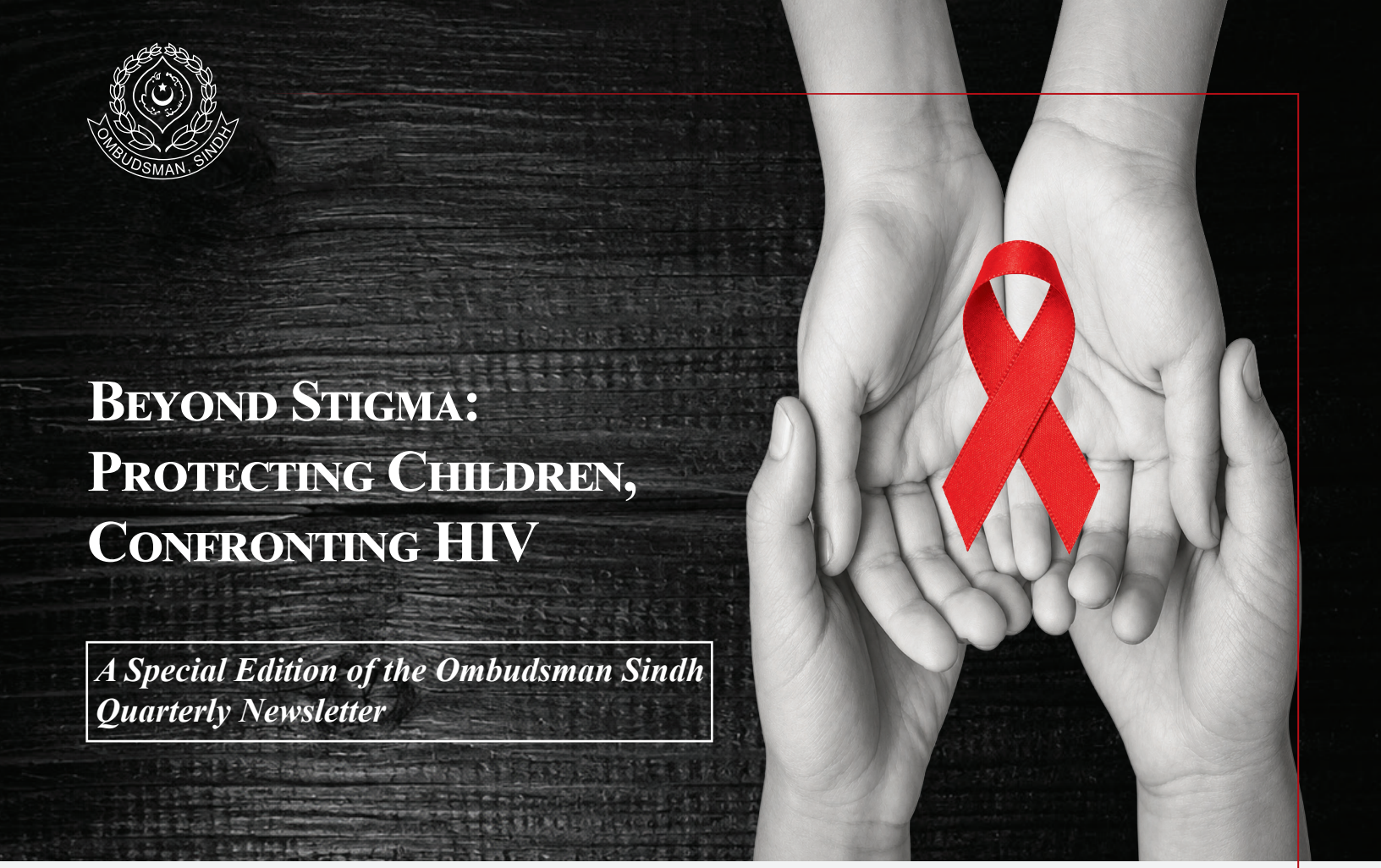

Beyond Stigma: Protecting Children, Confronting HIV

A Special Edition of the Ombudsman Sindh Quarterly Newsletter

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OMBUDSMAN SINDH'S MESSAGE

The HIV outbreak at Kulsum Bai Valika (SESSI) Hospital stands as one of the most painful reminders of how fragile trust in public health can be when basic standards of care are neglected. Families brought their children to the hospital seeking relief from ordinary ailments. Instead, many left with a diagnosis that would change their lives forever.

This tragedy was preventable. It was caused not by the virus itself, but by unsafe practices - the reuse of syringes and vials - that should never occur in any medical setting. The consequences have been devastating: children infected, lives lost, and families burdened not only with medical challenges but also with stigma, isolation, and grief.

As Ombudsman, I met with parents and families whose lives have been shattered. Among them was one family whose four children contracted the virus. Speaking with the parents, especially the mother, was profoundly painful. Her anguish reflected the depth of this crisis - a reminder that behind every statistic is a human story of suffering and resilience. From the very beginning, the Office of the Provincial Ombudsman Sindh treated this matter as both a public health emergency and a governance failure.

Accordingly, all relevant departments and concerned officials have been ordered to act without delay. Directions have been issued for the immediate provision of antiretroviral therapy and essential medicines, and arrangements are underway for specialised treatment through a Memorandum of Understanding with Aga Khan University Hospital. Instructions have also been given to ensure that affected children are re-admitted to schools, safeguarding their right to education, while psychological counselling is to be provided to both children and parents to help them cope with trauma. To strengthen direct support, the establishment of an Ombudsman Help Desk near the isolation ward has been mandated, alongside strict requirements for transparent disbursement of the Rs. 2 billion SESSI endowment fund. Healthcare staff are to undergo proper training, and a dedicated infectious disease control department is being set up to prevent recurrence. These measures are reinforced by accountability mechanisms, with clear orders that no lapse or concealment will be tolerated again.

The measure of change is simple: every affected child must be safe, supported, and given the opportunity to move forward. This requires not only medical care but also dignity, education, and social reintegration. As Ombudsman, I remain personally committed to ensuring accountability and compassion, so that no family ever faces such preventable harm again.

Muhammad Sohail Rajput
Sitara-e-Imtiaz (PAS)
Ombudsman Sindh

CASE FINDINGS, HEARINGS & DECISIONS

Hospitals are meant to be sanctuaries of healing - places where families arrive with worry and leave with reassurance. At Kulsum Bai Valika (SESSI) Hospital, that promise was broken. What began as routine visits for fevers or stomach aches became the start of something far worse: a preventable HIV outbreak among children, caused by unsafe medical practices.

The tragedy demanded more than medical inquiry. It called for accountability, compassion, and a response that looked beyond treatment to dignity and justice. Under the guidance of the **Provincial Ombudsman Sindh,** families' voices were heard, site visits were conducted, and systemic failures were laid bare.

The Outbreak

Investigations revealed that syringes and vials were reused on multiple patients, directly transmitting HIV among children. This gross negligence was compounded by concealment of facts and cosmetic measures intended to mislead oversight. The scale of the crisis is stark: over **200 children feared affected, with 10 deaths already recorded, and 141 cases formally on record.**

"A single reused needle, and a standard of care that existed on paper but failed where it mattered most."

Families' Voices

Behind every statistic lies a family searching for answers. Parents described not only the medical challenges of long term treatment, but also the emotional and social burdens. Children faced isolation from peers, exclusion from schools, and stigma within their communities. These experiences reflected not the virus itself, but the consequences of misinformation and fear surrounding HIV.

Hearings ensured these voices were central. Parents demanded free treatment, antiretroviral medicines, psychological counselling, and support services. Their testimonies underscored that the crisis was not only medical, but deeply social.

Systemic Failures

Site visits exposed alarming deficiencies across hospital departments:

- **Paediatric ward:** only 32 beds, with children forced to share; no diapers or baby milk provided.
- **Laboratory:** expired HIV testing kits used; limited OPD hours; exclusion of key record keepers.
- **Pharmacy:** unskilled staff dispensing wrong medicines; patients denied supplies despite stock.
- **Isolation ward:** hastily prepared before inspections, with poor cleanliness and inadequate staffing.

Hearings & Decisions

The Ombudsman's inquiry identified responsibility at multiple levels: negligent doctors, inadequate supervision, and concealment by focal officials. Earlier reports noted illegal sale of syringes and medicines by lower level staff, shielded by senior administrators. The crisis was not only a public health emergency but a governance failure.

To address these systemic gaps, the Ombudsman directed:

- Immediate provision of **antiretroviral therapy (ART)** and essential medicines.
- A **Memorandum of Understanding** with Aga Khan University Hospital for specialised treatment.
- **Re-admission to schools** for affected children.
- **Psychological counselling** for children and parents.
- Establishment of an **Ombudsman Help Desk** near the isolation ward.
- Transparent disbursement of the **Rs. 2 billion SESSI endowment fund.**
- Training of healthcare staff and creation of a dedicated **infectious disease control department.**

Beyond Treatment

The case findings highlight that medical care alone is not enough. The outbreak has left children and families grappling with stigma, exclusion, and grief. The Ombudsman's directions therefore extend beyond treatment to education, dignity, and social reintegration. Real change means ensuring every child is protected, cared for, and able to rebuild life with dignity.

HIV/AIDS FACTS VS MYTHS

Care Without Fear - separating what is medically true from what fear has made people believe.

MYTH : *HIV spreads through everyday contact - touch, hugging, or sharing food and water.*

FACT : HIV spreads only through specific body fluids, mainly blood. It does not spread through casual contact, shared food, or water. ***(World Health Organization, HIV and AIDS Fact Sheet)***

MYTH : *Children living with HIV should not attend school with other children.*

FACT : HIV does not spread through ordinary classroom contact. A child's HIV status is not a reason to deny them an education alongside their peers. ***(UNICEF HIV Stigma Indicators, 2025)***

MYTH : *HIV is a death sentence.*

FACT : There is no cure, but with consistent antiretroviral therapy, HIV is a manageable condition. People, including children, can live long and healthy lives. ***(UNAIDS Global Strategy, 2026)***

MYTH : *You can tell someone has HIV just by looking at them.*

FACT : HIV shows no visible signs in most cases. Testing is the only way to know, which is why reliable testing at every hospital matters. ***(CDC HIV Transmission Myths, 2025)***

MYTH : *A child affected by an outbreak like this is somehow responsible, or their family did something wrong.*

FACT : None of these children caused their infection. Stigma toward children living with HIV is a separate, preventable harm, not a natural consequence of the disease. ***(UNICEF HIV Stigma Indicators, 2025)***

MYTH : *Mosquito or insect bites can spread HIV.*

FACT : Insects cannot transmit HIV. The virus does not survive or replicate inside them, so there is no risk of infection from a bite or sting. ***(WHO HIV FAQs, 2026)***

MYTH : *A baby born to an HIV-positive mother will definitely have HIV.*

FACT : With proper treatment during pregnancy and after birth, the risk of passing HIV from mother to child can be reduced to below 1%. ***(WHO & Johns Hopkins Medicine, 2026)***

MYTH : *HIV always progresses to AIDS.*

FACT : Untreated HIV can progress to AIDS, but with ART most people never develop AIDS. ***(UNAIDS, 2026)***

MYTH : *Being infected through a hospital injection is rare and unlikely.*

FACT : Unsafe injection practices, including a syringe reused on more than one patient, are a documented and confirmed cause of HIV and hepatitis outbreaks in Pakistan and the wider South Asia region.
(Peer-reviewed research on unsafe injection practices, South Asia)

MYTH : *HIV can spread through saliva, sweat, or tears.*

FACT : These fluids do not contain enough virus to transmit HIV. Saliva even contains enzymes that inhibit HIV. ***(CDC HIV Basics, 2025)***

MYTH : *Only certain groups get HIV.*

FACT : Anyone can acquire HIV if exposed to the virus. Some communities experience higher rates of HIV because of differences in exposure, access to healthcare, and social barriers-not because of who they are. ***(UNAIDS Global HIV Data, 2026)***

MYTH : *HIV cannot be prevented if your partner has HIV.*

FACT : HIV transmission can be effectively prevented with proper medical care. Antiretroviral therapy (ART) can reduce the amount of virus in the body to an undetectable level, which prevents sexual transmission **(U=U: Undetectable = Untransmittable)**. Additional prevention options, such as Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP), can further reduce the risk of HIV for HIV-negative partners when used under medical guidance.
(CDC HIV Prevention Guidelines, WHO HIV Fact Sheet, UNAIDS U=U Campaign)

Closing Note

Care without fear means confronting stigma with facts. HIV is not spread through everyday contact, nor is it a death sentence. With treatment, education, and compassion, children and families can live with dignity. Stigma is preventable, and knowledge is the most powerful medicine against fear.

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