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Executive Summary

HIV/AIDS is increasing its deadly toll in the world day by day. Though in Pakistan it is not considered a serious issue these days but history of AIDS shows us the alarming effects it has caused to countries like Africa, which once had epidemic numbers like Pakistan has now. We should learn from the experiences of those countries and call for action on a broader level NOW. The general responsible factors for HIV world wide are seen to hold a sound grip in Pakistan and ten years down the line the situation will get even worse.

Clearly given the magnitude of HIV/AIDS issue, the need for diverse and effective resources is critical for the situation to be handled. To improve this situation we need to invest our hearts, minds, funds and expertise in controlling the epidemic. Due to magnitude, lack of knowledge and vague nature of the AIDS issue; the cost of solving the problem is too costly for any single group/sector to address and that is why stronger and committed partnerships – at all levels – are urgently needed to make the right choices. The best partnership in turning down the epidemic is that of public and private sector because of the unique strengths of both the sectors. For instance the private sector is known for its quality outreach, excellent research and improved management standards while public sector can invest effective national and financial resources to tackle the situation in the best possible way.

Pakistan National AIDS Consortium as a leading civil society network in HIV/AIDS sector has been advocating for an enabling environment through development forums, dialogues, seminars and walks and realized the need of shared efforts to address the HIV and AIDS issue and thus to formulate and implement an effective response, this national policy dialogue on “strengthening Public-Private Partnership for HIV/AIDS prevention, care and treatment” was organized on May 18th 2006 at Holiday Inn, Islamabad.

The dialogue looked briefly at the current HIV/AIDS situation in Pakistan at first and later in the sessions the public-private partnership in controlling HIV and AIDS was comprehensively discussed. These discussions were focused on identifying the roles of different partners and the importance of developing a legal framework under which such a partnership in context to HIV/AIDS can be undertaken efficiently and effectively. Later in the dialogue some case studies regarding PPP in HIV/AIDS sector were shared with the participants as exemplary projects to learn from.

These discussions were summed up with regard to problems and situations that commonly arise when partners decide to collaborate, identifying the lack of a legal PPP framework in controlling HIV/AIDS, lack of acknowledgement of roles to be performed by both the partners individually and lack of expertise.

Recommendations were formulated in view of the identified problems and objectives of the dialogue. The need of defining roles of each sector in partnership and developing a legal framework in addressing the issue of HIV/AIDS with respect to PPP was highlighted. It was recognized that state and private sector are interdependent in regard to solve the problem as state has the desired resources but lack the capacity of outreach while private sector has an enhanced access to masses but lacks the financial resources needed to respond to the issue of AIDS. Appropriate policy measures need to be in place to promote strong public-private partnerships that would enable the civil society to play an effective role in turning down the epidemic with fruitful interventions of state.

The dialogue was attended by the participation of many policy makers, opinion leaders, UN heads of organizations and representatives of International organizations. This high profile involvement is

expected to mark the dialogue a milestone in the establishment of a standard legal and institutional policy framework for effective public private partnerships in Pakistan.

Objectives of the dialogue

The national policy dialogue was structured around plenary discussions and presentations to formulate recommendations on how civil society and government can move forward while keeping in view the following objectives:

1. Develop an understanding of the new development paradigm – The Public Private Partnership in combating HIV/AIDS
2. Review the Public Private Partnership envisaged in national response to HIV & AIDS
3. Share lessons Learned from existing partnerships among civil society and government
4. Hold discussions and generate ideas on strengthening PPP in combating HIV and AIDS
5. Recommendations for increasing NGO involvement in the national response not only in service delivery but also in program design, management and policy

Conceptual framework of Public Private Partnership in health sector

Partnership has become one of the most widely used words in recent discussions on international development strategies. It refers to any form of joint effort of public and private sectors for achieving common objectives. In line with new development paradigm; government, NGOs and business corporations has to work together to achieve national targets. Because of the limited resources and inadequate priorities of state to provide the public goods on their own, partly because of weak governance led to the evolution of public-private partnership.

The public sector refers to national, provincial/state and district governments; municipal administrators, local government institutions, all other government and inter-governmental agencies with the mandate of delivering 'public goods'. The word private denotes two sets of structures; the for-profit private encompassing commercial enterprises of any size and the non-profit private referring to Non Governmental Organizations (NGOs), philanthropies and other not-for-profits.

Public-private arrangements are furthered either when governments and inter-governmental agencies interface with the for-profit private sector to tap into resources or the not-for-profit private sector for technical expertise or outreach. Several varieties of arrangements of various sizes, forms and scope at a global, regional or country level qualify to fall within this arrangement.

At one end of the spectrum are global partnerships involving complex grouping of several governments, local and international NGOs, research institutions and UN agencies in international programs, often also involving the non-profit sector. At the other end of the spectrum, there are examples of individual governments forming partnerships with the for-profit private sector with resources or with an NGO with a particular technical strength or outreach.

Partnerships in the health sector are novel arrangements and potentially present an opportunity for more than one partner(s) to contribute to the same goal. Many of these have positively contributed to health outcomes in the past. According to Dr. Sania Nishtar's article on Public Private "Partnerships" in health – A global call to action, there are 91 international partnership arrangements in the health sector. Of these, 76 are dedicated to infectious disease prevention and control, notably AIDS, tuberculosis and malaria.

These partnership arrangements face many generic challenges regarding the difference in the structures of collaborating organizations. Lack of global norms and principals, conflict of interest, governance structures, power relationships, sustainability and accountability are the main issues regarding the partnerships to go a long way. In case of health sector partnerships specifically, there are problems of fragmentation of health systems, if in developing countries and also redirection of national health policies.

The complex nature of the partnership arrangements in health sector demand that a legal and institutional framework regarding guidelines and norms of partnership be developed. The framework should cater the following issues in order to facilitate long term arrangements: partnerships should be in harmony with national health policies, they should strengthen social safety nets, they should work for the benefit of society rather than for mutual benefit of the partners, their working structure should be outcome oriented contributing to improve national health outcomes and should ensure transparency.

Partnerships are most critical in those areas of work where the issue is of such a magnitude that it can not be handled alone by a single sector because of their limited capacities and for that reason a coordinated and joint effort is needed in shape of a partnership with legal norms and values. In this context the history

of AIDS epidemic shows us the enormity of this issue and thus calls for a coordinated approach on part of both public and private sectors including government agencies, NGOs, development agencies and businesses to turn it down. Keeping in view this general as well as global framework of partnerships, we can develop a framework/policy of partnerships to control HIV and AIDS in Pakistan. AIDS issue is the most demanding and serious one that needs to be addressed together as it is of such a large scale that no single group can effectively tackle it. In line with the general partnership principles outlined above, the PPP policy in context to HIV and AIDS should also cater to the needs of service delivery on grass root level, creating awareness on the community level and most importantly eradication of the stigma attached to AIDS.

This dialogue is also an effort to wake the need of strengthening the partnerships in Pakistan to combat the most serious disease AIDS and most importantly to call for action for the setting of a legal policy framework in undertaking these partnerships.

Session One: Review of PPP in regard to HIV and AIDS

Panel Members:

Mr. A.R. Kamal – Sr. Economist, Former Chief Economist of Pakistan and Former Director – PIDE
Dr. Asma Bokhari – National Program Manager, NACP
Mr. Michael Dale – Head of delegations, European Commission (EC)
Mr. Peter Hatcher – Deputy Chief of Party, John Snow Incorporations (JSI)
Dr. Sania Nishtar – Founder President, Heart File and an expert of PPP

Moderator:

Mr. Kashif Syed – Program Officer Policy, Advocacy & Research, PNAC

Introduction to the dialogue:

Mr. Qadeer Baig, National Manager – PNAC, in his introductory presentation to the dialogue stated that the roles of partners in fight against HIV and AIDS need to be redefined in the light of new development paradigm. In this paradigm government should define space for civic action by creating a conducive policy space and the civil society organizations need to utilize their out reach and linkages at community level to achieve the mutually agreed upon objectives of prevention and control.

The lack of clear understanding of partners of their respective roles has led not only to confusion but also to underachievement of goals of prevention and control of HIV and AIDS in Pakistan. Civil society organizations need a clear understanding of their role in the overall scenario to play their role more efficiently as in present system civil society organizations can reform, oppose, and support government but they can not ignore the government intervention and have to work in the framework defined by government. The present framework though based on the principle of PPP envisages a very limited role for civil society organizations and does not give them much scope for playing their part at policy development and plan formation stages.

In this context, Mr. Baig stressed upon the need of this dialogue and gave an insight into the main objectives of the dialogue that are:

- To review the present public private partnerships in HIV/AIDS sector
- Share experiences and learning from existing partnerships
- Develop recommendations for effective partnerships in controlling HIV and AIDS in Pakistan

Keynote by Mr. A.R. Kamal

Mr. A.R. Kamal outlined the issue of AIDS with regard to have a disastrous effect on human lives and fragile economies. He stressed upon the exponential growth of factors responsible for the spread of HIV in Pakistan and thus on need for a strong partnership among the public and private sectors. Emphasis was given on the socio-economic impacts of AIDS in Pakistan like lost of investment in human resources especially skills, worsening existing inequalities in the system, exploitative child labor due to orphans left behind which would increase the cost on social security, shortage of supply of labor leading to a higher cost of competitiveness and thus finally loss of productivity resulting in lower GDP and tax revenues. He

stated that a problem of such massive proportion needs a concrete response on national, sectoral, provincial, regional and community level which is possible only if the state and private sector join hands to work together.

Through public – private partnership effectiveness of government expenditure can be enhanced due to a well managed governance of private sector. The basic idea is that when a problem like this is identified the state takes action and allocates its resources but due to poor governance of the state these facilities do not reach the desired masses on ground, such situations mostly lead to privatization of these social institutions which again is a business of profit and the intended social welfare objective is ignored. On the other hand private sector has a tremendous capacity in management of services and reaching out to the grass root level. This diversity in the modes of the two sectors makes it easier and effective for the two sectors to perform different tasks according to their expertise.

Mr. A.R. Kamal's presentation concluded with a note that while handling the issue of AIDS the foremost thing is the delivery of services, which needs diverse resources that is responsibility of state and an enhanced outreach that lies in hand of the private sector. That is why a coordinated approach in form of public-private partnership will be of great value in making Pakistan an AIDS free country.

Panel Discussion

One of the central themes of the discussion was to **create a clear understanding of public-private partnership in general and particularly in health sector with a focus on HIV and AIDS.**

Dr. Sania Nishtar very clearly stated institution of public-private partnership and its different forms and aspects. She underlined that public-private partnership is a collaborative activity among the government and a private sector or international organization (depending upon which spectrum of private sector the state chooses), based on a mutual recognition of respective strengths and weaknesses, working towards common agreed objectives developed through effective communication. The problem faced by the public sector is that of lack of outreach and private sector has demonstrated exceptional capacity in reaching the communities at risk or vulnerable population.

Dr. Asma Bokhari stressed upon that under appropriate circumstances public-private partnerships in combating HIV and AIDS can open up new opportunities for additional resources, improved advocacy and service packages and an enabling environment. These appropriate circumstances need to be developed and then maintained within our local system structures that would probably improve the service delivery system to vulnerable communities in Pakistan. This would be a key step towards strengthening partnerships and mainly towards combating the epidemic in the country.

The second main theme of the discussion was to **define roles of each sector in delivering services to the communities at risk and creating an enabling environment among the society in general.** There should be coordination between both the sectors and tasks should be assigned to each partner according to its expertise. The government role is very important if we wish to take out any activity on national and broader level. As mentioned earlier that the government has a very limited capacity of reaching out on grass root level while the private sector always has a very vast network of community based organizations, and so it was emphasized upon that government will extend its full support and resources to the private sector organizations to carry effective prevention, treatment, care and advocacy plans that would ensure to bring about changes in the prevailing situation of the AIDS epidemic.

Stressing upon the seriousness of the issue, Mr. Michael Dale stated that time is of the essence and if not utilized efficiently can cause the epidemic to prevail in the same way in Pakistan as in countries of Africa that now witness enormous economic and social destructions because of the AIDS epidemic.

Dr. Aldo Landi, Country Representative UNAIDS noted that consortia is the representative body of overall civil society organizations in HIV/AIDS sector thus it should campaign effectively for optimum participation in advocating the issue while working with government. He also mentioned that there is also a need to establish a quality assurance plan to manage documentation and ensure quality of services and their availability to the vulnerable or affected population. He further stressed upon that the framework should be of global standards but keeping in view the limitations of our society and should be effective in the working structures of Pakistan.

The final theme of the discussion was to **develop an institutional framework for partnership** that would accommodate such arrangements that bring together a variety of players with different and sometimes conflicting interests and objectives, working within different governance structures. Such institutional framework is critical to building a system to deliver the HIV/AIDS care and treatment services efficiently and reliably.

Participant's Comments:

In line with the thematic discussions on public-private partnership, participants made some constructive recommendations regarding the issue and it was emphasized by the majority of participants that local systems of the country should be strengthened instead of seeking donors support in carrying out any activity to address the issue. Donors should extend technical support to the local organizations and thus monitor their activities but for a limited time period and efforts should be made to enhance the strengths of local government and local development organizations. It was also stressed upon that civil society should learn to voice their concerns and work on their own institutional strengthening which would in turn enable them to empower the local society. This can be done by making partnerships on local level first and then extend them to international organizations or donors.

Outcomes/Learning of the session

- The fight against HIV and AIDS require concentrated efforts by all the stakeholders
- Partners should balance on each other and share skills and experience
- The collaborating organizations in a partnership should adopt a horizontal or broader approach rather than a narrow and vertical one
- Strengthen our local systems to promote partnerships
- The existing contractual relationships are very much in place but lack efficiency to stand against the prevailing spread of HIV and AIDS as a partnership
- Efforts should not only be made to raise awareness among the vulnerable groups but general population as a whole should be targeted with a focus on youth and women who are expected to be more prone to the situation in the near future

Session Two: Share experiences and learning of existing Public Private Partnership initiatives in health sector

Speakers:

Ms. Nayab Azizi –MIDAS
Dr. Ayesha Khan – National AIDS Control Program
Ms. Bushra Rani – Nai Zindagi
Dr. Hedayat Ullah – Marie Stope Society
Dr. Hassan Raza Naqvi – Family Health International

Moderators:

Dr. Nasir Sarfraz – Deputy Program Manager, NACP
Mr. Aftab Ahmed Awan – National Program Officer, PNAC

Case Studies

The second session of the dialogue comprised of five case studies presentations on different projects working on HIV/AIDS issue while functioning in partnerships. The case studies were presented in order to share the experiences of different organizations which are currently working in partnership with the government directly or through governmental agencies.

The presentations on these partnership case studies included brief details of the projects, their target groups and the approaches these collaborating organizations are adopting to address the AIDS issue on community level where the issue is stigmatized to a great extent. They also shared their experiences in conducting these projects and presented recommendations based on their learning from their ongoing projects in order to improve on the future partnerships.

These case studies helped to file a recommendation plan at the end of the session which would expectedly serve future partnerships development and help them learn to work effectively.

Case I:

Project: "Delivery of Behavioral Change Communication (BCC) services through TV and Radio channels, print media and IPC interventions"

Partners: MIDAS and NACP

Project span: 3 years

MIDAS is the only Ad agency with a complete set of solutions any client might look for, with the power to reach and impact any target audience, from the public at the grass-roots to the policy-makers at the top. MIDAS is playing a vital role in changing behaviors of the general population of Pakistan in the context of HIV and AIDS.

The main goal of the MIDAS – NACP partnership is to establish and implement a standard BCC strategy for HIV/AIDS reduction in Pakistan and increase awareness among the general population to improve health behaviors and promote best practices.

The partners have adopted a research and training based approach towards its goal. The core activities of the program are to motivate civil society towards establishing an enabling environment for BCC and publicize government's commitment for HIV/AIDS prevention to the general population.

It was outlined as a challenge that there is a long way to go and much has to be done in order to address the AIDS issue effectively.

Learnings:

- More TACA and task-force meetings should be conducted in future to promote healthy partnership ideas based on experiences.
- Media programs/activities of the project should address the vulnerable and affected communities. Focus more on project design and its mid-term review and assessment so that an effective implementation of BCC is ensured.
- Link up BCC with local infrastructures like family welfare centers etc.
- Mobilize the communities for social development
- Educate the local advocates and leaders about HIV/AIDS prevention and rights based approaches towards it.

Case II:

Project: "HIV/AIDS Care and Support"

Partners: NACP and Local hospitals (PIMS and SKMH)

Project span: Continuous

National AIDS Control Program (NACP) is the first government financed program for HIV/AIDS prevention in Pakistan. Through this program, the government of Pakistan is expanding its response to HIV/AIDS by translating the strategic plan into action through the Enhanced HIV/AIDS Programme. The NACP framework envisages multi-sectoral response, development of partnerships and collective action essential for decreasing the vulnerability of general population of Pakistan.

The project primary aims are to access HIV positive people and provide them with comprehensive care services, counseling and OIs management and it also intends a VCT uptake in Pakistan through their services.

The secondary goal of the project is to build a strong network of public and private organizations involving other HIV entry points and programs for a coordinated approach towards fighting the epidemic. It has so far established special medicine clinics in Pakistan Institute of Medical Sciences (PIMS), Shaukat Khanum Memorial Hospital (SKMH) and Hayatabad Teaching Hospital. These clinics are well equipped with HIV physicians, medical officers, lab technicians etc and give comprehensive medical and referral services.

It is a laudable effort by NACP showing a political and national commitment, which it is planning to take ahead with a broader coverage of public and private hospitals in the future.

Learnings:

- Need to develop linkages among different stakeholders for experience sharing and reaching out to communities
- Bring sustainability in AIDS programs on part of the state first and then by the private sector
- Raise the demand of services increasing HIV/AIDS literacy and then giving PLWHA community and family based care and opportunity to participate in productive work forces
- Scale up HIV/AIDS expertise to improve quality of services
- Evaluate the programs/projects and centralize operational research and evidence in these programs and policies

Case III:

Project: "Delivery of HIV prevention services to Injecting Drug Users (IDUs) in geographical boundaries of Lahore, Faisalabad, Sialkot and Sargodha cities"

Partners: Nai Zindagi & Associates and Punjab AIDS Control Program (PACP)

Project span: 2 years

Established with the aim to introduce quality treatment and rehabilitation services for drug users (who were denied appropriate, accessible, low-cost and need-based services), Nai Zindagi has developed its services over the years in response to the unmet needs of the clients. These integrated services provide a continuum of holistic care for the client and his family. They offer services are offered in residential and non-residential settings and are free of cost.

The sole objective of the project is to increase the number of drug users who will have access to HIV prevention services on a regular basis and ensure that HIV prevalence among IDUs in the project areas do not exceed than 3 percentage points per year from the baseline.

The partners intend to strengthen each others expertise and collaborate to mobilize and utilize the resources in an efficient manner. The partners facilitate an informed decision making and program modification and take a consultative approach towards carrying out different project activities like specifying the provision of services and improving their quality.

Learnings:

- Establish special medical clinics for HIV prevention, care and treatment as the public health systems are already over burdened
- A strong political will is required to prioritize the issue and adopt innovative approaches to address it efficiently
- NGOs are often over ambitious while the lack of commitment of state in the issue makes partnerships unproductive
- Partners should communicate for flexible programs in order to scale up according to the needs of the target population and thus enhance the delivery of services

Case IV:

Project: "Voluntary Counseling and Testing Program Pakistan"

Partners: Marie Stopes Society and Ministry of Health

Project span: 4 years

Marie Stopes Society is a non-profit, non-governmental organization to provide reproductive health services with a development perspective. MSS has an expanded framework of 40 clinics and 20 centers with outreach services in all the four provinces of Pakistan.

The project is named "Behtar Kal – adopt best practices and make your future healthy and better". The program aims to promote best practices among the general population of the country to prevent further spread of HIV and focuses on bringing about a behavior change in the society towards the issue.

Strong leadership, commitment of both the partners towards common objectives, mutual trust and transparency of organizational structures are the key success factors of this partnership.

Learnings:

- Understanding of culture, work style and limitations of partners is essential for a strong partnership
- Lengthy decision making process in government arrangements makes the partnership goal lag behind in time
- Lack of credibility of NGOs with public sector
- Lack of coordination among inter-governmental departments and agencies

Case V:

Project: "HIV/AIDS service package for long distance truckers, cleaners/attendants and associated populations"

Partners: Family Health International (FHI) and National AIDS Control Program (NACP)

Project span: 3 years

FHI/Pakistan is working with eight partner organizations for an integrated and comprehensive response to HIV/STI. FHI is complimenting National AIDS Control Program (NACP) to promote awareness and healthy behaviors in vulnerable groups through information, education and awareness programs regarding the risk factors of HIV/STI.

The project is developed to reduce the transmission HIV in most at risk populations in five strategic cities in different provinces, support people living with HIV and AIDS with appropriate care, support technical assistance to NACP to monitor the dynamics of the epidemic and effectiveness of the prevention programmes.

The project targeting truckers and their attendants aims to reduce HIV prevalence low among the target population and reduce new syphilis infections among them. It promotes condom use in extra/premarital sexual acts by truck drivers, cleaners and associated populations. The project work in the areas that inhabits the major trucking routes like Karachi, Sukkur, DG Khan, Lahore, Gujranwala, Taxila, Peshawar, Torkham and Quetta. The service package of the project includes strategic behavioral communication, provision of lubricants and condoms and provision of primary health care services for STIs. The project promotes an enabling environment by establishing counseling centers, street theaters, peer educators and enhancing their interpersonal communication skills. It also does this by forming linkages with goods forwarding and transportation agencies and local police of the areas.

Learnings:

The learnings of the project are limited because the project is in its pre maturity stage i.e. first quarter of the first year and yet has a long way to go to evaluate its productivity but so far so the following outcomes are outlined:

- It's the first partnership that is working for a mobile population i.e. truckers
- The dedication of partners and field teams towards bringing about a change in the areas is very essential

Outcomes of the session

- The issue of partnership/projects sustainability was highlighted
- It was stressed upon that public-private-community partnerships should be established for a more effective environment on grass root level
- The partners should collaborate for working on clear and workable objectives
- While considering service delivery packages, emphasis should be given on outreach, education and community based health care
- Youth and children of the society should be educated about HIV and AIDS as neglecting them would mean an increase in domestic labor and street children as a consequence of the epidemic affecting them or their families

Recommendations for effective partnerships to control the spread of HIV in Pakistan

On account of the outcomes of both the session a recommendation plan was compiled by Mr. Qadeer Baig, National Manager – PNAC. The following recommendations were highlighted keeping a focus on making partnerships effective:

1. Three major points were identified for effective partnerships in combating HIV and AIDS: ownership of the effort/project, dedication at all levels and involvement of stakeholders
2. Build human and institutional service delivery supply chain capacity in the country, this system will help rapidly expand prevention, care and treatment for people living with and affected by HIV/AIDS
3. Improve access, equity, quality & meet unmet demand through mobilization of all potential resources
4. Bring a synergy among all the nation wide programs to combat the AIDS epidemic
5. Every partner should contribute according to its expertise and competitive advantage
6. Mobilize funds and investments for further initiatives in turning down the epidemic
7. Build a legitimate framework of partnership to ensure long term and productive programs
8. Build strong infrastructures
9. Adopt a proactive approach towards addressing the issue
10. Enabling policy environment to promote partnerships

Conclusion:

It was decided that NACP and PNAC being the key stake holders, NACP as government representative and PNAC as the representative of civil society organization, would work together on the development of practicable and efficient framework of public private partnership for HIV and AIDS sector in Pakistan in light of new development paradigm.

Closing Remarks

Dr. Abdul Majeed Rajput, Director General Health, underlined the need to develop a sense of urgency among different stake holders regarding the AIDS epidemic. He emphasized on development of proper mechanism to address the issue together in partnership arrangements. He mentioned the limitation of state in reaching the target population and allocating the resources and thus stressed upon the involvement of NGOs and other private sector organizations for dynamic results in provision of services to the at risk communities.

Dr. Majeed commended Pakistan National AIDS Consortium for taking a step ahead in advocating for strong partnerships in AIDS sector and for creating an enabling and supportive environment to turn the epidemic down.

Mr. Raja Khalid Mehmood, President – PNAC, thanked Dr. Abdul Majeed Rajput for his insightful remarks. He ensured full support of Pakistan National AIDS Consortium to the partnership initiatives in AIDS sector in taking this dialogue further and promised full dedication to the issue. He appreciated the participants for attending the dialogue and ensured them that their recommendations will be incorporated in the report for future consultations.

ANNEXURE

National Policy Dialogue

"Strengthening Public Private Partnership for HIV & AIDS Prevention, Care and Treatment in Pakistan"

*May 18th, 2006
Hotel Holiday Inn, Islamabad.*

Activity	Moderation	Time
Registration	Kashif Syed - PNAC	9:00 a.m
Recitation of Holy Quran		9:25 a.m
Introduction of Participants		9:30 a.m
Inaugural Session		
Welcome Note: Mr. Qadeer Baig National Manager - PNAC	Kashif Syed - PNAC	9:35 a.m
Keynote: Dr. A. R. Kemal Sr. Economist Ex- Chief Economist of Pakistan Ex. Director- PIDE	Kashif Syed - PNAC	9:50 a.m
Q & A Session	Mr. Qadeer Baig - PNAC	10:15 a.m
Session One		
Chair : Mr. Micheal Dale (Head of Operations-EC) Discussants: NACP: Dr. Asma Bokhari Heart File: Dr. Sania Nishtar JSI: Mr. Peter Hatcher	Mr. Qadeer Baig - PNAC	10:25 a.m
Tea Break		11:00 a.m
Session Two		
Case Studies 1: MIDAS - Ms. Nayab Azizi on BCC	Dr. Nasir Sarfraz - NACP Mr. Aftab Awan - PNAC	11:30 a.m

2: NACP – Dr. Ayesha Khan on Care & Support		
3: Nai Zindagi – Ms. Bushra Rani on IDUs		
4: MSS – Dr. Hedayat ullah on VCT		
5: FHI – Dr. Hassan Raza on Truckers		
Panel Discussion:	Mr. Qadeer Baig – PNAC	12:15 a.m
Chair: Ms. Madeline Wright (Save the Children – UK)		
Participants: Dr. Aldo Landi – UNAIDS Dr. Nasir Sarfraz – NACP Mr. Raja Khalid – PNAC		
Concluding Session		
Concluding Remarks:		1:35 p.m
Dr. Abdul Majeed Rajput Director General-Health		
Recommendation Plan:		1:40 p.m
Mr. Qadeer Baig National Manager – PNAC		
Vote of Thanks		1:50 p.m
Mr. Raja Khalid Mehmood President – PNAC		
LUNCH		2:00 p.m

PRESS COVERAGE



Govt, civil society nexus vital against AIDS

BY OUR STAFF REPORTER

ISLAMABAD - Government is determined to build strong partnership with civil society organisations to combat HIV and AIDS in Pakistan.

This was stated by Dr Abdul Majeed Rajput, Director General Health while addressing a policy dialogue under the theme of "Strengthening Public Private Partnership for HIV and AIDS Prevention, Treatment and Care" which was organized by Pakistan National AIDS Consortium here Sunday.

A press release said that Pakistan National AIDS Consortium (PNAC) had initiated the dialogue process at national level in consultation with government.

Effect of this policy will definitely trickle down at provincial level He also emphasized that Pakistan National AIDS Consortium will continue to play its role in initiating policy dialogues on various issues related with HIV and AIDS.

While delivering the keynote address, Dr A.R Kemal, a renowned economist of Pakistan discussed the social and economical aspects of the spread of epidemic. While quoting examples from other countries, he said that the worst impact of HIV and AIDS is always on economics of the country and that is why it should dealt with as a development issue. Qadeer Baig National Manager PNAC said that Civil Society Organizations have only three options.



Govt, civil society express resolve against HIV, AIDS

STAFF REPORTER

ISLAMABAD—Government is determined to build strong partnership with civil society organisations to combat HIV and AIDS in Pakistan. This was stated by Dr Abdul Majeed Rajput, Director General Health while addressing a policy dialogue under the theme of "Strengthening Public Private Partnership for HIV and AIDS prevention, treatment and care" which was organised by Pakistan National AIDS Consortium. President Pakistan National AIDS Consortium Raja Khalid Mehmood while addressing to the dialogue

said that PNAC has initiated the dialogue process at national level in consultation with Government. Effect of this policy will definitely trickle down at provincial level, he also emphasised that Pakistan National AIDS Consortium will continue to play its role in initiating policy dialogues on various issues related with HIV and AIDS.

While delivering the key note address, Dr. A.R Kemal renowned Economist of Pakistan discussed the social and economical aspects of the spread of epidemic. While quoting examples from other countries, he said that the worst impact of HIV and

AIDS is always on economics of the country and that is why it should be dealt with as developmental issue.

Stake holders from various international and national governmental and non-governmental organisations participated in the dialogue and developed recommendations for strengthening the partnership between public and private sector. It was mutually agreed that HIV and AIDS is a serious threat that can neither be answered by government or by civil society organisations working in isolation. It requires constant and timely efforts by public and private sector.

DAWN ISLAMABAD Saturday May 20, 2006

METROPOLITAN

Public-private partnership a must to combat Aids

By Our Staff Reporter

ISLAMABAD, May 19: Both public and private sectors need to focus on HIV and Aids in all health related projects.

This was recommended at a policy dialogue under the theme of "Strengthening Public Private Partnership for HIV and AIDS Prevention, Treatment and Care", organised by Pakistan National AIDS Consortium (PNAC) at a local hotel on Thursday.

The participants also called for a policy framework to ensure effective public-private partnership in combating Aids. Government should work as facilitator and resource provider in this regard, they said.

Speaking on the occasion, Director-General Health Dr Abdul Majeed Rajput said the government was determined to build strong partnership with civil society organisations to combat HIV and Aids in the country.

Already, a number of projects are underway in which public and private sectors are actively coordinating to fight against the deadly virus, he said.

PNAC President Raja Khalid Mehmood said the dialogue process had been initiated at the national level in consultation with the government.

The effect of this policy will definitely trickle down to provincial level. He also emphasised that PNAC would continue to play its role in initiating policy dialogues on various issues relat-

ed with HIV and Aids.

In his key note remarks, Dr A.R. Kemal, an economist, discussed the social and economical aspects of the spread of epidemic. While quoting examples from other countries, he said the worst impact of HIV and AIDS was always on economics of the country and that was why it should be dealt with as a developmental issue.

Stakeholders from various international and national governmental and non-governmental organisations participated in the dialogue and made recommendation for strengthening partnership between public and private sectors.

It was agreed that Aids was a serious threat that could neither be tackled by the government or by civil society organisations working in isolation. It requires concerted and timely efforts.

Michael Dale, head of operations, European Commission, said if strong partnerships were not developed, it might be too late to respond to the epidemic effectively.

Dr Asma Bokhari, programme manager, National Aids Control Programme, discussed various initiatives of the government to work with civil society organisations in controlling the epidemic.

Dr Sania Niazar, founding president of Heart File, discussed the theoretical and conceptual framework of the public-private partnerships in details and analysed various models.