policy in Peshawar, the capital of the Northwest Frontier Province during April 2007. This seminar presented sustainable near-term results-based strategies and longer-term results-based strategies to address vulnerable groups in the general population such as women, youth and migrant workers and high risk groups such as ID Us and gave an even greater role to the religious leadership in addressing HIV&AIDS. Some of the near-term strategies called for the provision of sex education programs for migrant workers before their departure overseas, comprehensive services for IDUs comprising opiate replacement, needle exchange and condom distribution and making antiretroviral drugs available for expectant mothers to prevent mother-to-child transmission of HIV. The longer-term strategies presented advocated for universal access to education, development opportunities for women and girls and the ongoing role of religious leaders against stigma and discrimination. The agenda included discussions on co-infections such as Malaria, in addition to TB and Hepatitis recognizing the aggressive efforts put forth by the Health Ministry in the NWFP against these diseases individually and the need to conduct a collaborative initiative.

IV. The Way Forward: Strategic Partnership Opportunities and Challenges

In August 2007 UNAIDS will fund the Pakistani Delegation of MPs to attend PGA's Pre-ICAAP Seminar on HIV & AIDS Policy in Colombo, Sri Lanka. This seminar will precede the Eighth International Congress on AIDS in Asia and the Pacific and will be hosted by Health Ministry of Sri Lanka. PGA and UNAIDS anticipate entering a new phase of their collaboration in Pakistan. During 2008, After the fourth provincial seminar on HIV&AIDS Policy in Balochistan, which marks the completion of the seminar series in Pakistan. PGA and UNAIDS plan to direct their focus on follow-up work, employing a system of outcomes monitoring and evaluation to guide the development and implementation of activities on the ground. PGA and UNAIDS are currently exploring ways to continue their work together in their new role, to support the HIV & AIDS Working Groups and enhance their capacity to effect best practices in confronting HIV & AIDS and developing sustainable solutions to minimize its impact in the long-run on individuals and on economic and social development.

An unstable security situation and an uneven political environment hindered the activities from being carried out at the district level in spite of repeated efforts. Once again during the last Provincial level seminar held in Peshawar in April this year, the Provincial Parliamentary Forums have committed to carry out the district level activities before the upcoming elections. UNAIDS and PGA will provide all possible support to the forums in order to carry out these activities.

National Strategic Framework of the Government of Pakistan:

The National AIDS Control Programme of Government of Pakistan in 2000 undertook the strategic planning exercise which produced the first National Strategic Framework for HIV&AID\$ 2001e2006, providing a strong foundation for a concerted and coordinated national response to the epidemic, not only by the government of Pakistan but also contributed by other agencies including development partners and civil society organizations.

The strategic framework was then based on the available understanding of the prevalence, trends, vulnerabilities and behavior patterns placing Pakistan as a low prevalence but a high risk country for HIV & AIDS. The framework was focused on nine priority areas encompassing the key domains likely to have the greatest impact on prevention & control of further spread of HIV in Pakistan. However, realizing the fact that in order to reach the target set at various international fora & commitments made by the Government of Pakistan, the national response needed to be strengthened, maximized and maintained. This requisite for succeeding in prevention & control of HIV in the country called for a situation & response analysis and mid-

term review of the current on-going national HIV response.

A strong recommendation that emerged from these processes was a revision of the National Strategic Framework on HIV&AIDS for next five years from 2007-2011, while including some key areas as priority which have been discovered over time from the experience of implementation of the national HIV response. The revision led to a comprehensive process of consultation with stakeholders, sharing and learning from each other in formulating strategic objectives and prioritizing the key areas for a national response.

The Response to Date

The National HIV&AIDS Strategic Framework (NSF-One) 2001-2006 was endorsed in 200 lmnd translated into a plan of action. The NSF underlined the importance of a multi-sector approach and coordination, thereby providing the basis for a significant increase in prevention interventions. The Government has shown its commitment to fight the epidemic by preparing the National HIV&AIDS Policy, supporting legislation⁸ and increasing funding for interventions by almost three times over the next five years.

Under the aegis of NACP and its counterparts in the provinces - the Provincial HIV&AIDS Control Programmes (PACPs), the national response has extended the coverage of HIV interventions and fostered an environment of stronger NGO community. Prior to 2003, IDUs were the only key population at risk targeted with HIV interventions whereas, by May 2006, there were more than 50 projects through the NACP, PACPs and their partners working with various at risk groups, including youth. Voluntary counseling and testing (VCT) centres became operational in April 2005 and eight antiretroviral (ARV) Centres of Excellence have since been established. Through the public private partnerships, NGOs are now operating among most at risk populations in major urban settings. Despite the efforts to date, many gaps and constraints still exist. The HIV epidemic has moved into a 'concentrated phase' that poses even greater challenges for the immediate future. The following section outlines identified gaps and constraints that require immediate action in order to effectively manage the changing epidemic in Pakistan over the coming yearn.

Gaps and Constraints

The MTR report reviewed progress against the nine priority areas of the current NSF. Five major issues were listed to which the more important gaps and constraints apply. These included the following:

^{*} The draft legi-lation can be viewed on the National AIDS Control Programme website www.nacp.gov.pk

- 1 Denial still remains a challenge, despite the country changing HIV status from a 'high risk, low prevalence' to a concentrated epidemic. There is a danger of a generalized epidemic if appropriate and timely action is not taken to scale up targeted interventions and reach bridging populations.
- 2 The response is perceived to be mainly health sector led and lacks a true wide based multi-sector approach;
- 3 Limited availability of human resources with the right skills mix. Appropriate capacity building in technical and managerial areas is much needed by public/private sector organizations as well as NGOs for comprehensive interventions and scaling up;
- 4 Awareness raising using BCC messages through mass media remains limited due to socio-cultural barriers focusing on sexual transmission of HIV and promotion of condom use for STI and HIV prevention; and
- 5 Evidence from other countries has shown that **condom use** is one of the single most important factors in an effective and successful response to HIV&AIDS. Although condoms are promoted as an integral part of service delivery to present target populations, usage levels are still low. This underlies the need to implement condom social marketing among these groups that are essential to preventing the spread of HIV through bridging populations. These generic issues comprise a number of more specific gaps and constraints which are briefly discussed below.
- Susceptibility, social distance and homophobia: Cultural, social and religious taboos concerning the discussion of sexual behavior have inhibited the public discussion of reproductive health and sexual behavior, and have also impacted negatively on the attitudes of health care providers:
- *Target populations and coverage:* The coverage of HIV prevention services remains low, both in terms of numbers and types of target groups reached, and prevention efforts need to be scaled up urgently;
- **Bridging populations:** There is a need to target bridging populations that serve as the link to the general population;
- Youth: The broad category of 'youth' as a vulnerable population needs to be broken down into those most at risk and specific activities designed for them;
- Implementation: There are several implementation issues that need to be addressed, namely; (i) the

challenges faced in contracting the implementing partners; (ii) the lack of operational research to provide evidence of good practice and deeper knowledge of target groups which thus helps inform the development of the most appropriate targeted interventions; (iii) more effective monitoring of programmes and projects; and (iv) adherence to certain standards, especially in terms of service quality, confidentiality, recording and reporting;

- Quality of care: The quality of care in counseling and treatment services suffers due to a lack of their linkage with prevention programmes and also lack of integration of VCT services with mainstream healthcare services, and, more importantly, a lack of access and participation by persons in the target groups;
- <u>Communications:</u> Effective communications, central to all efforts to expand and scale up the national response, are affected by a host of constraints including most significant are: (a) the basic themes of the present messages; (b) media options; and (c) the language(s) of communication;
- <u>Coordination</u>: To increase the scale and effectiveness of the national response will require improvement in communication and coordination between the different actors involved as appropriate to the functional context (i.e. whether it be at national, provincial or district levels, between public and private partners, or among NGOS at the front line);
- Information: More data are required through routine reporting, research, and monitoring and evaluation activities. This will help improve communication and coordination;
- Capacity building: Capacity building is required in terms of both numbers and knowledge. Four major areas in need of greater capacity were identified: the critical shortage of technically qualified persons; the need for training to rectify the widespread lack of knowledge about HIV and STIs among go emment health workers and the low level of awareness among private medical care workers; the need for NGO training to build their capacity to effectively scale up successful interventions; and the need for capacity building among the NACP and PACPs in terms of technical skills and programme management; and
- <u>Public-private partnerships</u>: Partnerships with NGOs, CBOs and other civil society organizations that are best placed to access the target population organizations is essential to successful containment of the HIV epidemic.

Revisiting and reformulation of the NSF 2007-2011

As outlined in the National HIV&AIDS Strategic Framework 2001-2006 (NSF-One), the development of a sound HIV&AIDS strategy should be based on comprehensive understanding of the prevalence and trends of HIV&AIDS, the vulnerabilities and patterns of behavior that place people at a higher risk of infection. Data and information generated through Integrated Biological and Behavioral Surveillance, quantitative and qualitative research studies undertaken as part of the Enhanced Program indicates that HIV&AIDS prevalence and trends in Pakistan are fast changing from a low prevalence high risk category to a stage of concentrated epidemic especially among the IDUs.

In response to the rapidly changing situation, the Ministry of Health (MOH) and National AIDS Control Program (NACP) in early 2006, engaged a team of independent experts consisting of both international as well as international consultants to undertake a detailed situation and response analysis followed by a mid term review of the national response to HIV. The team reviewed available data, ongoing interventions and undertook broad based consultations with the UN system, bilateral donors, NGOs, People living with HIV and AIDS, public and private sector stakeholders. The team summarized its findings in two reports: (1) HIV&AIDS in Pakistan: A Situation and Response Analysis (SRA); and (2) Mid-Term Review on the National Response to HIV in Pakistan (MTR). Based on the SRA and the MTR reports, the team's recommendations were discussed with stakeholders to develop consensus and determine priorities, which led to the preparation of the National Strategic Framework-Two that is to be in place for the next five years (2007-2011). NSF-Two was designed to provide strategic direction and guide program development and activities of all HIV&AIDS stakeholders (including government departments and ministries, nongovernmental organizations (NGOs), community-based organizations (CBOs), private companies. researchers, professional associations, development partners, trusts and foundations, and PLHIV in Pakistan over the next five years. To finalize the revised framework, ensure ownership and develop consensus, active participation of wide range of stakeholders was ensured through individual meetings with NGOs, UN partners, bilateral and multilateral donors, private and public sectors representatives, People living with HIV and AIDS. This process was further consolidated through provincial consultations with all stakeholders including district representatives facilitated by the Provincial AIDS Programmes. The final step in the process was a national retreat at Nathiagali in November 2006. The objective of the consultation meetings was to discuss the findings and recommendations of the MTR report, to debate the determination of priorities and elaborate the broad lines of the NSF.

NSF-Two provides strategic direction, guides program development and activities of all HIV&AIDS stakeholders (including government departments and ministries, non-governmental organizations (NGOs), community-based organizations (CBOs), private companies, researchers, professional associations, development partners, trusts and foundations, and PLHIV in the country over the next five years.

As outlined in the NSF, Pakistan aims to achieve the following targets within the next five years:

Prevention

- Coverage of at least 80% of IDUs and 60% FSWs of estimated populations with a minimum package of prevention services;
- Coverage of at least 60% of men who have sex with men, trans-genders, long distance truckers,
 jail inmates, most at risk adolescents and coal mine workers;
- Coverage of at least 50% of medium and low-risk groups (general population) with a minimum package of prevention services.
- Ensure equitable access to a minimum package of quality and multi-faceted prevention services in all provinces;
- Ensure provision of quality STI services to most at risk population, bridging and general population
- Supporting safe blood transfusion in public and private sector; and
- Provision of uninterrupted prevention services, based on client-centred and individual approaches and responsive to the clients' changing needs.

Treatment

- Coverage of treatment to over 5.000 patients;
- Access to quality treatment in all provinces;
- Provision of uninterrupted treatment using a patient-centred approach; and
- Equitable access to treatment that reflects the needs of various populations including IDUs.

Care & Support

- Provision of a minimum package of either facility or community based care and support services to both people living with HIV and AIDS and those affected by the epidemic, including family members, friends, partners and closer relatives of people living with HIV/AIDS;
- Equitable access to care and support services in all provinces; and
- Ensuring elimination of all types of stigma and discrimination against people infected or effected with HIV and AIDS.

Annex 1: Islamabad Declaration of Action



PARLIAMENTARIANS FOR GLOBAL ACTION (PGA)







ISLAMABAD DECLARATION OF ACTION

Sub-Regional Parliamentary Seminar on HIV&AIDS in South Asia

Islamabad, Pakistan, 14-15 January 2005

- Recognizing the potential risk of the HIV&AIDS pandemic in South Asia and its effect on economic and social development.
- Recalling and re-affirming our commitment to achieving the internationally agreed development goals, including those contained in the 2000 United Nations Millennium Declaration (MDG) and in the outcomes of the major UN conferences and international agreements since 1994, including:
- O UNGASS Declaration of Commitment on HIV&AIDS adopted by the Special Session of the UN General Assembly (June 2001)
- O Programme of Action of the International Conference on Population and Development (ICPD) (1994)
- Kathmandu Call Against HIV& AIDS in South Asia: Accelerating Actions and Results" agreed at the UNAIDS/UNICEF High-Level HIV&AIDS Meeting (February 2003)
- o Leadership Statement of the XV International AIDS Conference in Bangkok (July 2004).
- Acknowledging that the HIV&AIDS epidemic is not simply a public health problem: it is a development crisis which has social, economic, gender, cultural and political implications.

- Expressing with grave concern that there are an estimated 7.fl million people living with HIV&AIDS in South and South-East Asia and that women and girls are particularly vulnerable to HIV infection.
- Recognizing that prevention must be the mainstay of the region's response to the epidemic, and that unless prevention is urgently scaled up, by 2010 more people will be infected in Asia than in Africa.
- Recognizing that implementation of these measures will have further benefit in preventing further spread of hepatitis and other major diseases in the region.
- Expressing concern that the significantly higher rates among high risk behaviour groups will ultimately move into the wider population.
- Regretting the fact that fewer than 6% of the people who needed anti-retroviral (ARV) treatment in Asia had access in 2004.
- Underlining the vital role of parliamentarians as peoples' representatives at all levels in mobilizing public support, changing societal attitudes, reviewing HIV&AIDS policy and increasing financial support for HIV&AIDS programmes.

We, the participants of the Parliamentarians for Global Action (PGA) Sub-regional Seminar on HIV&AIDS in South Asia, held at the Serena-Islamabad Hotel, Islamabad, Pakistan, 14-15 January 2005, hereby agree to:

- Mobilize increased financial and human resources to strengthen primary health care systems and support large-scale HIV&AIDS prevention, care and treatment programmes;
- Adopt legislation which confronts stigma and discrimination against people living with HIV&AIDS;
- Increase the availability of male and female condoms given the disparity between the supply and demand for condoms;
- Encourage the implementation of integrated, rights-based HIV&AIDS programs that include scaled-up prevention, care and treatment and measures to mitigate the impact of AIDS;
- Support closer linkages between HIV&AIDS services and reproductive health services;
- Support programmes which address the underlying factors increasing vulnerability to HIV, such as

poverty, lack of education, human rights violations and gender inequality;

- Ensure that programmes prioritize the needs of women, young people and marginalized groups and include the participation of people living with HIV & AIDS and provide assistance in caring for orphans and children made vulnerable by AIDS deaths;
- Ensure the effective utilization of existing resources by supporting the implementation of the "Three Ones" principles as articulated by UNAIDS and its partners;
- Foster support for the implementation of the WHO/UNAIDS "3 by 5" Initiative to provide ARV therapy to 3 million people with HIV&AIDS in developing countries by the end of 2005;
- Lead and facilitate open discussion of HIV&AIDS in our communities, constituencies and the media in order to raise public awareness and oppose the discrimination and stigma facing people living with HIV&AIDS;
- Promote strong leadership and generate increased political will at all levels to address the underlying causes of HIV&AIDS and scale up effective multi-sectoral responses to meet the HIV&AIDS challenge in South Asia;
- Exercise scrutiny over the actions of our Governments in order to attain the targets agreed in the international commitments and agreements;
- Improve the reliability of the data of HIV&AIDS prevalence and incidence;
- Advocate the removal of legal obstacles to encourage the production and distribution of safe and regulated generic drugs with quality control to international standards and to make them affordable in SouthAsia:
- Call upon the WTO to ensure that health needs are put before profits;
- Establish safe blood banks and the voluntary donation of blood and voluntary counseling and testing centres;
- Encourage our governments to strengthen both south-south and north-south collaboration and devote more resources in the development of HIV vaccines and female controlled methods such as microbicides and better ARV drugs;
- Ensure safety and protection of the lives of the persons undergoing clinical trials;

- Strengthen cooperation and networking with other Members of Parliament and other elected representatives and encourage cross-border collaboration and exchanges of information;
- Create focused groups within our respective parliaments which will raise awareness of HIV&AIDS
 in support of national responses;
- Form partnerships with other parliamentarians, UN agencies, civil society, international and national financial institutions, donors and the private sector to meet the objectives of this declaration;
- Set up appropriate follow-up mechanisms to monitor the implementation of this Declaration of Action that will include regional and bilateral exchanges and follow-up workshops on particular topics pertaining to HIV&AIDS prevention, care and treatment.

Agreed to on 15th January 2005 at Serena Islamabad Hotel, Islamabad, Pakistan

Annex 2: Meeting Agendas



PARLIAMENTARIANS FOR GLOBAL ACTION (PGA)



UNODC ILO UNESCO WHO WORLD BAN



SUB-REGIONAL SOUTH ASIAN PARLIAMENTARY SEMINAR ON HIV/AIDS

Held

In collaboration with National Assembly and Senate of Pakistan On January 14-15, 2005

At Shamadan Hall III,

Serena - Islamabad Hotel Islamabad, Pakistan

With Kind Support From:

The UN Foundation. World Health Organisation (WHO), UNFPA Governments of the United Kingdom, Australia, Canada & Switzerland

CONFERENCE PROGRAMME

January 13th

9.00—18.00	Registration for the arriving international participants

19.30 Welcoming Dinner Reception Hosted by Sen. Khalil-ur-Rehman, Acting Chairman, Senate of Pakistan (Shamadan Hall, Serena Hotel)

Day One - January 14th

9.15—10.00 Registration, Lobby of Shamadan Hall, Serena Hotel

Inauguration Ceremony

10.00—11.30

- > Welcoming No te
 - Hon. Kenneth Dzirasah, Second Deputy Speaker (Ghana), President of PGA
- > Introductory Remarks
 - Dr. Noor Jehan Panezai, MP (Pakistan), Parliamentary Host of the Seminar
- > Keynote Address
 - Dr. Nafis Sadik, Special Envoy of the UN Secretary General for HIV/AIDS in Asia
- ➤ Welcoming Address
 - Hon. Muhammad Nasir Khan, Federal Minister of Health (Pakistan)
- > Inaugural Address
 - H.E. Shaukat Aziz, Prime Minister of Pakistan

Video Presentation

"Make no Mistake" 11.30—11.50

Coffee Break 11.50-12.00

Panel I – Time to Act: HIV/AIDS Challenge in South Asia 12.00—13.15

Chair: Hon. Mr. Hussein A Bhaila,

Deputy Minister of Small & Medium Enterprise Development (Sri Lanka)

Topics:

- Spread of HIV/AIDS in South Asia
- A Rights-Based Framework for HIV/AIDS: Confronting Stigma and Discrimination
- The Importance of Strong Political Leadership in Addressing HIV/AIDS

Panelists:

- Mr. Salman Ahmad, Good-Will Ambassador for HIV/AIDS, Leader of Junoon Band
- Mr. Zahir Uddin Swapon, Secretary General, Bangladesh Parliament Members' Support Group (BPMSF) on Prevention of HIV/AIDS and Human Trafficking, MP (Bangladesh)
- Mrs. Mahdu Bala Nath, Regional Director for South Asia, IPPF
- Dr. Mohammed Khurshid, Dean, Aga Khan University Medical College
- Dr. Attiya Inayatullah, MP (Pakistan)
- Dr. Aldo Landi, UNAIDS-Pakistan

Luncheon 13.30-15.00

Hosted by Hon. Muhammad Nasir Khan, Federal Minister for Health & Hon. Begum Shahnaz Sheikh, Minister of State for Health (Pakistan)

(Marguis Hall, Marriott Hotel Islamabad)

Panel II - Elements of an Effective Prevention Programme

15.00-16.30

Chair: Mr. K.B. Kri hnamurthy, Member of Parliament (India)

Topic :

- Lessons Learnt from Malaysia, Thailand and Uganda
- Linkages between HIV/AIDS and Reproductive Health
- Formulating Evidence-Based Policies and Programs
- Reducing HIV Prevalence Through Behaviour Change: the ABC Model

Panelists:

- Dr. Malinee Sukavejworakit, MP, Chair, Senate Committee on Public Health (Thailand)
- Mr. Tony Worthington, MP (UK)
- Dr. Junaidy bin Abdul Wahab, MP, Deputy Chair, Committee on Health (Malaysia)
- Dr. Elioda Tumwesigye MP, Chair, Committee on HIV/AIDS (Uganda)
- Sen. Reza Rabbani, Leader of the Opposition (Pakistan)

 Discussion Session
 16.30—17.15

 Coffee Break
 17.15—17.30

 Closing Remarks
 17.30—18.00

 Time
 20.00

Dinner hosted by Hon. Sardar Muhammad Yaqub,
Deputy Speaker, National Assembly (Pakistan)

(National Assembly)

Day Two - January 15th

Panel III –Addressing the Needs of Women, Young People and Children 9,

9.30-11.00

Chair: Hon. Shehnaz Sheikh, MP, State Minister for Health

Topics:

- The Female Face of HIV/AIDS
- Supporting Orphans and Vulnerable Children
- Preventing Mother-to-Child Transmission of HIV
- Effective Community Action on HIV/AIDS

Panelists:

- Mrs. Marina Mahathir, President, Malaysian AIDS Council, Vice-President, AIDS Society of Asia and the Pacific (ASAP)
- Dr. (Ms) Donya Aziz, MP, Parliamentary Secretary, Ministry of Population Welfare (Pakistan)
- Ms. Chitra Lekha Yadav, Former Deputy Speaker, House of Representatives (Nepal)
- Mr. Imran Rizvi, Director, AMAL Human Development Network (Pakistan)
- Ms. Tehmina Daultana, MP (Pakistan)

Coffee Break 11.00—11.10

Panel IV - International Efforts to Scale up Treatment, Care and Support 11.10—12.30

Chair: Mr. Aitzaz Ahsan, MP (Pakistan)

Topics:

- Access to Treatment in Low-Income Countries
- Discussion and Assessment of the '3 by 5' Initiative
- HIV/AIDS Treatment, Care and Support: Scaling UP Access to ARVs

Panelists:

- Dr Ying-Ru Lo, Medical Officer (AIDS), World Health Organisation (WHO)
- Dep. Mamadou Lamine Thiam, MP (Senegal)
- Mr. Michael Johnson, MP (Australia)
- Mr. Gareth Aicken, Head, Department for International Development (DFID)-UK (Pakistan)

Discussion Session

12.30-13.00

Luncheon

13.00-14.00

Hosted by Dr. Noor Jehan Panezai, MP (Pakistan) Marriott Hotel

Panel V Declaration Drafting Session

14.00—15.00

Co-Chairs: Mr. Tony Worthington, MP (UK) & Mr. Jesudas Sheelam, MP, Ranking Member, Parliamentary Caucus on HIV/AIDS (India)

Concluding Session

15.00—15.30

- Hon. Ross Robertson, Assistant Speaker, (New Zealand). Chair PGA International Council
- Mr. Naveed Qamar, MP (Pakistan)

Press Conference with a Panel of Selected MPs

15.30—16.00

17.30-19.00

Reception Hosted by Dr. Aldo Landi, UNAIDS-Pakistan

(Private Residence of Dr. Landi, House No. 5B, Street No. 62, Sector F-6/3)

Dinner Reception

20.00

Hosted by Hon Shaukat Aziz, Prime Minister of Pakistan

(Private Residence of Hon. Prime Minister)

Day Three - January 16th

Day-trip to Ancient Buddhist Ruins of Taxila

11.00

Lunch, hosted by the Federal Minister of Culture

13.00

Dinner reception

19.00

Hosted by H.E. Ms. Zorica McCarthy, High Commissioner of Australia to Pakistan

(St. 4, Diplomatic Enclave 1, G-5/4, Islamabad)

Meeting Agendas



PARLIAMENTARIANS FOR GLOBAL ACTION (PGA)



UNODC ILO UNESCO WHO WORLD BANK



PROVINCIAL PARLIAMENTARY SEMINAR ON HIV & AIDS POLICY

On January 30-31, 2006 Karachi - Pakistan

Held in collaboration with Provincial Assembly of Sindh, Pakistan, the National Assembly and Senate of Pakistan, Aga Khan University, and the United Nations Joint Programme on HIV/AIDS (UNAIDS)

With Kind Support From:

Government of Norway, Swiss Agency for Development and Cooperation (SDC),
United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA) and
the National AIDS Control Programme, Ministry of Health, Government of Pakistan and
Core Support from Sweden and Denmark

CONFERENCE PROGRAMME

January 29th

Welcoming Dinner Reception – Hosted jointly by Mr. Syed Sardar Ahmed, Senior Provincial Minister, Sindh and Mr. Shabir Ahmed Qaimkhani, Provincial Minister for Health, Sindh

(venue: Sindh Provincial Assembly)

19:30

Day One - January 30th

Kohinoor Hall, Regent Plaza Hotel

Registration of participants

09:30-10:00

Inaugural Ceremony

10:00-11.00

Tilawat (Recitation from the Holy Quran)

Welcome Note

Sen. Raynell Andreychuk (Canada). Convenor – PGA Sustainable Development and Population Programme (SDP)

Introductory Remarks

Dr. Noor Jehan Panezai. MP (Pakistan) - Chair, PGA National Group, Pakistan

Inaugural Address

Hon. Muzaffar Hussain Shah, Speaker Sindh Assembly

Opening Remarks

Dr. Shamsh Kassim-Lakha, President Aga Khan University, Karachi

Keynote Address

Dr. Nafis Sadik, Special Envoy of the UN Secretary General for HIV & AIDS in Asia and the Pacific – presented by Dr. Aldo Landi, UNAIDS Country Coordinator – Pakistan, on behalf of Dr. Sadik

Closing Remarks

Mr. Naveed Qamar, MP (Pakistan), Member, PGA Executive Committee

Tea break 11:00 – 11:15

Session I - HIV & AIDS Challenges - Global, Regional and National

11:30 - 13:00

Chair: Hon. Nimal Siripala de Silva, Minister of Health Care and Nutrition (Sri Lanka)

Co-chair: Dr. Saeeda Malik, Provincial Minister for Women Development, Sindh

Topics:

- Global Situation Dr. Aldo Landi, UNAIDS Country Coordinator
- Regional Situation Hon Nimal Siripala de Silva, Minister of Health Care & Nutrition (Sri Lanka)
- UNFPA initiatives in the area of HIV & AIDS Dr. France Donnay, Representative UNFPA
- National and Provincial Situation and Advocacy Strategy Dr. Najma Lalji, Medical Officer (NACP)
- Sindh AIDS Control Programme Prof Dr. Noushad A Shaikh, Secretary Health, Sindh

• Female Sex-workers – Ms. Fareeha Razak Haroon, Member Provincial Assembly Sindh

Luncheon

Hosted by Mr. Nisar Khoro, Hon. Leader of Opposition and Member Provincial Assembly of Sindh 13:15 - 14:30

Session 2 - Advocacy and the Role of Political Leadership

14:30-15:40

Chair: Mr. Ross Robertson, MP (New Zealand), Deputy Speaker; President, PGA International Council Co-chair: Mr. Shabbir Ahmed Qaimkhani, Provincial Minister for Health, Sindh

Topics:

- Role of parliamentarians in the response to HIV & AIDS-Mr. Naveed Qamar, MP
- Asian Pacific Leadership Forum (APLF) Initiative Mr. Mohammed Ali Bhuiyan, APLF Coordinator, UNAIDS Bangkok
- Developing a supportive legal and ethical environment for People living with HIV & AIDS Mr. Advocate Zia Ahmed Awan, President LHRLA, Pakistan
- Role of Parliamentarians in Public Awareness Ms. Shazia Marri, MPA, Sindh

Discussion Session 15:40 –16:00

Tea break 16:00 – 16:15

Session 3 – Countering Stigma and Discrimination

16:15 - 16:55

Chair: Dr. Junaidy bin Abdul Wahab, MP (Malaysia); Deputy Chair. Committee on Health Co-chair: Ms. Kashmala Tariq, MP (Pakistan)

Topics:

- Ethical, Legal and Human Rights issues confronting PLWHA Shukria Gul, Pak Plus Society.
- Song vide o Al-Vida Depicting the story of a PLWHA
- Universal precautions on injection safety Ms. Shama Arif Mithani, Member Provincial Assembly, Sindh
- Stigma and Discrimination related to HIV & AIDS-M. Idrees Siddiqui, MPA (Govt. of Sindh)

Discussion Session

16:55 - 17:15

Dinner

19:30

Day Two - January 31st

Aga Khan University Auditorium

Session 1 – Interventions

10:30 - 11:30

Chair: Dr. Simin Mehmood Jan, MPA, NWFP

Co-chair: Dr. Mohammad Khur hid Dean Aga Khan Medical College

Topice:

- Migrant Workers Dr. Arshad Altaf, Sindh AIDS Control Programme
- Female Sex-workers Mr. Monte Achenbach, Serey Gath Green Star
- Blood Sa etv Initiativee- Dr. Abdul Mujeeb, JPMC Karachi
- Scaling up toward, universal access Dr. Na ir Sarfraz. Deputy Programme Manager, NACP
- Role of Religious leaders in preventing HIV & AIDS Mr. Syed Talib Imam

Video presentation/NGO Showcase

11:30 - 13:00

Chair: Mr. Jamal Shah Kakar. Speaker Provincial Assembly of Balochistan

Topice:

- O Street Children Initiative Ms. Rehana Rashdi, Pakistan Voluntary Health and Nutrition Association (PAVHNA)
- o Injecting Drug Users (IDUs Mr. Tariq Zaffar, Nai Zindagi (NGO)

Project Videos:

o IDUs - Mr. Mohammad A ad, Marie Adelaide Rehabilitation Programme

Luncheon - Hosted by Parliamentarians for Global Action (PGA)

13:00e-14:30

Group work & Plenary

14:30 -15:30

(Participants to be divided in groups based on provinces and would include members of the National / Provincial assemblies / Senate from their respective provinces, representatives of Provincial AIDS Control Programmes and other participants that would wish to participate)

Tea Break 15:30 – 15:45

Presentation of Provincial Plans of Action

15:45-17:00

Topics:

- Punjab Dr. Muzzafar Ali, MPA Chairman, Standing Committee on Health
- Sindh Mr. Talib, Imam, MPA
- NWFP-Dr. SiminMehmoodJan, MPA
- Balochistan Hon. Hafiz Hamdullah, MPA, Health Minister

Concluding Session

17:00-17:30

Closing Remarks

- Ms. Kashmala Tariq, MP
- Dr. Aldo Landi, UNAIDS
- Ms. Shazia Rafi, PGA

Meeting Agendas



PARLIAMENTARIANS FOR GLOBAL ACTION (PGA)







PROVINCIAL PARLIAMENTARY SEMINAR ON HIV & AIDS POLICY

On December 9-11, 2006 Lahore - Pakistan

Held in collaboration with Provincial Assembly of Punjab, Pakistan, the National Assembly and Senate of Pakistan, the Commonwealth Parliamentary Association (CPA), and the United Nations Joint Programme on HIV & AIDS (UNAIDS)

WITH SUPPORT FROM:

UNFPA, UNDP and the Swiss Agency for Development and Cooperation
AND CORE SUPPORT FROM:
the Governments of Denmark and Sweden

CONFERENCE PROGRAMME

Day One - December 9th

Registration of participants Afternoon

Inaugural Ceremony 17:50 – 19.00

Tilawat (Recitation from the Holy Quran) (5 minutes)

Wol	come Note	
	Noor Jehan Panezai, MP (Pakistan) – Chair - PGA National Group, Pakistan	(10 minutes)
Intr	oductory Remarks	
Mr. 1	Naveed Qamar, MP (Pakistan) Board Member - PGA	(10 minutes)
Hos	t Welcoming Address	
Sard	ar Shaukat Mazari, Deputy Speaker, Punjab Assembly	(10 minutes)
Inau	igural Address	
by tl	he Federal Minister for Health, Mr. Mohammed Nasir Khan	(10 aninutes)
Key	note Address	
	Nafis Sadik, Special Envoy of the UN Secretary General for HIV & AIDS	(15 minutes)
ın A	sia and the Pacific	
Wel	coming Dinner Reception – Hosted by Speaker of Punjab Assembly	19:30
	Day Two – December 10 th	
	Pearl Continental Hotel	
Sess	ion 1 - HIV & AIDS Challenges – Global, Regional and National	09:30 - 10:45
Cha	ir: Sen. Raynell Andreychuk, MP Canada	
	chair: Ch. Aitzaz Ahsan, MNA Pakistan	
Торі	ics:	
•	Global Situation - Dr. Aldo Landi, UNAIDS Country Coordinator	(10 minutes)
•	Regional Situation - Dr. Manda Jagannath, MP India	(10 aninutes)
•	UNinitiatives in the area of HIV & AIDS - Dr. Frances Donnay, UNFPA Resident	(10 minutes)
•	Representative	
•	National and Provincial Situation and Advocacy initiative - Dr. Asma Bokhari	(15 aminutes)
•	HIV & AIDS Situation in Punjab & Responser- Dr. Farzana Nazir,	
	Secretary Health, Punjab	(10 minutes)
•	Vulnerable Populations & Prevention - Dr. Muzaffar Ali Sheikh, MPA Punjab	(10 aninutes)

		T
]	Discussion Session	10:45 – 11:15
,	Tea break	11:15 – 11:30
	Session 2 - Advocacy, Policy and the Role of Political Leadership	11:30 – 13:15
	Chair: Minister Nimal Siripala De Silva, Health Minister of Sri Lanka	
(Co-chair: Mr. Syed Jamal Shah Kakar. Speaker of the Balochistan Assembly	
	Topics:	
,	Coordinating policy to Address HIV & AIDS, Strides & Challenges -	
	Mr. Sardar Shaukat Mazari, Deputy Speaker of the Punjab Assembly	(15 minutes)
,	Approaches to Raising Public Awareness at the Local and National Levels -	
	Hon. Ravula Chandra Sekar Reddy, MP India	(15 minutes)
•	Scaling up towards universal access—Ms. Shaheen Atiq-Ur Rehman, MPA Punjab	(15 minutes)
•	Developing a Supportive Legal and Ethical Environment for People living with HIV & AIDS – Hon. Riaz Fatiyana, MP Pakistan	(15 minutes)
	Presentation on Policy and Accounting for HIV Co-infections: Hepatitis B & C,	(15 timates)
	Tuberculosis – Dr. Zahed M. Masud, AITAM Welfare, Bangladesh	(20minutes)
	Mobilizing & Allocating Resources for Prevention, Treatment & Awareness —	
	Mr. Sachin Pilot, MP India	(15 minutes)
	Discussion Session	13:15 – 13:30
	Luncheon – Host to be determined	13:30 - 14:30
	Session 3 – Countering Stigma and Discrimination	14:30 - 15:30
	Chair: Hon. Chitra Lekha Yadav, Speaker of Parliament, Nepal	
	Co-chair: Hon. Jesudas Seelam, MP India	
	Topics:	
	• Countering Discrimination: Addressing Ethical, Legal and Human Rights	
	issues confronting PLHIV –	(10 minutes)
	Hon. Yasmeen Rehman, MPPakistan	

•	Raising Awareness & Confronting Stigma related to HIV Prevention,	
	Testing & Treatment -	(20 minutes)
	Dr.rDonya Aziz, MP Pakistan and Mr. Syed Talib Imam, MPA Sindh	
•	High Risk/Vulnerable Groups & Securing Access to Care -	
	Ms. Rifat Swati, MPA NWFP	(10 minutes)
•	HIV/AIDS Policy and the Situation in Cambodia - Hon. Im Run, MP Cambodia	(10 minutes)
•	Combating Stigma and Discrimination: Life & Work of PLWHV –	
	Ms. Shukria Gul, Pak Plus and Mr. Asim Ashraf, Life Plus	(10 minutes)
Disc	ussion Session	15:30 - 16:00
	- Cultural Show -	
Din	ner - Hosted by Chaudhary Pervez Elahi, Chief Minister of Punjab	19:30
	Day Three – December 11th	
	Pearl Continental Hotel	
Sess	ion 1 – Interventions	09:30 - 10:30
Cha	ir: Dr. Noor Jehan Pan zai, MP (Pakistan) – Chair - PGA National Group, Pakistan	
0	I I M TI I D I MUADIN	
Co-c	chair: Ms. Tehmina Daultana, MNA Pakistan	
Topi		
		(15 minutes)
	cs:	(15 minutes) (15 minutes)
	cs: Injecting Drug Users – Dr. Ali Razzaque, PPM Punjab	
	Injecting Drug Users – Dr. Ali Razzaque, PPM Punjab Migrant Workers – Dr. Sameen Mehmood Jan, MPA NWFP	(15 minutes)
	Injecting Drug Users – Dr. Ali Razzaque, PPM Punjab Migrant Workers – Dr. Sameen Mehmood Jan, MPA NWFP Blood Safety Initiative – Dr. Yasmeen Lodhi, IBTS	(15 minutes)
<i>Topi</i>	Injecting Drug Users – Dr. Ali Razzaque, PPM Punjab Migrant Workers – Dr. Sameen Mehmood Jan, MPA NWFP Blood Safety Initiative – Dr. Yasmeen Lodhi, IBTS Role of Religious leaders in preventing HIV & AIDS –	(15 minutes) (15 minutes)
Topi	Injecting Drug Users – Dr. Ali Razzaque, PPM Punjab Migrant Workers – Dr. Sameen Mehmood Jan, MPA NWFP Blood Safety Initiative – Dr. Yasmeen Lodhi, IBTS Role of Religious leaders in preventing HIV & AIDS – Imam Syed Mohammad Abdul Khabir Azad	(15 minutes) (15 minutes) (15 minutes)
Topi	Injecting Drug Users – Dr. Ali Razzaque, PPM Punjab Migrant Workers – Dr. Sameen Mehmood Jan, MPA NWFP Blood Safety Initiative – Dr. Yasmeen Lodhi, IBTS Role of Religious leaders in preventing HIV & AIDS – Imam Syed Mohammad Abdul Khabir Azad cussion Session	(15 minutes) (15 minutes) (15 minutes) 10:30 – 11:00
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(Participants to be divided in groups based on provinces and would include members of the National / Provincial assemblies / Senate from their respective provinces, representatives of Provincial AIDS Control Programmes and other participants that would wish to participate) One spokesperson per group will be selected to progress report and next steps to be taken in the work plan (please see Presentation on follow-up actions below).

Tea	Break	15:30 – 15:45
Pres	entation on follow-up actions - Provincial Plans of Action	15:45 - 16:35
Cha	ir: Dr. Aldo Landi, UNAIDS Country Coordinator	
Co-c	hair: Dr. Muzaffar Ali Sheikh, MPAPunjab	
Topi	cs:	
•	Punjab-Dr. Samia Amjad, MPA Punjab	(10 minutes)
•	Sindh-Ms. Shazia Marri, MPA Sindh and Mr. Talib Imam, MPA Sindh	(10 minutes)
•	NWFP- Dr. Rajwal Khan, WHO Programme Officer and NWFP	
	AIDS Control Programme	(10 minutes)
•	Balochistan- Dr. Nasir Khan, Programme Manager Balochistan	
	AIDS Control Programme	(10 minutes)
Shor	rt Discussion	(10 minutes)
Con	cluding Session	16:35-17:00

Vote of thanks

Hon. Kashmala Tariqr– MNA Pakistan, Member CPA Executive Committee and Representative Asia Region.

Closing Remarks:

Ms. Shazia Rafi, Secretary General PGA Dr. Aldo Landi, UNAIDS Country Coordinator

Meeting Agendas



PARLIAMENTARIANS FOR GLOBAL ACTION (PGA)







PROVINCIAL PARLIAMENTARY SEMINAR ON HIV & AIDS POLICY

On April 9-11, 2007 Peshawar, Pakistan

Held in collaboration with Provincial Assembly of North-West Frontier Province (NWFP),
Pakistan, the Department of Health NWFP, National Assembly and Senate of
Pakistan, and the United Nations Joint Programme on HIV / AIDS (UNAIDS) Pakistan

WITH SUPPORT FROM:

UNAIDS, UNFPA and the Swiss Agency for Development and Cooperation
AND CORE SUPPORT FROM:
the Government of Sweden

CONFERENCE PROGRAMME

Day One - April 9th

Registration of Participants

Afternoon

Inaugural Ceremony

18:45-20.00

Tilawat (Recitation from the Holy Quran)

(5 minutes)

Welcome Note 1. Dr. Noor Jehan Panezai, MP (Pakistan) - Chair, PGA National Group, Pakistan and Board Member (5 minutes) 2. Hon. Ross Robertson, MP (New Zealand). Assistant Speaker, Chair, PG A International Council (5 minutes) (5 minutes) 3. Dr. Aldo Landi, UNAIDS Country Director Pakistan Introductory Remarks Hon. Mohammed Nasir Khan, Federal Minister for Health (7 minutes) Host Welcoming Address (7 minutes) Hon. Bakht J. han Khan, Speaker, WFP As embly Inaugural Address Hon. Inayatullah Khan, Minister for Health, NWFP (7 minutes) Keynote Address Dr. Nafis Sadik, Special Envoy of the UN Secretary General for HIV & AIDS in Asia and the Pacific (10 minutes) Address by Chief Guest (7 minutes) Hon. Akram Khan Durrani, Chief Minister NWFP Vote of Thanks Mr. Naveed Qamar, MP (Pakistan), PGA Board Member (7 minutes) (10 minutes)

Day Two – April 10th **Pearl Continental Hotel**

20:10

Welcoming Dinner Reception - Hosted by Hon. Speaker NWFP Provincial Assembly,

Session 1 - HIV & AIDS - NWFP Current Situation & Response to HIV Prevention 09:30 - 11e10

Chair: Hon. Nimal De Silva, Health Minister of Sri Lanka

Co-chair: Mr. Israr-ullah Gandapur, MPA NWFP

Group photo

Mr. Bakht Jehan Khan

Topics: These topics address decentralization of the National Framework on HIV & AIDS with a focus on understanding HIV & AIDS in NWFP in particular:

•	HIV Prevention Initiatives by NWFP Health Department to Date	(10 minutes)
	Financing HIV&AIDS Programmes - Minister Health/Secretary Health/PPM NW	FP

	The state of the s	
•	Scaling up services on prevention within the purview of Universal Access Political	
	Commitment	(10 minutes)
	Dr. Samia Hashim, UN AIDS Deputy Director	
•	ARV Treatment Experience in Pakistan	(10 minutes)
	Dr. Huma Qureshi, National AIDS Control Programme	
•	Strengthening Prevention through developing linkages between Reproductive	

	Health and HIV&AIDS, Dr. Safdar Kamal Pasha, UNFPA Representative	(10 minutes)
•	Summary of Panel Topics and Commentary by the Chair - Hon. Nimal De Silva	(10 minutes)
•	Question and Answer Session (15-2 minute questions & 15-2 minute responses)	(30 minutes)
•	Conclusions (Co-Chair)	(10 minutes)

Tea break	11:10-11:30
ieu bieun	

Session 2 - Actions for the Here and Now 11:30 - 13:20

Chair: Mr. Khalid Waqar Chamkani, MPA, NWFP Co-chair: Mr. Jesudasu Seelam, MP (India)

Panel Introduction by Chair

Topics: These topics address advocating for government support in various sectors

•	Pane! Introduction by Chair	(10 minutes)
•	Policy to protect Migrant Workers & their families from HIV & AIDS:	
	Education Before Departure to Destination Countries-	(10 minutes)
	Mr. Rana Matloob Ahmed Bureau of Immigration, Ministry of Labour	

- Preventing Parent to Child Transmission (PPTCT) of HIV-Dr. Abdul Jamil, UNICEF (10 minutes)
- Importance of comprehensive services for IDUs: The Asia Pacific experience. Nai Zindagi (10 minutes)
- Strategy for collaborative initiative between HIV, TB and Hepatitis (20 minutes) Experts from the Health Ministry Dr. Abdul Ghafoor/Dr. Sharif Ahmed Khan

Summary of Panel Topics and Commentary by the Chaira	1
	(10 minutes)
• Question and Answer Session (152-minute questions & 152-minute responses)	(30 minutes)
• Conclusion – Co-Chair, Mr. Jesudasu Seelam	(10 minutes)
Luncheon - Hosted by UNAIDS Country Director, Dr. Aldo Landi	13:20- 14:30
Session 3 – Prevention in Action: What is Being Done in NWFP	14:30e- 15:10
Chair: Dr. Simeen Mehmood Jan, MPA, NWFP	
Co-chair: Hon. Chitra Lekha Yadav, MP (Nepal), Deputy Speaker, House of Representatives	
Topics: These topics address current initiatives and needs	
Panel Introduction by Chair	(10 minutes)
• IDUs: Current Services available & their efficacy - Dost Foundation	(10 minutes)
• Most at Risk: Status of the problem in NWFP - Dr. Zahoor Ahmed (Researcher)	(10 minutes)
 Migrant Workers: Extent of Outreach to Date – UNAIDS/AKU 	(10 minutes)
Securing Blood Supply Safety: Actions to Datea- Dr. Omer, Executive Director, NIH	(10 minutes)
Summary of Panel Topics and Commentary by the Chair	(10 minutes)
• Question and Answer Session (10 2- minute questions & 10 2-minute responses)	(20 minutes)
• Conclusions (Co-Chair)	(10 minutes)
Dinner - Hosted by Leader of the Opposition, Mr. Shahzada Gustasip Khan	19:00

Day Three – April 11th

Pearl Continental Hotel

Session 1 - Ongoing Work on HIV / AIDS

09:30-11:30

Chair: Dep. Mamadou Lamine Thiam, Senegal Co-chair: Mian Nisar Gul, MPA, NWFP

Topics: Three topics address advocacy for families, women rights youth and migrant workers

•	Panel Introduction by Chair	(10minutes)
	Religious Leaders as Advocates for Prevention and Countering Stigma &	
	Discrimination- Dr. IqbalKhalil	(10 minutes)
•	Women & Girls issues relating to HIV&AIDS- Ms. Riffat Akbar Swati,	
	MPANWFP	(10 minutes)
•	Universal Educationo Integration of HIV & AIDS for in-school youth-	
	Representative from UNESCO	(10 minutes)
•	Summary of Panel Topics and Commentary by the Chair- Dr. Samia Amjad	(10 minutes)
•	Question and Answer Session (152-minute questions & 152-minute responses)	(30 minutes)
•	Conclusions-Co-Chair	(10 minutes)
Prov	incial and Federal Parliamentary Forum: Working Group Plans	12:00- 14:00

Chair: Ms. Shazia Rafi, Secretary-General, PGA

Co-Chair: Mr. Mohammed Tariq Khattak, MPA, NWFP

Topics: One Spokesperson per group will be selected to progress report and next steps to be taken in the provinces and at the national level.

•	Panel Introduction by Chair	(5 minutes)
•	NWFP Progress Report and Plans - Qazi Asad, MPA, NWFP	(10 minutes)
•	Sindh: Progress report & Plans - Syed Talib Imam, MPA, Sindh	(10 minutes)
•	Punjab: Progress Report & Plans - Dr. Muzaffar Ali Sheikh, MPA, Punjab	(10 minutes)
•	Balochistana Progress Report & Plans - Ms. Rahila Durrani, MPA, Balochistan	(10 minutes)
•	Federal: Progress Report & Plans - Dr. Donya Aziz, MNA	(10 minutes)
Short	Question and Answer -Chair/Co-Chair	(10 minutes)
Concl	usion- Chair/ Co- Chair	(10 minutes)
Concl	luding Ceremony	14:15- 15:15

Chief Guest: Hon. Bakht Jehan Khan, Speaker NWFP Provincial Assembly

Seminar Summary- Ms. Shazia Rafi, Secretary General, PGA	(10 minutes)
Vote of thanks: Mr. Shahzada Gustasip Khan, MPA, NWFP, Leade	er of the Opposition (10 minutes)
Closing Remarks: By Chief Guest Awards distribution	(10 minutes) (25 minutes)
Luncheon - Hosted by Secretary General PGA, Ms. Shazia Raf	i 15:15
Farewell Dinner - Ry Hon Minister for Health NWFP Mr. Ina	vatullah Khan 20:00

Annex 3: Participant Lists



PARLIAMENTARIANS FOR GLOBAL ACTION (PGA)





SUB-REGIONAL SOUTH ASIAN PARLIAMENTARY SEMINAR ON HIV/AIDS

Held

In collaboration with National Assembly and Senate of Pakistan On January 14-15, 2005

At Shamadan Hall III,

Serena - Islamabad Hotel Islamabad, Pakistan

With Kind Support From:

The UN Foundation, World Health Organication (WHO), UNFPA Governments of the United Kingdom, Australia, Canada & Switzerland

LIST OF PARTICIPANTS

Parliamentary Participants

Australia

Mr. Michael Johnson, MP

Chairman, Population & Development Committee

Chair, Committee on Ministry of Education

Mr. Mohammad Ruhul Quaddus, MP

Bangladesh

Dr. Muhammad Ali, MP

Lt. Col. (retd) Faruk Khan, MP

Dr. Shamsul Alam Pramanik, MP

Barrister Ziaur Rahman Khan, MP

Chair, Parliamentary Committee on Foreign Affairs

Mr. Manzur Quader, MP

Dr. Muhammad Abdur Razzaque, MP

Mr. Abdu Shahid, MP Chief Whip of the Opposition

Dr. Hamida Banu Shoba, MP

Mr. Zahir Uddin Swapon, MP

Secretary General, Bangladesh Parliament Members' Support Group (BPMSF) on Prevention of HIW/AIDS and Human Trafficking

Denmark
Mr. Ander Møller, MP
Member, Health Committee

Ghana
Hon. Kenneth Dzirasah
Second Deputy Speaker
President of PGA

India
Mrs. Prema Cariappa
Member, External Affairs Committee

Mrs. N.P. Durga, MP

Mrs. Vanga Geetha, MP

Dr. Manda Jagannath, MP

Member, Committees on Health & Family Welfare,
Public Accounts Committee, Committee on Water
Resource.

Dr. Vallabhbhai Kathiria, MP Former Minister of State for Health

Mr. K.B. Krishnamurthy, MP

Member, Consultative Committee for the Ministry of
Defense, Committee on Transport and Tourism,
Committee on Government Assurances

Mrs Alka Balram Kshatriya, MP

Mr. P.K. Maheshwari, MP Member, Committee on Industry

Dr. Mahendra Prasad, MP

Member, Governing Body of the Indian Council of

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Mr. Chandrashekar Reddy, MP

Mr. Jesudas Sheelam, MP Co-Chair, Parliamentary Caucu. on HIV/AIDS

Malavia
Dr. Junaidy bin Abdul Wahab, MP
Deputy Chair, Committee on Health

Nepal Ms. Maiya Devi Shrestha Chair, Women's Caucus

Ms. Shrimaya Thakali Member, Womenės Caucus

Hon. Chitra Lekha Yadav Former Deputy Speaker, House of Representatives

New Zealand
Hon. Ross Robertson, MP
Assistant Speaker
Member of the Commerce Committee and
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Paki tan Mr. Aitzaz Ahsan, MP

Mr. Hamidulla Jan Afridi MP

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Mr. Riaz Fatyana, MP

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Ms. Riffat Javaid, MP

Mr. Akhtar Khan Kanju, MP

Hon. Muhammad Nasir Khan, Federal Minister of Health

Sen. Tariq Azeem Khan

Mr. Aslam Malik, MP

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Sen. Kalsoom Pavween

Mr. Naveed Qamar, MP
Parliamentary Host of the Conference

Sen. Reza Rabbani Leader of the Opposition

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Hon. Khalil-ur-Rehman, Acting Chairman of the Senate

Ms. Sherry Rehman, MP

Sen Dr Abdullah Riar

Hon. Shehnaz Sheikh, MP, State Minister for Health

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Sen. Bibi Yasmeen Shah

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First Vice-president of the Health Commission

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Deputy Minister of Infrastructure Development in the Eastern Province

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Mr. Tony Worthington, MP

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Prime Minister of Pakistan

H.E. Dr. Nafis Sadik
Special Envoy of the UN Secretary General for HIV/AIDS in Asia

H.E. Amb. Zorica McCarthy
High Commissioner of Australia to Pakistan

H.E. Mr. Denis Feldmeyer Ambassador of Switzerland to Pakistan

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PARLIAMENTARIANS FOR GLOBAL ACTION (PGA)





PROVINCIAL PARLIAMENTARY SEMINAR ON HIV & AIDS POLICY

On January 30-31, 2006 at Karachi - Pakistan

Held in collaboration with Provincial Assembly of Sindh, Pakistan, the National Assembly and Senate of Pakistan, Aga Khan University, and the United Nations Joint Programme on HIV/AIDS (UNAIDS)

With Kind Support From:

Government of Norway, Swiss Agency for Development and Cooperation (SDC),
United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA) and
the National AIDS Control Programme, Ministry of Health, Government of Pakistan and
Core Support from Sweden and Denmark

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Member, PGA Executive Committee; Member, Finance Committee; Member, Commerce Committee; Member, Privileges Committee

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Mr. Riaz Fatyana, MP

Mr. Akhtar Kanju, MP

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UNAIDS - Bangkok

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Ms. Shukria Gul

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Nai Zindagi

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Mr. Michael Agbeko
Director of Finance and Administration

Ms. Camellia Rodríguez-SackByrne
Programme Officer, Sustainable Development and
Population

Participant Lists



PARLIAMENTARIANS FOR GLOBAL ACTION (PGA)









PROVINCIAL PARLIAMENTARY SEMINAR ON HIV & AIDS POLICY

On December 9-11, 2006 Lahore - Pakistan

Held in collaboration with Provincial Assembly of Punjab, Pakistan, the National Assembly and Senate of Pakistan, the Commonwealth Parliamentary Association (CPA), and the United Nations Joint Programme on HIV & AIDS (UNAIDS)

WITH SUPPORT FROM:

UNFPA, UNDP and the Swiss Agency for Development and Cooperation
AND CORE SUPPORT FROM:
the Governments of Denmark and Sweden

PARTICIPANT LIST

International Participants

<u>Cambodia</u> Ms. Ho Naun, MP India

Shri. Milind Deora, MP

Ms. Im Run, MP

Dr. Manda Jagannath, MP

Canada

Shri. Suresh Kurup, MP

Sen. Raynell Andreychuk

India (cont'd)

Shri. Sachin Pilot, MP

Shri. Jitin Prasada, MP

Shri. Ravula Chandra Sekar Reddy, MP

Shri. Kirin Rijiju, MP

Shri. Tathagatha Satpathy, MP

Shri. Jesudas Seelam, MP

Shri. Dwijendra Nath Sharma, MP

Nepal

Mr. Krishna Pratap Malla, MP

Hon. Ms. Chitra Lekha Yadav, MP

Speaker of Parliament

Sri Lanka

Mr. Nimal Siripala De Silva

Minister of Healthcare and Nutrition

Mr. Hussein Bhaila

Deputy Minister of Plan Implementation

Hon. Lalith Dissanayake

Provincial Health Minister

Hon. Weraseena Gamage

Provincial Health Minister

Ms. Chandrani Bandara Jayasinghe, MP

Ms. Champika Wijerathne

Provincial Health Minister

Members of the National Parliament of Pakistan

Mr. Aitzaz Ahsan, MP Mr. Navee

Dr. Donya Aziz, MP

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PROVINCIAL PARLIAMENTARY SEMINAR ON HIV & AIDS POLICY

On April 9-11, 2007 Peshawar, Pakistan

Held in collaboration with Provincial Assembly of North-West Frontier Province (NWFP),
Pakistan, the Department of Health NWFP, National Assembly and Senate of
Pakistan, and the United Nations Joint Programme on HIVa/ AIDS (UNAIDS) Pakistan

WITH SUPPORT FROM:

UNAIDS, UNFPA and the Swiss Agency for Development and Cooperation
AND CORE SUPPORT FROM:
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Dr. Nafis Sadik

Special Envoy of the UN Secretary General for

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Annex 4: Bibliography

World Bank HIV& AIDS South Asia: India

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World Bank HIV&AIDS South Asia: Pakistan

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Dr. Nafis Sadik, Special Envoy of UN Secretary General for HIV/AIDS in Asia speaking at the inaugural cerei may f PGA First Secretary 2005). Paneli its in lude Mr. Kenneth Dzirasah, MP (Ghana); H E. haukat Aziz, Prime Minister of Paki tan; Dr. Jehan Panezai, MP (Pakistan); Hon. Masır Khan, Federal Minister of Health, Pakistan



PGA' First sub-Regional Sentinar on HIV/AIDS in Pakistan (January 200%). It E. hau, it Aziz, Prime Minister of Pakistan shakes hands with PGA's former President Mr. Kenneth Dzirasah, MP (Ghana). Middle. Dr. Noor Jehan Panezai, MP (Pakistan)



PGA's First Provincial Seminar on HIV/AIDS Policy, Karachi, Pakistan (January 2006)



Ms. Shazia Z. Rafi, PGA Secretary General (center) with the Indian parliamentary delegation sponsored by the Commonwealth Parliamentary Association at PGA's second Provincial Parliamentary Seminar on HIV/AIDS in Lahore, Paki stan (December 2006)



Participants to PGA's Second Provincial Seminar in Lahore (December 2006)



Participants to PGA's First Provincial Seminar on HIV/AIDS in Karachi, Pakistan (January 2006)



Participants to PGA's Third Provincial Seminar on HIV/AIDS in Peshawar, Pakistan (April 2007)



Planning Committee meeting led by Sindh Speaker Muzaffar Hussein Shah Sindh at the Provincial Assembly preceding the 1st Provincial Seminar on HIV/AIDS in Karachi, Pakistan (January 2006)

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