Report on the

FOLLOW-UP TO THE DECLARATION OF COMMITMENT ON HIV/AIDS (UNGASS)

Bangladesh

(Reporting period: January-December 2002)

PREAMBLE

This report gives the status of HIV/AIDS in Bangladesh and the status of the indicators related to HIV/AIDS as part of the country's obligations as a signatory to the Declaration of Commitment (DoC) signed in June 2001 at the UNGASS on HIV/AIDS.

In areas where there is inadequate data, steps are being taken to institutionalise mechanisms to establish data sources for the continuous monitoring of progress. A proposal is being developed in partnership with the UNDP for this purpose and described later under the relevant heading.

In addition to the specific data that is required, we report herein on additional nationally representative indicators related to sero-prevalence of HIV and the prevalence of risk behaviour since this report will be used as baseline to monitor progress of the epidemic over time.

The four annexes attached, (a) the consultation/preparation process for the national report on monitoring the follow-up to the Declaration of Commitment on HIV/AIDS form, (b) the National Composite Policy Index Questionnaire, (c) the nine forms related to the National Programme and Behaviour Indicators and (d) the country M&E sheet, form part and parcel of this report.

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1. Overview of the HIV/AIDS epidemic

The first case of HIV was detected in Bangladesh in 1989. WHO/UNAIDS estimates (December 2002) that the number of HIV positive cases in Bangladesh is approximately 13,000 out of which only 248 have been reported. Twenty-six (26) persons have developed AIDS of whom 20 have died.

Bangladesh is a low prevalence country for HIV/AIDS. HIV prevalence among the general population is very low and even in vulnerable populations has been mostly less that 1% except for the drug user population where it is higher (4%). However, Bangladesh has one of the highest documented risk behaviours in Asia with a very low rate of condom use, a very high number of clients for sex workers, low knowledge regarding HIV/AIDS, extensive needle/syringe sharing by drug users and a high prevalence of STI in sex workers. Low prevalence is confirmed by other sources of data including blood transfusion data.

Bangladesh's vulnerability to HIV/AIDS is made worse by the fact that countries that are experiencing serious HIV epidemics surround it and the porous border allows daily border crossing, illegal migration and trafficking.

Positive rates (%) for Syphilis and HIV in selected sub-populations (2001-2002):

Study Population	**Syphilis**	**HIV**
Street based Sex Workers	12.1-29.8	0-0.2
Brothel based sex workers	17.4-40.1	0.2-0.7
STI Patients	3.8	0
Truckers	7	0
IDUs	9.4-19.4	0-4
MSM	3.7	0.2
Male Sex Workers	14.2	0
Hotel sex workers	11.4	0.2
Hijras (Transgender)	34.9	0.8
Babus (Pimps)	10.7-23	0

Specific HIV prevalence rates for young people (Indicator 1) and estimates for HIV prevalence among infants (Indicator 2) is not extractable from the current sentinel surveillance. However, considering the low rate of HIV even among sex workers it may be presumed that it is very much less than 1%.

HIV prevalence at a glance

% Sex Worker Population who are HIV Positive < 1% *
% IDU Population who are HIV Positive - 4%
% Adult population who are HIV Positive < 1%
% young people 15-24 years of age who are HIV infected < 1%
% of infants born to HIV infected mothers who are infected < 1%

Source – Draft Background Document to the NAC-TC on Surveillance 2002.

II. National response to the HIV/AIDS epidemic

1. National commitment and action over the years and in 2002.

The political commitment in Bangladesh to respond to the threat of HIV/AIDS has grown over time. It formulated the National AIDS Committee (NAC) in 1985 and launched a Short Term Plan of Action in 1988. There were Interim Action Plans and Extended Action Plans in 1989 and 1991. Bangladesh is also the first country in the region to adopt a comprehensive National AIDS Policy. It has been progressive in that it openly advocates the use of condoms for family planning and promotes condoms among the vulnerable populations for the prevention of HIV and STIs. The president of Bangladesh is the chief patron of the NAC.

Noteworthy indications of Government commitment to HIV prevention in 2002 included a tireless exercise to develop a proposal on HIV prevention among youth for the GFATM and securing funding for it, developing a strategy for a health sector lead multi-sectoral response involving over 10 key Ministries of the Government, one to one discussions on HIV/AIDS prevention by the Honourable President, the Minister of Health, Minister of Religious Affairs and the Minister of Education with the Acting CPA and Chairperson of the UN Theme Group on HIV/AIDS and the planning for January 2003 by the offices of the Honourable Prime Minister, Honourable President, Ministry of Finance, Ministry of Foreign Affairs, Ministry of Health and the Ministry of Women's and Children's Affairs to meet with Dr. Nazis Sadik, special envoy of the UN Secretary General on HIV/AIDS in Asia to open up a dialog on HIV/AIDS.

2. National programmes and behaviour

National Programmes:

The programmes carried out Nationally include activities carried out by the National STD/AIDS Control Programme (NASP), activities subcontracted by the NASP and activities undertaken by Different Development Partners, NGOs and Research organisations independently.

HIV/AIDS Prevention

- STI treatment

Consensus workshops for finalising STD treatment flowchart for syndromic management, Training of Trainers on syndromic management and the procurement of reagents for HIV testing were done with support from the WHO.

The government hospitals and many clinics run by the NGO sector continued to provide STI treatment services to the population.

- Blood Safety

With support from the UNDP services were provided by 97 safe blood transfusion service centres that screened all donor blood for transfusion transmitted infections including HIV.

- Interventions for Youth and School Children

With support from UNESCO, the Ministry of Education made preparations to three seminars on "Preventative education for HIV and drug abuse", scheduled to start from January 2003.

In the series of booklet published with the assistance of UNICEF, titled 'Facts for Life' one publication was dedicated to HIV/AIDS and STIs.

- Interventions for highly vulnerable populations

Interventions with highly vulnerable populations such as sex worker that included condoms distribution and interventions with drug users such as needed and syringe exchange programmes were undertaken primarily by the NGO sector with substantial direct funding from donors. The interventions by the NGOs such as NUS on sex workers and rickshaw pullers have been highly commended and work by CARE with IDUs was considered by UNAIDS for documentation as a best practice.

- Interventions for moderately vulnerable populations

Interventions on a pilot basis are on with migrant workers and their families to reduce vulnerability implemented by the IOM with partnerships with the NGO sector.

Interventions with the Bangladesh Armed Forces and peacekeepers, which are considered as a best practice, continued in 2002.

- Interventions with gatekeepers

Training for Muslim religious leaders (Imams) were carried out in 2002 with the involvement of the Ministry of Religious Affairs, Imam Training Institute and the UNFPA. The NASP also conducted Imam training at their training division.

The major funding for GOB HIV/AIDS activities in Bangladesh is currently provided by the GOB/DFID/World Bank. Though this project was slow to move major mile stones such as the request for proposals for 15 packages were advertised in 2002.

Surveillance and Research:

The Government subcontracted the ICDDR,B to conduct Sero-Surveillance which continued in 2002 in its 4th round. Funds for this activity were sourced from the World Bank and DFID. Behavioural Surveillance also continued funded by UNAID/FHI.

With the assistance of UNAIDS, partnering with the Populations Council, a database on HIV/AIDS research was established and became functional in 2002. The centre currently holds almost all the published material on HIV/AIDS related to Bangladesh.

Behaviour.

High demand and supply of commercial sex:

The demand for commercial sex and its supply is high. For example according to the data analysis of the fourth round of surveillance, about ¾ of truck drivers and 60% of male injecting drug users reported sex with female sex partner in the past year[1]. There was no significant change in this behaviour compared with the surveillance data of the previous year.

Very low use of condoms

The condom use is low. Less than a quarter of the truck drivers reported using a condom the last time they purchased sex. Three quarter of the rickshaw pullers reported purchasing sex out of whom less that 2% said they used condoms every time they did so. The majority of rickshaw pullers and truck drivers infected reported that they had never in their entire life used a condom.

High Rate of Partner exchange among sex workers

Hotel based sex workers have as high as 45 clients per week, which is probably one of the highest rates in Asia.

High level of needle sharing

Two out of three injecting drug users reported receiving a shared needle to inject drugs in localities where interventions are present and three out of four reported the same behaviour in localities where there are no such needle distribution programmes.

There is also evidence that injecting drug use has steadily gained in popularity in Bangladesh. Eighty seven percent of injecting drug users used to smoke Heroin[2].

[1] Draft Report, HIV in Bangladesh: Is time running out? – Background document for dissemination of the Fourth Round (2002) National HIV and Behavioral Surveillance, National AIDS/STD Programme, Dhaka, March 2003.

[2] NASROB Study, FHI, Bangladesh, 2003.

Intermixing of risk populations

Some of the sex workers also inject drugs and some drug users are also rickshaw pullers. There are truck driver who also do drugs and many of them have sex with their own wife. The intermixing of different population makes a bridge between the high vulnerable and general population.

Impact Alleviation

Bangladesh, being a low prevalence country has not experienced a serious impact of the epidemic. For example the burden related to HIV care and treatment is minimal, as less than 100 people are known to have AIDS and there are no reported AIDS orphans.

III. Major challenges faced and actions needed to achieve the goals/targets

As permanent staff the NASP works under tight human resource constraints with a Programme Manager and four Deputy Programme Managers, steps need to be taken to increase the carder positions within the NASP to undertake its responsibilities.

It is seen that most of the data that is required to report on the GFATM is not currently available. The NASP was part of the team that developed a proposal under UNAIDS PAF funds to cater to this information gap. The expected outputs of this proposal is to build the capacity of national institutions to be able to collect HIV/ AIDS data which can be input for reporting on indicators of Millennium Development Goals (MDG)s and UNGASS follow up. The specific information that will be generated will include UNGASS indicators such as personage of large enterprises/companies that have workplace policies and programmes, percentage of patients with STIs at health care facilities who are appropriately diagnosed, treated and counselled, percentage of HIV infected pregnant women receiving MTCT, percentage of HIV infected persons receiving ART, percentage of IDUs that have adopted safe behaviour, percentage of young people aged between 15-24 who can correctly identify ways of preventing transmission and who reject major misconceptions about HIV and percentage of young people reporting use of condoms during sexual intercourse with non-regular partner.

IV. Support required from country's development partners

The main support required from the development partners will be in the form of filling the resource gap through simple mechanisms that avoids procedural red tape for an expanded response to HIV/AIDS prevention in Bangladesh. Technical support from agencies such as the WHO that has a credible presence in Bangladesh for a long period of time on health related partnerships, UNESCO as a technical agency which the GoB can draw on as school children is one of the main focus areas, UNFPA with its achievements related to condoms programming, UNICEF with its work on youth and UNAIDS as an overall coordinator of HIV/AIDS Programmes will be most useful in Bangladesh achieving its targets under UNGASS.

V. Monitoring and evaluation environment

Monitoring and evaluation consist of 'activity monitoring and evaluation and impact evaluation' The National AIDS Committee has a sub-committee on Monitoring and Evaluation headed by the Additional Secretary that has the responsibility for activity monitoring. All HIV/AIDS Programmes funded by development partners are monitored and evaluated by the M&E subcommittee together with the agency that is providing the funds as detailed in the relevant project proposals on the satisfactory execution and completion of the activities.

Impact monitoring to see whether the desired impact has been made by the different programmes is accessed through the annual serological and behavioural surveillance, which Bangladesh undertakes each year.

ANNEX 1
Preparation/consultation process for the National Report on monitoring the follow-up to the Declaration of Commitment on HIV/AIDS

1) Which institutions/entities were responsible in filling out the indicators forms?

a) NAC or equivalent	Yes	No
b) NAP	**Yes**	No
c) Others (please specify)	Yes	No

2) With inputs from**:**

Ministries:

Education	Yes	No
Health	Yes	No
Labour	Yes	No
Foreign Affairs	Yes	No
Others (please specify)	Yes	No

Civil society organizations	Yes	No
People living with HIV/AIDS	Yes	No
Private sector	Yes	No
UN organizations	Yes	No
Bilaterals	Yes	No
International NGOs	Yes	No
Research Organisations	Yes	No
Others (please specify)	Yes	No

3) Was the report discussed in a large forum?	Yes	No
4) Are the survey results stored centrally?	Yes	No
5) Is data available for public consultation?	Yes	No

Prepared by – National AIDS STD Programme. Input from other sectors required.

ANNEX 2

NATIONAL COMPOSITE POLICY INDEX QUESTIONNAIRE

Strategic plan

1. Has your country developed multisectoral strategies to combat HIV/AIDS? (Multisectoral strategies should include, but not be limited to, the health, education, labour, and agriculture sectors)

Yes X	**No**	**N/A**
Comments: National Strategic Plan 1997-2002 was drafted by a task force in April 1997, appointed by the Ministry of Health and Family Welfare (MOHFW). It was subsequently modified at a workshop, in collaboration with the National AIDS / STD programme, in May 2000.		

2. Has your country integrated HIV/AIDS into its general development plans (such as its National Development Plans, United Nations Development Assistance Framework, Poverty Reduction Strategy Papers and Common Country Assessments)?

Yes	**No X**	**N/A**
Comments: Not significantly.		

3. Does your country have a functional national multisectoral HIV/AIDS management/coordination body? (Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.)

Yes X	**No**	**N/A**
Comments: Yes. The National AIDS Committee (NAC) is in place and has met ones within last year.		

4. Does your country have a functional national HIV/AIDS body that promotes interaction among government, the private sector and civil society? (Such a body

must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.)

Yes	No X	N/A
Comments: Technical Committee (TA-NAC) Yes.		

5. Does your country have a functional HIV/AIDS body that assists in the coordination of civil society organizations? (Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.)

Yes X	No	N/A
Comments: Yes, The National STD/AIDS network is an umbrella NGO group that has over 150 members. The network is quite active and had a National AIDS Conference in 2002.		

6. Has your country evaluated the impact of HIV/AIDS on its socio-economic status for planning purposes?

Yes	No X	N/A
Comments: No.		

7. Does your country have a strategy that addresses HIV/AIDS issues among its national uniformed services, including armed forces and civil defence forces?

Yes X	No	N/A
Comments: Yes, There is a comprehensive training programme on HIV/AIDS for armed services and peacekeeping forces in Bangladesh that is considered as a best practice.		

Prevention

1. Does your country have a general policy or strategy to promote information, education and communication (IEC) on HIV/AIDS?

Yes X	No	N/A
Comments: The National BCC Policy is available.		

2. Does your country have a policy or strategy promoting reproductive and sexual health education for young people?

Yes	No X	N/A
Comments: No. But many NGOs implement such activities		

3. Does your country have a policy or strategy that promotes IEC and other health interventions for groups with high or increasing rates of HIV infection? (Such groups include, but are not limited to, IDUs, MSM, sex workers, youth, mobile populations and prison inmates.)

Yes	No X	N/A
Comments: No. But many NGOs implement such activities		

4. Does your country have a policy or strategy that promotes IEC and other health interventions for cross-border migrants?

Yes	No X	N/A
Comments: No. But many NGOs implement such activities		

5. Does your country have a policy or strategy to expand access, including among vulnerable groups, to essential preventative commodities? (These commodities include, but are not limited to, condoms, sterile needles and HIV tests.)

Yes	No X	N/A

Groups:	Commodities:
IDU	Needles and Syringes
Sex Workers	Condoms
MSM	Condoms

Comments:

No real policy or strategy. But many NGOs implement such activities. E.g. CARE.

6. Does your country have a policy or strategy to reduce mother-to-child HIV transmission?

Yes	**No X**	**N/A**

Comments:

Number of mothers detected as HIV + is very small (< 100).

Human rights

1. Does your country have laws and regulations that protect against discrimination of people living with HIV/AIDS (such as general non-discrimination provisions and those that focus on schooling, housing, employment, etc.)?

Yes	No X	N/A
Comments: Laws that protect the rest of the population also apply to HIV + persons. However, there are frequent reports of abuse of HIV persons not because there is no law to protect them, but because of the negative attitudes of the enforces of law.		

2. Does your country have laws and regulations that protect against discrimination of groups of people identified as being especially vulnerable to HIV/AIDS discrimination (i.e., groups such as IDUs, MSM, sex workers, youth, mobile populations, and prison inmates)?

Yes	No X	N/A
If yes, please list groups: There has been a high court decision that sex workers cannot be evicted from brothels.		
Comments: Law that protect the rest of the population also apply to vulnerable populations. However, there are frequent reports of abuse of such populations not because there is no law to protect them, but because of the negative attitudes of the enforces of law.		

3. Does your country have a policy to ensure equal access, for men and women, to prevention and care, with emphasis on vulnerable populations?

Yes	No X	N/A
Comments: There are no special laws for vulnerable populations.		

4. Does your country have a policy to ensure that HIV/AIDS research protocols involving human subjects are reviewed and approved by an ethics committee?

Yes	No X	N/A

Comments:

There is no such National Policy. However, reputed Research Institutes stick to sound ethical practices own their own initiative.

Care and support

1. Does your country have a policy or strategy to promote comprehensive HIV/AIDS care and support, with emphasis on vulnerable groups? (Comprehensive care includes, but is not limited to, VCT, psychosocial care, access to medicines, and home and community-based care.)

Yes	No X	N/A
If yes, please list Groups: Commodities:		
Comments: HIV + persons can get treatment for opportunistic infections free from Government hospitals.		

2. Does your country have a policy or strategy to ensure or improve access to HIV/AIDS-related medicines, with emphasis on vulnerable groups? (HIV/AIDS-related medicines include antiretrovirals and drugs for the prevention and treatment of opportunistic infections and palliative care.)

Yes	No X	N/A
If yes, please list Groups: Commodities:		
Comments: In addition to the free health facilities run by the Government, there are many NGOs specially providing STI services to vulnerable groups such as sex workers and drug users.		

3. Does your country have a policy or strategy to address the additional needs of orphans and other vulnerable children?

Yes	No X	N/A
Comments: The numbers of AIDS orphans is low. There are NGO catering to the needs of Children of sex workers such as NUS.		

Annex 3 – National Reporting Forms

Data is only available 11 – 1B pertaining to reduction of prevalence.

ANNEX 4

COUNTRY M&E SHEET

COUNTRY: Bangladesh **AS OF: 01/04/2003**

1. **Existence of national M&E plan**

Yes: Years covered:	In progress: Years covered:	No: **X** (No special National Plan – M&E build into programmes

2. **Existence of a national M&E budget**

Yes: Amount: Years covered:	In progress: Years covered:	No: **X** (No special M&E budget. It is build into each project's budget.

3. **Amount secured as of today**:

4. **Existence of an M&E unit for HIV/AIDS within**

National AIDS Council	Ministry of Health	Elsewhere: _____
Yes: X No:	Yes: - No:	**M&E Subcommittee of the NAC headed by Additional Secretary.**

5. **M&E focal point on HIV/AIDS within the government**

Additional Secretary, MOHFW.

6. **Existence of information systems**:

Health Information System

Yes: National level: Sub-national*:	No: X.

** If yes, please specify the level, i.e., district*

Education Information System

Yes: National level: Sub-national*:	No: X.

** If yes, please specify the level, i.e., district*