Policy Brief Series #102

Preventing Pakistan's Next HIV Crisis

INTRODUCTION

Pakistan's HIV epidemic remains concentrated among key populations, but thirteen outbreaks since 2004, among children, dialysis patients, transfusion recipients, and other low-risk groups reveal a second transmission pathway: unsafe healthcare. These infections are linked to recurring failures in injection and infusion safety, blood screening, dialysis infection control, provider regulation, and outbreak surveillance. **These outbreaks among general population from Ratodero to Multan and Taunsa are not isolated incidents, but preventable patient-safety failures requiring a coordinated national response.**

KEY FINDINGS

Pakistan's HIV Situation at a Glance

Estimated people living with HIV: 300,000–359,000
Reported/diagnosed cases: 72,000–76,000
On treatment: 58,622
Adult prevalence: 0.2%
Treatment centres: 96

HIV is crossing into low-risk general population through healthcare exposure: Pakistan has experienced multiple documented or suspected healthcare-associated outbreaks involving children and dialysis patients.

In Ratodero, 876 people tested HIV-positive during the initial investigation, 82 percent of whom were children under 15. Among 211 HIV-positive children interviewed, 99 percent had received an injection or infusion during the preceding year. Similar concerns have emerged in the 2024 Multan dialysis outbreak and the paediatric cluster reported in Taunsa.

Transmission Pathway

Undiagnosed HIV Reservoir	Unsafe Healthcare Procedures	Vulnerable Patients Infected	Late Detection
People living with HIV, unaware of their status, are treated at healthcare facilities	Reused needles, shared infusions and untested blood transfusion transmit the virus	Children and low risk patients acquire HIV through healthcare contract not behavioral risk	Infections go undetected for months or years, enabling further spread

Unsafe care involves more than syringe reuse: The principal risks – for HIV and Hepatitis C - include in**fusions/drips, multidose vials, dialysis equipment, and inadequately screened blood**, along with reused or contaminated syringes, and cannulas. Paediatric services are particularly vulnerable because children often receive repeated injections or infusions from shared medication containers.

KEY RECOMMENDATIONS

1. **Protect Children.** Absolutely no reuse of syringes, needles, cannulas, drip sets, or infusions.

   Ensure lifelong care for infected children
2. **Make Blood Screening Safe.** Mandate all blood to be screened with standardized kits, preferably all blood for transfusion must come from Regional Blood Transfusion Centers.
3. **Investigate every outbreak as a healthcare safety** with a focus on infected children: injections, infusions, multidose-vial use, blood transfusions, public and private facilities, informal providers, and referral pathways.
4. **Strengthen HIV Surveillance Among Key Populations.** Rounds of IBBS occur but need to have their methodology and implementation reviewed according to scientific standards. Data produced may then be used to develop HIV estimates based on national data.

Investigation often begins only after media reporting or large-scale community outbreaks. Pakistan also has a substantial diagnosis and treatment gap: **approximately 300,000–359,000 people may be living with HIV, only around 72,000–76,000 cases were registered or diagnosed in 2024–2025.**

Surveillance among Key Populations must be improved. Pakistan holds sporadic rounds of Integrated Bio-Behavioral Surveillance (IBBS) and Mapping of Key populations. Since 2007, when the first such exercise was undertaken, stakeholders have cast doubts on results of every round. In part this is because the methodology of the mapping is arbitrary and there have always been questions raised about how the survey was conducted. Both must be revisited to foster confidence.

Key Population Estimations. While Pakistan follows UNAIDS promoted international methodology for estimations, it is unclear how and what national and local data are put into the model. As a result, the total estimated number of HIV infections has grown steadily – in part also because deaths are not tracked – and only around 1 in 5 of estimated HIV positive individuals have ever been seen in the healthcare system. A transparent review of data sources, along with scientific standardization of mapping and IBBS should go a long way towards addressing confidence gaps.

This report was made possible with support from Gates Foundation (GF). The contents are the responsibility of Research and Development Solutions, and do not necessarily reflect the opinion of GF.