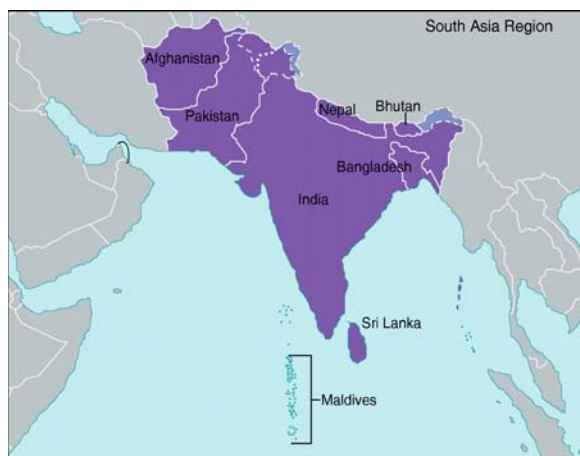


HIV/AIDS in Bangladesh

THE WORLD BANK

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The World Bank in South Asia

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Pakistan
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HIV in Bangladesh remains at relatively low levels in most at-risk population groups, with the exception of injecting drug users (IDUs) where prevalence continues to grow. UNAIDS estimates that about 12,000 Bangladeshis were living with HIV at the end of 2007. Although overall HIV prevalence remains under 0.1 percent among the general population in Bangladesh, there are risk factors that could fuel the spread of HIV among high-risk groups. Prompt and vigorous action is needed to strengthen the quality and coverage of HIV prevention programs, particularly amongst IDUs.

STATE OF THE EPIDEMIC

Bangladesh's seventh round of serological surveillance (2006) showed that HIV prevalence among all high-risk groups remained below 1 percent with the exception of injecting drug users. Among injecting drug users, prevalence was less than 2 percent in all sites except Dhaka. In Dhaka, prevalence rose from 1.7 percent in 1999 to 7 percent in 2006 marking the first concentrated epidemic among any high-risk group in Bangladesh.

RISK FACTORS

Bangladesh is vulnerable to an expanded HIV epidemic due to the prevalence of behavior patterns and risk factors that facilitate the rapid spread of HIV. Risk factors include:

Large Commercial Sex Industry: There are over 105,000 male and female sex workers in Bangladesh. Brothel-based female sex workers reportedly see around 18 clients per week, while street-based and hotel-based workers see an average of 17 and 44 clients per week, respectively.

Condom Use: Sixth round BSS (2006-2007) data indicate significant improvement in condom use during last sex with new client particularly among brothel- and street-based workers. Condom use was 70 percent for brothel workers and ranged between 51 to 81 percent among street workers. However, condom use was low among hotel-based sex workers in Dhaka and Chittagong at 40 and 36 percent, respectively. Hotel-based workers are especially vulnerable to HIV as they have the largest number of clients. Consistent condom use and with regular clients is lower for all sub-groups.

Sexually Transmitted Infections: Syphilis rates fell among brothel-

and street-based sex workers in Dhaka and among IDUs in Dhaka and Rajshahi between 2004 and 2006. Syphilis rates, however, have remained unchanged for hotel-based sex workers, male sex workers, and street-based workers in Chittagong, indicating the presence of other risky sexual behaviors that facilitate the spread of the HIV.

Needle-sharing among Injecting Drug Users: The seventh round of serological surveillance data show that there is a concentrated epidemic among IDUs in one neighborhood of Dhaka with an HIV prevalence of 10.4 percent. This level of infection among IDUs poses a significant risk as the infection can spread rapidly – and is spreading – within the group, then through their sexual partners and their clients into the general population. The BSS data for 2006-2007 indicate the persistence of unsafe injecting practices among IDUs and the majority still share needles and syringes. Another concern is the significant number of IDUs who sell their blood professionally. Bangladesh continues to rely on professional blood-sellers to meet part of the transfusion needs of its people.

Lack of Knowledge: Data on knowledge and behavior indicates that only 17 percent of the most-at-risk populations have correct knowledge about prevention and misconceptions on HIV/AIDS. Furthermore, a 2005 population-based survey among adolescents and young people (15-24 years) indicated that only one out of three males in urban and one out of four in rural areas had correct knowledge of HIV and AIDS. Among the general population, data indicate that 59 percent of ever-married women and 42 percent of men of age 15-54 could not mention a single way to avoid contracting HIV.

High level of stigma associated with people living with HIV.

People engaged in high-risk behaviors often have limited access to health care.

NATIONAL RESPONSE TO HIV/AIDS

Government: In late 1996, the Directorate of Health Services in the Ministry of Health and Family Welfare outlined a National Policy on HIV/AIDS. A high-level National AIDS Committee (NAC) was formed, with a Technical Advisory Committee, and a National AIDS/STD Program (NASP) unit in the ministry. The NAC includes representatives from key ministries, NGOs, and a few parliamentarians. Action has been taken to develop a multi-sector response to HIV/AIDS. Strategic action plans for the National AIDS/STD Program set forth fundamental principles, with specific guidelines on a range of HIV issues including testing, care, blood safety, prevention among youth, women, migrant workers, sex workers, and STIs. While earlier commitment was limited and implementation of HIV control activities was slow, Bangladesh has strengthened its programs to improve its response. The 2005 Poverty Reduction Strategy Paper of the government highlighted HIV/AIDS in the health section. The Government of Bangladesh also prepared the National Strategic Plan for HIV/AIDS for the period 2004-2010 under the guidance of NAC and with the involvement and support of different stakeholders. Efforts to mainstream HIV/AIDS in public sectors outside the Ministry of Health and Family Welfare were initiated through designation and training of focal points on HIV/AIDS in 16 government ministries.

Nongovernmental Organizations (NGOs): More than 380 NGOs and AIDS Service Organizations have been implementing programs/projects in different parts of the country. These initiatives focused on prevention of sexual transmission among high-risk groups involving mostly female sex workers, MSM, IDUs, rickshaw pullers, and truckers. NGOs are often in a better position than the public sector to reach high-risk groups, such as sex workers and their clients and injecting drug users. Building the capacity of NGOs, especially the small ones, and combining their reach with the resources and strategic programs of the government is an effective way to change behavior in high-risk groups and prevent the spread of the virus to the general public.

Donors: A Global Fund grant for US\$40 million (Round 6) to promote prevention of HIV among adolescents and young people brings together government and Save the Children, USA, and is being implemented through NGOs. The FHI/USAID-supported project (US\$13 million, 2005-2008) is also focusing on selected interventions for some high-risk groups including expansion of VCT services.

ISSUES AND CHALLENGES: PRIORITY AREAS

Vigorous action is required to prevent further spread of HIV in Bangladesh. Key tasks include:

- Scale up behavioral change activities and health promotion interventions for high-risk behaviors and vulnerable groups, particularly IDUs and sex workers.
- Expand advocacy and awareness among the general population through multi-sectoral agencies.
- Promote the social acceptability of condom use and ensure adequate supply and access.
- Reduce discrimination against those infected with HIV, or groups engaging in high-risk behaviors, through appropriate advocacy, policies, and related measures.
- Strengthen the government's capacity for program implementation, management, and monitoring of program activities.
- Promote NGO capacity for program planning, implementation, and supervision of interventions.
- Strengthen mechanisms for collaboration and coordination within and between government, the nongovernmental sector, development partners, and other stakeholders.

WORLD BANK RESPONSE

The World Bank supports the government's two-pronged strategy: first, increasing advocacy, prevention, and treatment of HIV/AIDS within the government's existing health programs, and second, scaling up interventions among high-risk groups.

The HIV/AIDS Prevention Project (HAPP 2000–2007) jointly financed by the Bank and DfID provided US\$27 million of assistance to support the scaling up of interventions among groups at high risk in a rapid and focused manner while strengthening overall program management. With the closure of the project, HIV/AIDS interventions are being integrated into the Government of Bangladesh- and Multi-Donor-supported Health, Nutrition, and Population Sector Program (HNPS). HNPS is a sectorwide program with a total cost of US\$4.3 billion which includes the Bank's contribution of US\$300 million and a multi-donor trust fund of approximately US\$460 million. For the period 2008–2011, a total of US\$27.9 million has been allocated for HIV/AIDS interventions including prevention activities among high-risk groups, communication and advocacy, treatment and care, impact mitigation, capacity building of NASP, and safe blood transfusion. Increased coordination among the three main funding sources – HNPS, GFATM, and USAID – is underway.

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