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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ACRONYM

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Virus</td>
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<td>PGA</td>
<td>Parliamentarians for Global Action</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV &amp; AIDS</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>NWFP</td>
<td>North West Frontier Province</td>
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<tr>
<td>AusAid</td>
<td>Australian Aid for International Development</td>
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<td>CIDA</td>
<td>Canadian International Development Agency</td>
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<td>CPA</td>
<td>Commonwealth Parliamentary Association</td>
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<td>DFID-UK</td>
<td>Department for International Development – United Kingdom</td>
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<td>SDC</td>
<td>Swiss Agency for Development and Cooperation</td>
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<td>OPEC</td>
<td>Organization of Petroleum Exporting Countries</td>
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<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
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<td>NACP</td>
<td>National AIDS Control Programme</td>
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<td>PACP</td>
<td>Provincial AIDS Control Programme</td>
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<td>MNA</td>
<td>Member of National Assembly</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>SDHP</td>
<td>Sustainable Development, Health and Population Programme</td>
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<td>UNHCR</td>
<td>United Nations High Commissioner For Refugees</td>
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<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>PCB</td>
<td>Programme Coordinating Board</td>
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<td>MPs</td>
<td>Members of Parliament</td>
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<tr>
<td>PML-Q</td>
<td>Pakistan Muslim League – Quaid-e-Azam Group</td>
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<td>Acronym</td>
<td>Full Form</td>
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<td>PPPP</td>
<td>Pakistan People Party Parliamentarian</td>
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<td>IDUs</td>
<td>Injecting Drug Users</td>
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<td>STIs</td>
<td>Sexually Transmitted Infections</td>
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<td>MSM</td>
<td>Men having sex with Men</td>
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<td>UNGASS</td>
<td>United Nation General Assembly's Special Session on HIV &amp; AIDS</td>
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<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<td>UN</td>
<td>United Nations</td>
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<td>AKU</td>
<td>Aga Khan University</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>ICAAP</td>
<td>International Congress on AIDS in Asia and the Pacific</td>
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<td>NSF</td>
<td>National HIV &amp; AIDS Strategic Framework</td>
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<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
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<td>Antiretroviral</td>
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<td>NGOs</td>
<td>Non-Government Organizations</td>
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<td>MTR</td>
<td>Mid Term Review</td>
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<td>BCC</td>
<td>Behavioral Change Communication</td>
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<td>CBO</td>
<td>Community Based Organization</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>SRA</td>
<td>Situation and Response Analysis</td>
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<td>FSW</td>
<td>Female Sex Workers</td>
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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.


UNAIDS supported the initiative with the OPEC Fund, under the project on “Leadership 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.
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, 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 worldwide 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 partnerships 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.

II. 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.

1 “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.

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 donors and medical injection practices, a large number of injecting drug users (IDUs) and users of contaminated needles, a significant migrant worker population employed overseas 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. Nafis 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

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1 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.
2 4.3 injections per capita are administered annually. 94% of injections administered with used equipment (World Bank. HIV&AIDS South Asia: Pakistan)
3 According to the Narcotics Control Division of the Government of Pakistan's Ministry of Narcotics Control, 64% of IDUs use contaminated needles
4 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 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 citizenry 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 issues.

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 UNGASS 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 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)
- **Leadership Statement of the XV International AIDS Conference in Bangkok (July 2004).**

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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 Framework 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 producing 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

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1 The National HIV&AIDS Strategic Framework was endorsed by the Health Ministry of Pakistan in 2001.
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 IDUs 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 & AIDS 2001-2006, 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-
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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 2001 and 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 legislation* 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 years.

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 legislation 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;

• **Communications:** 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;

• **Coordination:** 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 government 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

• **Public-private partnerships:** 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, non-governmental 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 affected with HIV and AIDS.
Recognizing the potential risk of 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:

- UNGASS Declaration of Commitment on HIV&AIDS adopted by the Special Session of the UN General Assembly (June 2001)
- Kathmandu Call Against HIV&AIDS in South Asia: Accelerating Actions and Results" agreed at the UNAIDS/UNICEF High-Level HIV&AIDS Meeting (February 2003)

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 7.1 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 South Asia;

- **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
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 Note
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)
(Marquis Hall, Marriott Hotel Islamabad)

Panel II – Elements of an Effective Prevention Programme 15.00—16.30

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

Topics:
- 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 9.30—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)
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

Tilawat (Recitation from the Holy Quran)

Welcome Note

Introductory Remarks
Dr. Noor Jehan Panzeazi, MP (Pakistan) – Chair, PGANational Group, Pakistan

Inaugural Address
Hon. Muzaffar Hussain Shah, Speaker Sindh Assembly

Opening Remarks
Dr. Shamsh Kassim-Lakha, PresidentAga 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

Session 1 - HIV & AIDS Challenges – Global, Regional and National

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 Khor, 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 video 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 Khurshid, Dean, Aga Khan Medical College

**Topics:**
- **Migrant Workers** – Dr. Arshad Altaf, Sindh AIDS Control Programme  
- **Female Sex-workers** – Mr. Monte Achenbach, Seray Gath Green Star  
- **Blood Safety Initiative** – Dr. Abdul Mujeeb, JPMC Karachi  
- **Scaling up towards universal access** – Dr. Nasir 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

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

**Project Videos:**
- **IDUs** – Mr. Mohammad Asad, Marie Adelaide Rehabilitation Programme

#### Luncheon – Hosted by Parliamentarians for Global Action (PGA)
13:00e-14:30

#### Group work & Plenary
14:30 – 15:30
A Joint Publication by PGA and UNAIDS Pakistan

(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. Simin Mehmood Jan, 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
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
Inaugural Ceremony
Tilawat (Recitation from the Holy Quran)

Afternoon
17:50 – 19.00
(5 minutes)
Welcome Note
Dr. Noor Jehan Panezai, MP (Pakistan) – Chair - PGA National Group, Pakistan (10 minutes)

Introductory Remarks
Mr. Naveed Qamar, MP (Pakistan) Board Member - PGA (10 minutes)

Host Welcoming Address
Sardar Shaukat Mazari, Deputy Speaker, Punjab Assembly (10 minutes)

Inaugural Address
by the Federal Minister for Health, Mr. Mohammed Nasir Khan (10 minutes)

Keynote Address
Dr. Nafis Sadik, Special Envoy of the UN Secretary General for HIV & AIDS in Asia and the Pacific (15 minutes)

Welcoming Dinner Reception – Hosted by Speaker of Punjab Assembly 19:30

Day Two – December 10th
Pearl Continental Hotel

Session 1 - HIV & AIDS Challenges – Global, Regional and National 09:30 – 10:45

Chair: Sen. Raynell Andreychuk, MP Canada
Co-chair: Ch. Aitzaz Ahsan, MNA Pakistan

Topics:
- Global Situation – Dr. Aldo Landi, UNAIDS Country Coordinator (10 minutes)
- Regional Situation – Dr. Manda Jagannath, MP India (10 minutes)
- UN initiatives 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 minutes)
- HIV & AIDS Situation in Punjab & Response – Dr. Farzana Nazir, Secretary Health, Punjab (10 minutes)
- Vulnerable Populations & Prevention – Dr. Muzaffar Ali Sheikh, MPA Punjab (10 minutes)
A Joint Publication by PGA and UNAIDS Pakistan

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, Tuberculosis – Dr. Zahed M. Masud, AITAM Welfare, Bangladesh (20 minutes)
- 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 – Hon. Yasmeen Rehman, MP Pakistan (10 minutes)
A Joint Publication by PGA and UNAIDS Pakistan

- **Raising Awareness & Confronting Stigma related to HIV Prevention, Testing & Treatment** –
  Dr. Donya Aziz, MP Pakistan and Mr. Syed Talib Imam, MPA Sindh

- **High Risk/Vulnerable Groups & Securing Access to Care** –
  Ms. Rifat Swati, MPA NWFP

- **HIV/AIDS Policy and the Situation in Cambodia** – Hon. Im Run, MP Cambodia

- **Combating Stigma and Discrimination: Life & Work of PLWHV** –
  Ms. Shukria Gul, Pak Plus and Mr. Asim Ashraf, Life Plus

**Discussion Session**

- Cultural Show

**Dinner** – Hosted by Chaudhary Pervez Elahi, Chief Minister of Punjab

**Day Three – December 11th**

Pearl Continental Hotel

**Session 1 – Interventions**

**Chair:** Dr. Noor Jehan Panzai, MP (Pakistan) – Chair - PGA National Group, Pakistan

**Co-chair:** Ms. Tehmina Daultana, MNA Pakistan

**Topics:**

- 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

**Discussion Session**

**NGO Showcase – site visits**

- Street Children Initiative – Dr. Tariq Zaffar
- Injecting Drug Users (IDUs) – Nai Zindagi
- Female Sex-workers – Dr. Fehmida Jalil Contech International

**Luncheon** – Hosted by Parliamentarians for Global Action (PGA)

**Group work & Plenary**
(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

**Presentation on follow-up actions – Provincial Plans of Action**  
15:45 – 16:35

**Chair:** Dr. Aldo Landi, UNAIDS Country Coordinator  
**Co-chair:** Dr. Muzaffar Ali Sheikh, MPAPunjab  

**Topics:**  
- Punjab - Dr. Samia Amjad, MPA Punjab  
- Sindh - Ms. Shazia Marri, MPA Sindh and Mr. Talib Imam, MPA Sindh  
- NWFP - Dr. Rajwal Khan, WHO Programme Officer and NWFP AIDS Control Programme  
- Balochistan - Dr. Nasir Khan, Programme Manager Balochistan AIDS Control Programme

**Short Discussion**  
(10 minutes)

**Concluding Session**  
16:35 – 17:00

**Vote of thanks**  
Hon. Kashmala Tariq - MNA Pakistan, Member CPA Executive Committee and Representative Asia Region.

**Closing Remarks:**  
Ms. Shazia Rafi, Secretary General PGA  
Dr. Aldo Landi, UNAIDS Country Coordinator
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 Panzai, MP (Pakistan) - Chair, PGA National Group, Pakistan and Board Member (5 minutes)
2. Hon. Ross Robertson, MP (New Zealand) - Assistant Speaker, Chair, PGA International Council (5 minutes)
3. Dr. Aldo Landi, UNAIDS Country Director Pakistan (5 minutes)

Introductory Remarks
Hon. Mohammed Nasir Khan, Federal Minister for Health (7 minutes)

Host Welcoming Address
Hon. Bakht Jehan Khan, Speaker, NWFP Assembly (7 minutes)

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
Hon. Akram Khan Durrani, Chief Minister NWFP (7 minutes)

Vote of Thanks
Mr. Naveed Qamar, MP (Pakistan), PGA Board Member (7 minutes)

Group photo (10 minutes)

Welcoming Dinner Reception – Hosted by Hon. Speaker NWFP Provincial Assembly, Mr. Bakht Jehan Khan 20:10

Day Two – April 10th
Pearl Continental Hotel

Session 1 - HIV & AIDS - NWFP Current Situation & Response to HIV Prevention 09:30 – 11:10

Chair: Hon. Nimal De Silva, Health Minister of Sri Lanka
Co-chair: Mr. Israr-ullah Gandapur, MPA NWFP
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
  Financing HIV & AIDS Programmes – Minister Health/Secretary Health/PPM NWFP
  (10 minutes)
- Scaling up services on prevention within the purview of Universal Access Political Commitment
  Dr. Samia Hashim, UN AIDS Deputy Director
  (10 minutes)
- ARV Treatment Experience in Pakistan
  Dr. Hurna Qureshi, National AIDS Control Programme
  (10 minutes)
- 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

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)

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

- Panel Introduction by Chair
  (10 minutes)
- Policy to protect Migrant Workers & their families from HIV & AIDS:
  Education Before Departure to Destination Countries
  Mr. Rana Matloob Ahmed, Bureau of Immigration, Ministry of Labour
  (10 minutes)
- 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
  Experts from the Health Ministry Dr. Abdul Ghafoor / Dr. Sharif Ahmed Khan
  (20 minutes)
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- **Summary of Panel Topics and Commentary by the Chaira**
  Mr. Khalid Waqar Chamkani
  (10 minutes)
- **Question and Answer Session (15 2-minute questions & 15 2-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**
14:30–15:10

*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**
- **IDUs: Current Services available & their efficacy—Dost Foundation**
- **Most at Risk: Status of the problem in NWFP—Dr. Zahoor Ahmed (Researcher)**
- **Migrant Workers: Extent of Outreach to Date—UNAIDS/ AKU**
- **Securing Blood Supply Safety: Actions to Date—Dr. Omer, Executive Director, NIH**
- **Summary of Panel Topics and Commentary by the Chair**
- **Question and Answer Session (10 2-minute questions & 10 2-minute responses)**
- **Conclusions (Co-Chair)**

**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
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- **Panel Introduction by Chair**
  Religious Leaders as Advocates for Prevention and Countering Stigma & Discrimination - Dr. Iqbal Khalil

- **Women & Girls issues relating to HIV & AIDS** - Ms. Riffat Akbar Swati, MPANWFP

- **Universal Education: Integration of HIV & AIDS for in-school youth** - Representative from UNESCO

- **Summary of Panel Topics and Commentary by the Chair** - Dr. Samia Amjad

- **Question and Answer Session** (15 2-minute questions & 15 2-minute responses)

- **Conclusions - Co-Chair**

**Provincial 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)
- **Balochistan: 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)

**Conclusion - Chair/Co-Chair** (10 minutes)

**Concluding Ceremony** 14:15 – 15:15

**Chief Guest:** Hon. Bakht Jehan Khan, Speaker NWFP Provincial Assembly
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Seminar Summary- Ms. Shazia Rafi, Secretary General, PGA (10 minutes)

Vote of thanks: Mr. Shahzada Gustasip Khan, MPA, NWFP, Leader of the Opposition (10 minutes)

Closing Remarks: By Chief Guest (10 minutes)

Awards distribution (25 minutes)

Luncheon – Hosted by Secretary General PGA, Ms. Shazia Rafi 15:15

Farewell Dinner – By Hon. Minister for Health NWFP, Mr. Inayatullah Khan 20:00
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
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Barrister Ziaur Rahman Khan, MP
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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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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

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