

HIV and AIDS in Bangladesh

BACKGROUND

The first case of HIV/AIDS in Bangladesh was detected in 1989. Since then 2008 cases of HIV/AIDS have been reported (as of end November 2010). However UNAIDS estimates that the number of people living with HIV in the country by end 2009 may be as high as 6800 which is within the range of the low estimate by UNICEF's State of the World's Children Report 2009. The prevalence of HIV among the general population in Bangladesh is less than 1%, however, high levels of HIV infection have been found among injecting drug users (7% in one part of the capital city, Dhaka¹). Due to the limited access to voluntary counseling and testing services and stigma attached to HIV and AIDS, very few Bangladeshi's are aware of their HIV status.

Although still considered as a HIV low prevalence country, Bangladesh remains extremely vulnerable to an HIV epidemic, given its dire poverty, overpopulation, gender inequality and high levels of transactional sex and a sex network which includes population among which a concentrated epidemic had been established. It is estimated that without any intervention the prevalence in the general adult population could be as high as 2% in 2012 and 8% by 2025². The emergence of a generalized HIV epidemic would be a disaster that Bangladesh could ill-afford as it could further compound the existing poverty and quickly negate some of its development gains.

Bangladesh is in the unique position to succeed where several other developing countries have not: to keep the AIDS epidemic from expanding beyond this current level by initiating comprehensive and strategically viable preventative measures, avoiding a gradual spread of HIV infection from high-risk groups to the general population.

ISSUES

Injecting drug users, sex workers and men having sex with men are considered most at-risk groups to HIV infection in Bangladesh.

It is estimated that between 20,000 – 40,000 people in Bangladesh inject drugs³, 57% borrow needles and only one in three used sterile equipment. This percentage is much higher in female injecting drug users (74%). More than half (57%) of injecting drug users (IDUs) are married and most IDUs are sexually active (with an average of two partners)⁴. In Bangladesh's capital city, Dhaka, the HIV rate among IDUs is 6.4%⁵.

Commercial sex work occurs in Bangladesh as it does in other Asian countries. Most married men who have unprotected sex with sex workers continue to have unprotected sex

¹ Bangladesh Serological Surveillance Survey 2006

² Government of Bangladesh World AIDS Day Report 2008

³ National AIDS and STD Program 2005

⁴ Bangladesh Serological Surveillance Survey 2006

⁵ UNAIDS 2008 Report on the Global AIDS epidemic

with their wives, exposing them to infection with HIV and other sexually transmitted diseases. Low condom use, risky behavior and general lack of understanding about HIV is not limited to clients of sex workers. In fact these traits are widespread and heighten the chances of a HIV epidemic in Bangladesh. Although many people have heard of HIV, their knowledge is limited in regards to how it is transmitted and how they can protect themselves. Nearly one in five ever-married women who had heard of AIDS did not know if there was any way to prevent it. This was lower for men, at 6%⁶.

Men having sex with men are largely hidden due to the powerful stigma and discrimination they face in Bangladesh. Many men who have sex with men are bi-sexual and do not necessarily identify themselves as such. Men buying sex from other men rarely use condoms and many continue to have sex with their wives.

Migrant workers are another important group identified as a priority in the *Bangladesh National Strategic Plan for HIV and AIDS 2005-2010*. Approximately 250,000 people leave Bangladesh for employment every year. With limited awareness about HIV and AIDS which could negatively impact on their perception of individual HIV risk, there is a risk that they may get infected during their stay abroad and return to Bangladesh to transmit the virus to others especially their wives who could in turn transmit infection to their babies.

Migrant workers account for a significant number of HIV cases in Bangladesh, primarily because they are subjected to mandatory HIV testing. According to the International Center for Diarrhea Disease Research (ICDDR), 47 of the 259 cases of people living with HIV between 2002-2004 were infected as a result of migration. Of these, 29 were males returning from abroad, seven were wives of migrant workers, and four were children of HIV-positive migrant workers. In 2004, data from the National AIDS/STD (Sexually Transmitted Disease) Programme showed that 57 of the 102 newly reported HIV cases were among returning migrants⁷. Data released by the National AIDS and STD Programme (NASP), showed that 137 of a total of 343 new HIV cases recorded from November 2009 to October 2010 were migrant workers.

According to the recent *Children and AIDS, Third Stocktaking Report 2008* published by four UN agencies, only 16% of girls aged between 15 and 24 have a comprehensive knowledge of HIV in Bangladesh. There is a high level of misconception among youth. More than half believe that HIV/AIDS can be spread by coughing or sneezing and 50% believe that HIV can be spread through sharing food or water with a HIV infected person⁸.

Although young Bangladeshis are at risk of HIV very few believe so - 22% of unmarried males reported having premarital sex, almost 60% of whom had never used condoms⁹. This has impacted on the rate of STIs; almost one in five men, and two in five adolescent boys, reported having at least one symptom of a sexually transmitted infection (STI) in a 2004 health survey¹⁰.

Women also require special attention in HIV interventions in Bangladesh, given their social, economic and political status. Women are four times more likely to contract HIV than men. Women's lower social and cultural status also causes them to have less access to education, employment opportunities and health care, including opportunities for HIV tests, counseling and medical care. Women are often subjected to early marriage, sexual abuse and violence in intimate and marital relationships. An increasing number of women are

⁶ Bangladesh Demographic and Health Survey 2004

⁷ HIV Vulnerabilities of Migrant Women from Asia to the Arab States, UNDP 2008

⁸ New HIV, AIDS and Death Data 2010, NASP, WAD December, 1, 2010

⁹ Baseline HIV Survey among Youth in Bangladesh, NASP, 2006

¹⁰ Baseline HIV Survey among Youth in Bangladesh, NASP, 2006

¹⁰ Bangladesh Demographic and Health Survey 2004



forced to sell their bodies as the only way to survive and provide for their children. Men who buy sex from women are often reluctant to use condoms. As one man said: "Why should I use a condom when I am paying to get pleasure?" Because women have little negotiating power, even within their marriages, they may have unprotected sex with their spouses who might be engaging in one or more high-risk behaviors and be exposed to HIV. Data released by the National AIDS and STD Programme (NASP), showed that 117 of a total of 343 new HIV cases recorded from November 2009 to

October 2010 were women 82 of who were housewives.

The actual HIV prevalence among the general population is not known; currently available surveillance data only covers high risk groups. This ambiguity is partly because voluntary and confidential counseling and testing (VCT) services are not widely available in Bangladesh. While HIV tests are available in some private health settings, data from these sources does not feed into the national HIV and AIDS data currently. In many cases there is no counseling support and no confidentiality guarantee for HIV tests carried out in both private and public health settings. People who tested positive to HIV had sometimes seen their names and other personal details published in the local or national media. Social values, lack of adequate information, the stigma attached to HIV and AIDS, and the lack of confidentiality are not conducive for people, especially the younger population, to seek out HIV tests.

The number of pregnant women living with HIV needing antiretrovirals to prevent mother-to-child transmission is estimated to be between 200 and 500.¹¹ There is no comprehensive data on the actual number of children infected with HIV. Information available from Self Help Groups of People Living with HIV shows that a cumulative of 54 children had been registered so far.

All of the above factors are compounded by unsafe blood transfusions and the reuse of injection syringes; an increased rate of external and internal migration by people seeking work or a better economic environment; and the fear, stigma and secrecy attached to STIs.

How do we prevent an epidemic?

Prevention should be a key element in the national response to HIV. One of the four key priorities of the UNICEF and UNAIDS global *Unite For Children, Unite Against AIDS* campaign - 'preventing infection among adolescents and young people' - is especially pertinent in Bangladesh.

The cornerstone of HIV prevention is safer sex. Young people including those who are most at risk of HIV need practical help in the form of appropriate life skills and youth-friendly health services where they can seek advice, have their queries answered and obtain condoms and treatment for STIs.

Young people need and have the right to access comprehensive information about STIs, HIV and AIDS prevention and positive living and to make informed decisions about sex and sexuality.

¹¹ UNAIDS 2008 Report on the global AIDS epidemic

ACTION

UNICEF has played a significant role in maintaining the low HIV prevalence status of Bangladesh through its management of the HIV/AIDS Prevention Project (HAPP) from 2004 to 2007 and the HIV/AIDS Targeted Interventions (HATI) project from January 2008 until it is handed over to the government during 2009. UNICEF managed the procurement of NGO services to implement prevention activities among the most at-risk populations – injecting drug users, sex workers, mobile populations, men who have sex with men, and clients of sex workers. Services were provided through 146 Drop- In Centers (DICs) in 44 districts of Bangladesh.

In the DICs, major activities include: medical care for STIs, management and other health problems, resting/recreation facilities, crisis care shelter, peer education, counseling and health education, referral services, outreach services.

The project also worked to:

- increase condom use (more than 6.6 million condoms were distributed to the target group between January and September 2008)
- increase care for those with STIs (37,275 received services from DICs)
- decrease needle and syringe sharing among drug users (more than 2 million syringes and 1.3 million extra needles were distributed).

Under the HAPP project, a 'Peer Educator's Guidebook' and a 'Supervisor Guideline for Peer Education' were developed to encourage peer education programmes. Training sessions were conducted to equip implementing NGOs with adequate skills and knowledge for STI management, peer education and outreach work, advocacy and management. Since handing over the HAPP project to the government, UNICEF is continuing to provide technical support aimed at sustaining/enhancing the quality of HIV and AIDS Interventions to the government. Under this support training curriculum and modules on syndromic treatment of STI infection and Peer to peer education including for Most at Risk adolescents boys and girls had been developed and DIC staff had received Peer education and STI training respectively. A web based Monitoring Information System for DICs which allows the National AIDS and STD Programme instant and real time access to DIC level data had been developed, piloted and is in the process of being rolling out.

Through the Prevention of Parent to Child Transmission (PPTCT) program in Bangladesh, UNICEF is piloting interventions in one location with plans to expand services to an additional location in 2010. The PPTCT pilot provides anti-retroviral prophylaxis, treatment and support for HIV positive pregnant women and their families. Comprehensive Voluntary Counseling and Testing (VCT), care and support are provided for infected children and pregnant women. A leaflet about PPTCT has been developed and will be distributed to relevant service providers in contact with the most at risk to support PPTCT counseling and ensure referral to PPTCT pilot facilities. This intervention is important since most HIV positive children acquired their infection from their HIV positive mothers. HIV transmission can occur during pregnancy, labor or delivery, or during breastfeeding but the efficiency of such transmissions can be reduced to less than 2% if proper interventions are provided. All (11 out of the 13) children delivered by HIV positive women under this pilot who are eligible for test had tested negative to HIV thus proving the high efficacy of this intervention. A first ever Pediatric HIV Clinical Training for pediatricians was conducted in December 2010 and arrangement for periodic CD4 cell and other important HIV and AIDS related tests for 34 children living with HIV

Through the Adolescent Empowerment (Kishori Abhijan) project, , UNICEF and NGO partners are informing adolescents on HIV and AIDS and its preventative behaviors. The

project encourages adolescents to become actively involved in the prevention drive. Under the project, peer leaders receive life-skills training that equip them to use peer to peer approaches to address issues of HIV and AIDS among others pertinent. Adolescents become agents of change by encouraging conversations within communities and breaking some of the taboos surrounding reproductive health. In 2008, 30,000 adolescent peer leaders involved in the project, helped coordinate World AIDS Day rallies and other awareness raising activities including Interactive Popular Theatre, disseminate information and encourage dialogue about HIV and AIDS.

HIV/AIDS is one of four key issues being covered under a UNICEF supported Life-Skills Based Education (LSBE) project, that had been piloted in secondary schools in 10 districts of Bangladesh and is currently in an expansion phase. UNICEF supported the government to integrate LSBE into secondary school curriculum to bring about behavior change among Bangladeshi adolescents. Life-skills based education –including HIV/AIDS prevention – is also provided to 166,150 urban working children through the project 'Basic Education for Hard-to-reach Working Children'.

UNICEF is also increasing its emphasis on community support, care and services for orphans and vulnerable children, including children orphaned and made vulnerable by HIV/AIDS in the Chittagong Hill Tracts and urban poor communities.

UNICEF supported the development of the *National Communication Strategy for HIV 2005-2010*, the national PPTCT guidelines and other key documents. UNICEF's South Asian girl character Meena has also been used in the region to raise awareness about HIV and AIDS. Guideline for counseling children in the context of HIV and its corresponding training manual had been developed and UNICEF is providing technical support for the development of the National HIV and AIDS Strategic Plan and for the development of its operational plan and costing.

IMPACT

Through the HATI project in 2008 more than 110,000 clients received services and information from the 146 drop-in-centers and 4,195 were referred to VCT service providers. In 2008, a total of 849,200 people attended education sessions on HIV/AIDS. During the previous years, the project reached over 3.4 million people with such education sessions. By the end of 2008, 37,275 patients received STI services. In the previous three years, a total of 139,780 people benefited from STI services.

Among the targeted groups, some behavior change was observed over the four year period of its management by UNICEF. More sex workers are capable of convincing their clients to use condoms – 44% of male and 67% of female sex workers used a condom with their last client¹². There was an increase in the overall demand for condoms among all target groups and more people at risk received VCT support. In addition, the attitude of communities towards street-based sex workers and HIV/AIDS has changed positively and harassment by law enforcing agencies has reduced. 34% of IDUs used sterile equipment at their last injection¹³.

In the first year of the PPTCT pilot project, VCT services were provided to 59 pregnant women of whom five who were HIV positive received necessary treatment and care.

¹² UNICEF, UNAIDS and WHO, Children and AIDS: Country Fact Sheets 2008

¹³ UNICEF, UNAIDS and WHO, Children and AIDS: Country Fact Sheets 2008

Among the 66,000 adolescents reached by the Adolescents Empowerments project, the knowledge on HIV/AIDS is much higher than in the rest of the population with same age, as over 80% know about HIV/AIDS. More than 145 adolescents (60% girls) were equipped with knowledge to carry out peer-to-peer session to adolescents in 28 intervention districts.

Under the Life-Skills Based Education pilot project, a manual for teacher training and a teachers' guide have been developed; 50 teacher trainers received training; project orientation has been delivered to 50 national and field office level staff and principals to ensure effective monitoring and evaluation; and 3450 secondary school teachers have been trained

Updated January 2010