Global AIDS Response Progress Report (GARPR)
Target 7:
Eliminate Gender Inequalities and Gender-based Abuse and Violence and Increase the Capacity of Women and Girls to protect themselves from HIV

Annual Progress Report Bangladesh 2015

1. Background

The Global AIDS Response Progress Report: Target 7 on 'Eliminating Gender Inequalities and Gender-based Abuse and Violence and Increase the Capacity of Women and Girls to protect themselves from HIV' was facilitated and prepared by the National AIDS/STD Programme (NASP) of the Ministry of Health and Family Welfare, Government of Bangladesh. Stakeholders from different constituencies were actively engaged in the reporting process with full support from UN Women and UNAIDS Bangladesh.

2. Country Context

2.1. Epidemiology

Bangladesh remains a low HIV prevalence country with less than 0.1% overall prevalence in general population over the years[1]. The HIV prevalence remains less than 1% both among key and bridge populations[2]. Till date, the country has registered a total of 3674 cases of HIV infection. However, the estimated number of people living with HIV is around 9500. Although the prevalence remains low, Bangladesh is one of the only four countries in Asia and the Pacific where prevalence has increased more than 25% over a decade till 2012[3].

According to the latest Serological Surveillance (Round 9, 2011) of Bangladesh, the HIV prevalence among people who use drugs (PWUD), female sex workers (FSW), male sex workers (MSW), men who have sex with men (MSM) and Hijras was 0.7%. Although HIV prevalence was below 1% in most groups of FSW, in casual sex workers (those who were selling sex either in the street, residence or hotel and had either one or more main sources of income) from Hilli (a small border town in the northwest part of Bangladesh), prevalence was 1.6%. As per midline assessment of the Global Fund supported interventions for MSM, MSW and TG in 2013 in Dhaka (capital city), the prevalence among MSW was 0.6%, among MSM 0.7% and among TG/Hijras it was 0.5%. Among the transgendered community (hijra) the HIV prevalence was 1% in two sites (Dhaka –the capital of Bangladesh and Manikganj-a peri-urban site adjacent to Dhaka) in 2011 and one person was detected as being HIV positive among a small sample from Hilli[4].

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[1] 20 years of HIV in Bangladesh: World Bank and UNAIDS, 2009

[2] The Round 9 surveillance, 2011 and Round 8 surveillance, 2007

[3] World AIDS Report, 2011

[4] IEDCR and icddr'b. 2011. National HIV Serological Surveillance. Bangladesh: National AIDS/STD Programme (NASP). Retrieved from: http://www.aidsdatahub.org/sites/default/files/documents/HSS_9th_round_2011.pdf

2.2. Status of Women and Girls including Key Populations

Bangladesh has achieved significant progress in attaining women's empowerment and gender parity/balance across sectors over the years. And this includes increased political participation, better job opportunities, greater movements and autonomy, increased educational attainment and reduced dropout rates etc. for women. However, there remain a lot of challenges in terms of access to sexual and reproductive health (SRHR) services, early marriage, gender based abuse and violence in intimate relationship and in general[5]:

- Approximately, 11% of young adolescent girls (age group of 10-14 years) and around 46% youths within the age group of 15-19 years are married[6]. In rural areas, up to 85% of girls are married by the age 16[7]. The median age at first marriage among women age 25-49 is 15.5 years, and among men age group it is 24.2 years, indicating large differences in age between husbands and wives.
- The large age difference between husband and wife is one of the factors affecting women's ability to negotiate safe sexual behaviors including for family planning[8]. As a result, one-third of adolescent girls begin childbearing between the ages of 15-19 years[9].
- Women are also victims of frequent domestic violence, trafficking, acid attacks and rape. 48.7% of currently married women have experienced physical violence in their current marriage at some time[10].
- Moreover, women living with HIV face severe stigma and discrimination in both family and social sphere. Married women, who have contracted HIV from having unprotected sex with their husbands, are often scorned, mistreated and even evicted from their in-laws home when their HIV status becomes known[11]. All these lead to women's vulnerability to HIV and make their access to prevention, treatment, and care and support services more difficult.
- 67.2 % of ever-married or partnered women aged 15-49 experienced physical or sexual violence from a male intimate partner in the past 12 months[12].
- Data on Violence against Key Populations over the years are given in the tables below:

Indicator	MSM				MSW			
	2000-01	2002	2003-04	2006-07	2000-01	2002	2003-04	2006-07
% Reported being beaten or raped in the last year	-	-	Central A: 26.0%	Dhaka: 35.6%	-	Central- A: 41%	Central A: 56.8%	Dhaka: 45.2%
	-	-	North East –A: 3.6%	Sylhet: 32.6%	-	South east-A: 37.8%	South East – A: 39.9%	Chittagong: 38.4%

5 Govt. of Bangladesh. 2014. Gender Assessment of National HIV Response, National AIDS/STD Programme.

6 Govt. of Bangladesh. 2006.Bangladesh Adolescent Reproductive Health Strategy, Ministry of Health and Family Welfare. Retrieved from: http://dgfpbd.org/dgfp_documents/DGFP_Policy%20&%20Strategy/DGFP_National%20ARH%20Strategy.%20Bangladesh%20%282006%29.pdf

7 ibid

8 National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International. 2013. Bangladesh Demographic and Health Survey 2011. Dhaka, Bangladesh and Calverton, Maryland, USA: NIPORT, Mitra and Associates, and ICF International. Retrieved from: http://dhsprogram.com/pubs/pdf/FR265/FR265.pdf

9Govt. of Bangladesh. 2006.Bangladesh Adolescent Reproductive Health Strategy, Ministry of Health and Family Welfare. Retrieved from: http://dgfpbd.org/dgfp_documents/DGFP_Policy%20&%20Strategy/DGFP_National%20ARH%20Strategy,%20Bangladesh%20%282006%29.pdf

10 National Institute of Population Research and Training (NIPORT), Mitra and Associates, and Macro International. 2009. Bangladesh Demographic and Health Survey 2007. Dhaka, Bangladesh and Calverton, Maryland, USA: National Institute of Population Research and Training, Mitra and Associates, and Macro International. Retrieved from: http://www.dghs.gov.bd/licts_file/images/BDHS/BDHS_2007.pdf

11UNAIDS, FPAB, AAS, BRACU. 2009.People Living with HIV Stigma Index Study in Bangladesh.

12 Report on Violence Against Women Survey, 2011; Bangladesh Bureau of Statistics (BBS), Statistics and Informatics Division (SID), Ministry of Planning, Government of Bangladesh

Indicator	FSW				Hijra			
	2000-01[13]	2002[14]	2003-04[15]	2006-07[16]	2000-01	2002	2003-04	2006-07
% Reported being beaten or raped in the last year	-	Brothel (National): 4.6%	-	Brothel (National): 24.3%	-	-	-	-
	-	Street (Central A): 63.2%	-	Street (Dhaka): 60.3%	-	Central-A: 50.1%	Central-A: 53.7%	Dhaka: 27.9%
	-	Street (South east A): 37.3%	-	Street (Chittagong): 55.7%	-	-	-	-
	-		-	Street (Khulna): 63.1%	-	-	-	-
	-	Hotel (Central A): 43.7%	-	Hotel (Dhaka): 39.8%	-	-	-	-
	-	-	-	Hotel (Chittagong): 37.9%	-	-	-	-
	-	-	-	Hotel (Sylhet): 77.5%	-	-	-	

3. Progress Made (Past, Current and Future Programs, Existing Evidence/ Interpretation/ Implications)

The country has made considerable progress to address gender specific issues in HIV response. Several policy and programmatic interventions have been undertaken to further gender equality agenda in HIV response.

3.1. Key Actions undertaken at Policy Level

- A guideline on Prevention of Mother to Child Transmission (PMTCT) has been developed with support from development partners under the leadership of NASP, Ministry of Health and Family Welfare.

- Gender assessment of national HIV response has been conducted to identify the key issues, existing gaps and challenges for gender transformative HIV response. It provided critical insights into the gender transformative HIV response and also assisted policy makers and experts to address

[13] IEDCR, FHI and icddr'b. 2000-01. National HIV Serological and Behavioural Surveillance. Bangladesh: National AIDS/STD Programme (NASP).
[14] FHI and icddr'b. 2002. National HIV Serological and Behavioural Surveillance. Bangladesh: National AIDS/STD Programme (NASP).
[15] IEDCR, FHI and icddr'b. 2003-04. National HIV Serological and Behavioural Surveillance. Bangladesh: National AIDS/STD Programme (NASP).
[16] Govt of Bangladesh. 2009. Behavioural Surveillance Survey 2006-07. Technical Report. Dhaka. National AIDS/STD Programme (NASP).

identified gaps and recommendations to strengthen gender related policy and programmatic interventions[17].

- Government of Bangladesh has initiated necessary steps to eliminate HIV related stigma and discrimination through promotion of laws and policies and developed a time-bound action plan for the amendment of punitive and discriminatory legal environment that are impeding AIDS response and to ensure positive social and medico-legal environments in Bangladesh[18].

- In a landmark decision, Bangladesh has recognized Hijra as the third gender. Follow up actions are in progress to translate the formal recognition into relevant policies, programs and services.

- Intensive efforts were made to reflect the issues around gender and HIV in the normative processes including Beijing +20, CSW etc. involving HIV related civil society organizations at the national level.

- Policy level advocacy including orientation programs with 50 parliamentarians to address gender based violence within the context of HIV was initiated to develop common understanding of socio-medical-legal issues of key populations including women living with HIV. It also aimed at improving knowledge and skills of parliamentarians about their role with a view of working towards policy legislative and legal reform on these populations.

3.2. Key Actions undertaken at Programmatic Level

- Efforts were made to increase mobile populations' access to HIV/AIDS services, information and support in two bordering districts with a specific focus on women and girls[19]. The project supporting this initiative is now ended along with the services.

- Programmatic initiatives to improve the integration of SRHR interventions into existing community and facility-based HIV programs have been undertaken with an aim to improve sexual and reproductive health of young people most affected by HIV and to promote the realization of young people's sexual and reproductive rights. Through peer education and outreach, the program focused to increase health-seeking behaviors and reduce unintended pregnancies, HIV transmission and HIV-related maternal mortality among young people affected by HIV aged 10-24 by increasing their uptake of quality integrated SRHR and HIV services. So far 33,559 young key populations were reached of whom, 8,653 young people were reached with integrated services in a facility based setting and 252 were sensitized or trained as role models in protecting or promoting SRHR[20].

- HIV testing and syphilis screening was initiated at the antenatal clinics of three national reference facilities and HIV treatment coverage for pregnant women has increased. In 2014, 13,381 pregnant mothers were screened in these tertiary hospitals and received PMTCT services as required.

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[17] Gender Assessment of the National HIV Response in Bangladesh: Country Report 2014

[18] National Consultation on Punitive Laws hindering the AIDS Response in Bangladesh. 2013. Dhaka

[19] EMPHASIS Program, CARE Bangladesh.

[20] International HIV/AIDS Alliance. 2012. Link-up Project Overview Brochure

- The Joint Program to Address Violence Against Women (JP-VAW) supported implementation of replicable interventions in addressing gender-based violence from 2010 to 2013. This good experience could not be replicated due to shortage of funds. Following are some examples of the achievements under the program:
    - Initiatives to address violence, stigma and discrimination against key populations with respect to HIV included orientation and sensitization workshops among 600 budding doctors and nurses, 300 journalists and 200 military health service providers across the country.
    - With the focus on gender based violence against key populations, 225 sex workers have been sensitized with support from Sex Workers Network about different forms of sexual abuse and violence, grievance mechanisms available at local and national level, importance of organizational capacity building. Capacity building of self-help groups was also supported.
    - Initiatives taken to reduce the economic vulnerability of 21 women infected and affected by HIV through training on Income Generating Activities (IGA) and grant support to start small entrepreneurial activities.
    - Under capacity building initiatives and emergency support, two thirds of all identified HIV-positive women have been empowered through leadership skills, peer counseling and home based care to improve their wellbeing, and 10 HIV positive survivors of gender based violence have found protection in shelter home facilities.

4. Perceived Challenges to Address Gaps

The key challenges include both policy and programmatic shortcomings in order to address gender inequality, gender based abuse and harmful gender norms and practices that affects HIV response being gender transformative.

4.1. Policy Level Challenges

- The National Women's Advancement Policy is yet to address HIV related vulnerabilities of women adequately and also needs to focus on the needs and rights of marginalized women[21].

- The National Action Plan on Violence against Women could not fully capture the HIV related dimensions.

- A gender equality strategy for national HIV response is not in place to address the gender-specific barriers for women in the prevention, treatment, care and support, and address key gender-specific issues including GBV.

- Legal and policy barriers remain in HIV response due to punitive and discriminatory legal environment. Amendment of laws and policies is necessary to ensure positive social and medico-legal environments.

[21] Gender Assessment of the National HIV Response: Country Report 2014

- Though Hijras were recognized as the third gender, it still needs to translate into other policies and reflect at implementation level.

- Follow up of recommendations made in the gender assessment was inadequate due to resource constraint.

- Specific needs and rights of marginalized women are yet to be reflected in the National Social Security Strategy.

4.2. Programmatic Challenges

- The existing national level size estimations of key populations are not up-to-date. The current size estimation of Hijra and MSM were done in 2004 and FSW and PWID were done in 2009.

- About one in three (28%) young people who have ever had sex reported one or more symptoms of an STI in the past 12 months, but only a quarter sought treatment from a trained provider. These data points to the need for more concerted prevention efforts also among the general population with specific focus on men especially young men[22].

- Marginalization, social exclusion and criminalization of key populations with respect to HIV lead to wide-spread stigma and discrimination and the addressing interventions are inadequate.

- All key populations including sex workers and hijras face high level of sexual and gender based violence. Recent brothel evictions in Tangail forced around 900 sex workers to live in dismal conditions without food and shelter, victims of violence and also caused them to loose valuable belongings. The event pushed the prevention interventions several steps backwards and questions were raised about government ownership of the program, despite the open support shown.

- Uptake of HIV prevention and other health services by key populations is still poor which requires services to be scaled up and made available to hard to reach/hidden groups of key populations.

- Government family planning services mainly cater married couples making it difficult for young unmarried adolescents to access those services as they don't fulfill the eligibility criteria as per government policy.

- Existing programs do not address overlap between sex work, drug use and MSM behavior, partners of key populations and gender norms and masculinity[23].

[22] Endline survey among young people, NASP, Save the Children, icddr,b, 2008
[23] Gender Assessment of the National HIV Response: Country Report 2014

5. Next Steps

In order to further gender equality agenda within the context of HIV, address gender based violence and harmful gender norms, the following rigorous multisectoral actions need to be taken in the coming days:

5.1. Policy Priorities

- Address HIV related vulnerabilities of women in general and also the needs and rights of marginalized women adequately in the review of National Women's Advancement Policy and National Action Plan on Violence against Women including establishing functional linkage with HIV policy.

- Develop Gender Equality Strategy for national HIV response to address the gender-specific vulnerabilities and barriers for women, and address key gender-specific issues including GBV.

- Follow up on punitive and discriminatory legal environment through advocacy consultations and government processes to amend laws and policies to ensure positive social and medico-legal environments and realization of human rights.

- Translate recognition of Hijra into parliamentary approval process and other government policy documents, programs and services.

- Issues of marginalized women including minorities' needs to be properly reflected in the National Social Security Strategy.

- HIV related civil society movements need to be integrated with other women's rights movements to highlight and strengthen HIV issues in the mainstream women's right movement, including establishing CEDAW-HIV linkage, GBV-HIV linkage etc.

5.2. Programmatic Priorities

- Community based HIV prevention and treatment interventions by including most marginalized groups of key populations need to be scaled up and made available to hard to reach/hidden groups of key populations.

- Initiate new national level size estimations of key populations including Hijra, MSM, FSW and PWID.

- Work out strategies for more concerted prevention efforts also among the general population with specific focus on men especially young men[24] including life skills education, improved access to condoms[25], involving power structures to provide information to young clients[26], creating public

[24] Endline survey among young people, NASP, Save the Children, icddr,b, 2008

[25] Creating Conditions for Scaling Up Access to Life Skills Based Sexual and Reproductive Health Education and Condom Services, NASP, Save the Children, icddr,b, Population Council, 2008-2009

[26] Exploring acceptable and appropriate interventions to promote correct and consistent condom use among young male clients of hotel based female sex workers, NASP, Save the Children, icddr,b, 2008-2009

private partnerships with pharmaceutical companies[27], etc. as these types of interventions have been tested and proved to be effective in knowledge increase and behavior change within the Bangladesh context.

- Concerted advocacy with local and national level authorities to highlight emerging issues around sex workers livelihood, health, social and economic vulnerability, high level of sexual and gender based violence etc. Mobilize government and non-government stakeholders against recent brothels eviction in Tangail and Madaripur, and to prevent future evictions in other brothels.

- Create enabling environment for accessing SRH services for YKAP through capacity building, central and local level advocacy and facility enhancement, and life-skills based education.

- The Global Fund Concept Note has included designing, developing and implementing gender responsive, and women and girls focused HIV services which includes prevention of and responses to gender-based violence, HIV service integration into RMNCH services, and promotion of sexual and reproductive health.

6. Conclusion

Intensive efforts will be undertaken mobilizing all relevant partners to address HIV related vulnerabilities of women, and rights and needs of key populations in the coming days. The country will need to focus on identified policy and programmatic priorities to foster gender equality agenda in HIV response. In addition, efforts will be made for the national response to be guided by UNAIDS Fast Track priorities to achieve 90-90-90 targets to end AIDS as a public health threat by 2030.

[27] Improving STI Services of non-formal providers through academic detailing by medical representatives, NASP, Save the Children, icddr,b, 2008-2009