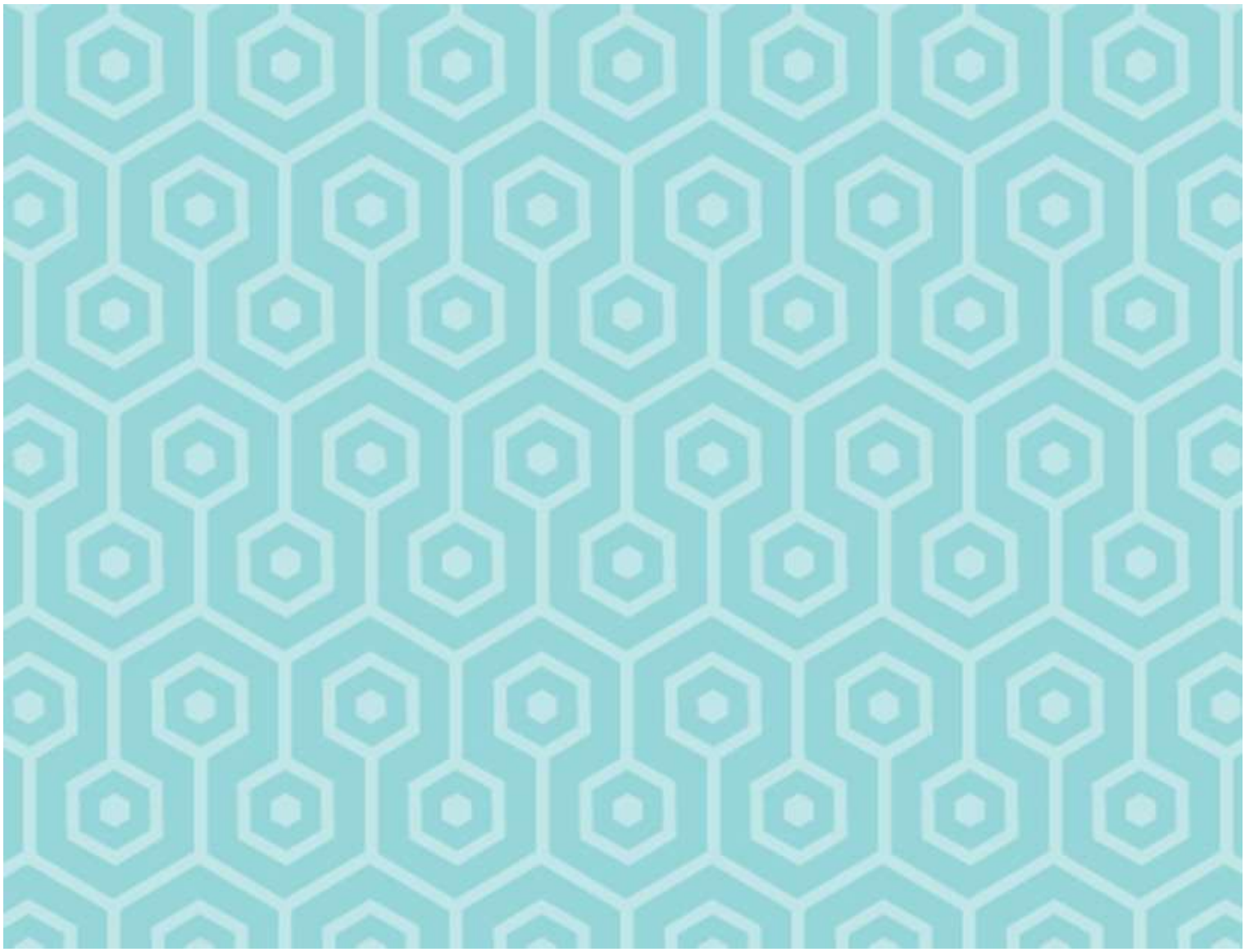
# Country progress report - Bangladesh

Global AIDS Monitoring 2018



# Contents

# Overall

## Fast-track targets

## Progress summary

Till 1st December 2017, 5,586 HIV positive cases were detected in Bangladesh of whom 865 were new. Most of the newly identified people living with HIV (PLHIV) were concentrated in Dhaka (54%), Chittagong (21%), Khulna (10%) and Sylhet divisions (6%). The estimated number of PLHIV was 13,000 and the estimated sizes of the Key Populations (KPs) are 102,260 for female sex workers (FSWs), 33,067 for people who inject drugs (PWID), 101,695 for males having sex with males (MSM), 29,777 for male sex workers (MSWs), and 10,199 for transgender women (locally known as hijra).

# HIV testing and treatment cascade

## Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

## Progress summary

For treatment, care and support services for PLHIV, antiretroviral therapy (ART) and management of opportunistic infections (OIs) are provided through government support. Community based organizations (CBOs) and networks were engaged to complement this activity, however due to funding constraints, this is disrupted. Under the 4th health sector program of the Government of Bangladesh (GoB) from 2017-2022 activities are expected to encompass HTS, treatment, care and support for PLHIV. PLHIV will receive ART supported by the 4th health sector program of the GoB.

The plan of CBOs forming community ART groups comprising of PLHIV within the community to bring PLHIV to the CST centres is being revised as per recommendations of relevant stakeholders. A differentiated service delivery plan is being developed under a phased approach to link communities to services such as counselling for adherence, etc. with the help of CBOs, Outreach services for treatment adherence, bringing ART to the doorstep and measuring viral load are quite inadequate.

## Policy questions (2017)

Is there a law, regulation or policy specifying that HIV testing:

**a) Is solely performed based on voluntary and informed consent**

No

**b) Is mandatory before marriage**

No

**c) Is mandatory to obtain a work or residence permit**

No

**d) Is mandatory for certain groups**

No

**What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what it the implementation status?**

≤500 cells/mm3; Implemented in few (<50%) treatment sites

**Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?**

**a) For adults and adolescents**

Yes, but not implemented

**b) For children**

Yes, but not implemented

# Prevention of mother-to-child transmission

## Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

## Progress summary

For PMTCT, UNICEF enabled HIV counselling, testing and treatment services for pregnant women in three national medical university/college hospitals. The major challenge is sustainability of these initiatives.

UNICEF, UNFPA and UNAIDS are jointly planning PMTCT among the sex workers of 2 brothels in Bangladesh with required referral linkage.

## Policy questions (2016)

**Does your country have a national plan for the elimination of mother-to-child transmission of HIV?**

No

**Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?**

Yes, with an age cut-off to treat all of <5 years; Implemented in a few (<50%) treatment sites

# HIV prevention; Key populations

## Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90%% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners

## Progress summary

The current national coverage of prevention interventions for PWID is at 35%, FSWs 25%, MSM (including MSWs) 23.6%, and hijra 39.8%. These interventions include harm reduction, condoms distribution and selling, and HTS mostly through community led approaches. Under the 4th health sector program of the Government of Bangladesh (GoB) from 2017-2022 activities are expected to encompass prevention interventions for KPs and migrants.

Consistent condom use among key populations remains low for diverse reasons. Hence, understanding the enablers and barriers to PrEP implementation in the context of Bangladesh is required. Thus, a PrEP demonstration project in Dhaka is planned for sexual minority people. Also, as a pilot, PrEP will be provided to 1,000 people who are in substantial risks for HIV (eg. adolescent FSW, sex partners of PWID and serodiscordant couple) under the proposed Global Fund funding request.

## Policy questions: Key populations (2016)

**Criminalization and/or prosecution of key populations**

**Transgender people**

Neither criminalized nor prosecuted

**Sex workers**

Partial criminalization of sex work

**Men who have sex with men**

Yes, imprisonment (14 years - life)

**Is drug use or possession for personal use an offence in your country?**

Possession of drugs for personal use is specified as a criminal offence

**Legal protections for key populations**

**Transgender people**

Constitutional prohibition of discrimination based on gender diversity

**Sex workers**

Constitutional prohibition of discrimination based on occupation

**Men who have sex with men**

Constitutional prohibition of discrimination based on sexual orientation

**People who inject drugs**

No

## Policy questions: PrEP (2017)

**Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?**

No, guidelines have not been developed

# Gender; Stigma and discrimination

## Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020

## Progress summary

Human rights and gender issues have been at the core of HIV prevention approaches in Bangladesh. The GoB has recognized hijra as a separate gender category beyond male-female dichotomy and recently, NASP developed a Gender Strategy (2017-2021) aimed at addressing gender based violence (GBV) among KPs, Emerging & Vulnerable Groups (EVA), PLHIV and affected family members.

Currently integration of HIV prevention services with other relevant platforms such as MNCH, adolescent health and other communicable diseases are being planned. FSWs and female PWID will be referred to health facilities for their SRH needs, such as abortion care and FP. To ensure PMTCT, pregnant FSWs, female PWID and female partners of male PWID will be initially screened for HIV at DICs and will be linked to tertiary hospitals for pregnancy care, ART, breast feeding counselling, early infant diagnosis, etc. Efforts to refer female partners of married MSM to SRH services will be made initially on a small scale and based on experience this will be scaled up in some priority districts. Opportunities will be explored to link young KPs with adolescent friendly health service of DG-FP available at their locality.

Prevention approaches are supported by community squads formed for FSW to respond to harassment through a 24/7 hotline which until November 2017 managed a total of 242 cases of violence and 227 cases of discrimination, of which, 04 were provided with major medical support, 05 with legal support, the rest were mitigated through counseling and advocacy efforts. A total of 17 FSWs who confronted severe violence by the husbands/clients, were included in the 2 years long vocational training program in collaboration with Salvation Army where they are having meal support and transport allowance besides the training. Through the Multi-Country South Asia GF Regional Program for MSM advocacy for policy change was conducted and networks maintained with different entities.

## Policy questions (2016)

**Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV**

Yes

**Does your country have legislation on domestic violence*?**

No

**What protections, if any, does your country have for key populations and people living with HIV from violence?**

General criminal laws prohibiting violence

Programmes to address intimate partner violence*

**Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?**

Yes, policies exist but are not consistently implemented

# Knowledge of HIV and access to sexual reproductive health services

## Ensure that 90%% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year

## Progress summary

For MARA, UNICEF enhanced GoB capacity to design and implement high impact HIV prevention, treatment and care interventions for adolescent KPs, while sustaining general awareness/ knowledge levels on HIV through school-based Life Skills Education.

Under the Global Fund funding request, age appropriate Peers are deployed to provide HIV prevention services to MARA. Each month a separate day is dedicated for STI services and HTS for MARA MSM/hijra. Age appropriate BCC materials are developed and distributed. The estimated number of adolescent FSWs is 17,384 and the NSP target is 11,300. In the Funding Request, customized services will be provided to 1850 adolescent FSWs which is 16% of the NSP target. Opportunities will be explored to link young KPs with adolescent friendly health service of DG-FP available at their locality.

## Policy questions (2016)

**Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:**

**a) Primary school**

No

**b) Secondary school**

No

**c) Teacher training**

No

# Social protection

## Ensure that 75%% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

## Progress summary

Under the Global Fund Funding Request, there are specific structural interventions proposed with MoHFW, Ministry of Social Welfare, Ministry of Women and Children Affairs for increasing availability and accessibility of government mainstreaming services including universal access to health coverage, government social safety-net program, access to legal support, etc. The updated National Social Security Strategy covers hijra and PLHIV.

## Policy questions (2016/2017)

Yes and it is being implemented

**a) Does it refer to HIV?**

Yes

**b) Does it recognize people living with HIV as key beneficiaries?**

Yes

**c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?**

No

**d) Does it recognize adolescent girls and young women as key beneficiaries?**

Yes

**e) Does it recognize people affected by HIV (children and families) as key beneficiaries?**

No

**f) Does it address the issue of unpaid care work in the context of HIV?**

No

**What barriers, if any, limit access to social protection programmes in your country?**

Social protection programmes do not include people living with HIV, key populations and/or people affected by HIVLack of information available on the programmesComplicated proceduresFear of stigma and discriminationLack of documentation that confers eligibility, such as national identity cardsBiasness of local leader in selection process

# Community-led service delivery

## Ensure that at least 30%% of all service delivery is community-led by 2020

## Progress summary

All current prevention programs are led by communities, however community based testing is planned under the funding request and in the next health sector program.

Under the funding request in case of FSWs, part time Peer Volunteers (PVs) selected from the cruising spots will be their primary contacts. PVs will be supervised by Community Organizers selected from the community. Community empowerment for sex workers: CBOs, self-help groups (SHGs) and network will be capacitated to mobilize the community for their rights, empowerment and will be engaged in participatory monitoring. Community squads' of FSWs respond to harassment cases through a 24hr hotline and link to one stop crisis centre (OCC) for medico-legal service. HIV positive FSWs will be linked to the ART centres at GoB health facilities and followed up by PVs and community organizers. Community organizers will be responsible for follow up of STI cases.

## Policy questions (2017)

**Does your country have a national policy promoting community delivery of antiretroviral therapy?**

No

**What safeguards in laws, regulations and policies, if any, provide for the operation of CSOs/CBOs in your country?**

Registration of HIV CSOs is possible

Registration of CSOs/CBOs working with key populations is possible

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

**Number of condoms and lubricants distributed by NGOs in the previous year**

**a) Male condoms:**

22372974

**b) Female condoms:**

-

**c) Lubricants:**

603710

# HIV expenditure

## Ensure that HIV investments increase to US$ 26 billion by 2020, including a quarter for HIV prevention and 6%% for social enablers

### Progress summary

The GoB has increased investment for HIV Prevention. Data shows that in the 3rd health sector program, the OP for NASP allocated USD 24.4 million while in the 4th health sector program approximately USD 47 million has been allocated. Due to decreasing donor support and disrupted government fund flow, modalities in service provision are constantly changing. This is hampering prevention efforts.

# Empowerment and access to justice

## Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights

## Progress summary

UNICEF, UNAIDS and UNRCO are supporting CBOs, self-help groups (SHGs) and networks in their capacity building to mobilize the community for their rights and empowerment. The stigma index was conducted and the recommendations will be pursued. Existing 'Community squads' of FSWs will continue to respond to harassment cases through a 24 hr hotline and link to one stop crisis centre (OCC) for medico-legal services. Similar referral linkages will be established with service providers for providing medico-legal and psycosocial support services for GBV and Human Rights violation

CBOs, SHG and networks are mobilizing the community for their rights. Local, district and national advocacy and sensitization activities are ongoing with religious leaders, influential people, members of law enforcement agencies and journalists. Efforts will be given for drug policy reform in coordination with NASP.

Advocacy with key/relevant ministries including of Home, Education, Social Welfare, Women and Children Affairs, Labour and Overseas Employment, etc. are continuing by engaging HIV focal persons and addressing annual plans.

## Policy questions (2016)

**In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?**

Yes, at a small scale

**Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?**

No

**What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?**

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**What barriers in accessing accountability mechanisms does your country have, if any?**

Mechanisms are not sensitive to HIV

Affordability constraints for people from marginalized and affected groups

Awareness or knowledge of how to use such mechanisms is limited

# AIDS out of isolation

## Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

## Progress summary

Although the prevalence of HCV has significantly declined among male PWID in Dhaka from 66.5% in 1999 to 39.6%, still it remains as one of the gaps in providing comprehensive service package for PWID in Bangladesh. Neither the government nor the any program addressed hepatitis C issue adequately. In the Funding Request, IEC/BCC activity for prevention of HCV is planned among targeted PWID. Under this above allocation, a provision is proposed to provide screening and management of HCV among PWID. Considering the prevalence of HCV, in Dhaka, and Chapai Nawabganj PWID will be routinely screened for HCV and around 200 HCV positive PWID will be provided medicine support. Trained physicians will be responsible for screening, diagnosis and management of HCV from comprehensive DICs.

UNICEF, UNFPA and UNAIDS are jointly planning to screening the sex workers of 2 brothels in Bangladesh for cervical cancer with required referral linkage.

## Policy questions (2016)

**Is cervical cancer screening and treatment for women living with HIV recommended in:**

**a) The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)**

Yes

**b) The national strategic plan governing the AIDS response**

Yes

**c) National HIV-treatment guidelines**

Yes

**What coinfection policies are in place in the country for adults, adolescents and children?**

Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV

Intensified TB case finding among people living with HIV

TB infection control in HIV health-care settings

Co-trimoxazole prophylaxis