

BANGLADESH

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

| COUNTRY PRIORITIES/ TARGETS BY END OF 2021 | STATUS | RESULTS, END OF 2020 |
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| By the end of 2022, HIV combination prevention is enhanced among adolescent and key populations, reaching a coverage of at least 58% of female sex workers, 48% of male sex workers, 28% of men who have sex with men, and 64% of transgender persons. | ON TRACK | By the end of 2020, an estimated 21.6% of female sex workers, 21.6% of male sex workers and men who have sex with men, and 39.8% of transgender persons in Bangladesh accessed HIV combination prevention services (Ministry of Health and Family Welfare, 2021). |
| By the end of 2021, HIV combination prevention enhanced among people who inject drugs, reaching at least 40% coverage. | ON TRACK | By the end of 2020, an estimated 28.7% of people who inject drugs who are registered on needle and syringe exchange programme (NSEP), and 8.2% of people who inject drugs enrolled on opioid substitute therapy (OST) services accessed HIV combination prevention services (Ministry of Health and Family Welfare, 2021). |
| Provision of community-led sustainable and integrated sexual and reproductive health (SRH) and HIV prevention programmes for brothel-based female sex workers of all 11 brothels in Bangladesh. | WITHIN REACH | By the end of 2020, integrated HIV prevention and SRH services targeting female sex workers have been implemented in eight brothels from six districts with an estimated outreach of 4000 female sex workers; and HIV prevention services were initiated in the remaining three brothels. |
| An innovative way to access HIV self-testing for young men who have sex with men, transgender people, and other gender diverse populations within a comprehensive package of services in two districts in Bangladesh. | NO DATA AVAILABLE | Self-testing promotion activities will be initiated in 2021 to better reach key populations with HIV services. |

By 2022, government expenditure on HIV increased by at least 10% from the 2018 baseline (approximately US\$ 6 million) through integrated service delivery within strengthened health systems in 23 priority districts.

WITHIN REACH

In 2020, government budget expenditure for HIV was US\$ 10 million—a fourfold increase from US\$ 2.7 million in 2018 (Ministry of Health and Family Welfare, 2020).

JOINT TEAM

UNHCR, UNICEF, UNDP, UNFPA, UNODC, UN WOMEN, WHO, UNAIDS SECRETARIAT

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

Though Bangladesh still has a low HIV prevalence—less than 0.1%, new HIV infection cases are becoming increasingly concentrated among key populations. Scale up of HIV and sexual reproductive health services in brothels and through networks of adolescent and young men who have sex with men, and transgender people has been at the centre of the Joint Team’s efforts in the country, with further concrete plans to increase service coverage among these groups in 2021. Significant contribution was also made in expanding community-led HIV counselling and testing through trained lay providers, who can independently conduct HIV testing using rapid diagnostic tests to reach populations at high-risk.

HIV TESTING AND PREVENTION AMONG KEY POPULATIONS

ADVOCACY; TECHNICAL SUPPORT; PARTNERSHIPS; COMMUNITY ENGAGEMENT

The Joint Team supported a non-governmental organization, Bandhu Social Welfare Society (Bandhu), to build the capacity of adolescent and young men who have sex with men and transgender persons (known as HIM members), to advocate for equity and influence public policies, and increase uptake of HIV, sexually transmitted infections (STI), SRH, employability and mental health services. Out of 809 HIM members who accessed HIV testing and counselling (HTC), 10 young people tested positive for HIV through an incentive-based HTC campaign and were linked with Bandhu to be enrolled on ART services in government facilities. Another 439 young people were tested for STIs, of whom 31 were treated for Syphilis in Bandhu drop-in-centres and government hospitals, and five ‘Testing-BAN’ campaigns were organized to reach adolescent and young people with HCT; a total of 28 young people who tested positive for HIV were enrolled on ART services. 1500 HIM members received psycho-social and psycho-sexual counselling services in 2020. Bandhu was further supported to design an art therapy module to guide the use of art as psycho-social therapy among these groups. The development of psycho-social and psycho-sexual counselling manual and training modules are well underway and expected to be completed by February 2021.

Support was provided to community-based drop-in-centres increasing access to HIV and SRH services among female and male sex workers, men who have sex with men, transgender people, and adolescents at high-risk from host and refugee communities in the Cox’s Bazar district. Services include HCT, ART referrals, STI screening, condom negotiation and SRH commodity supplies, and health promotion. In 2020, over 3000 women and almost 3000 men at high risk, especially vulnerable adolescents, accessed these services.

An online training on drug overdose and management was also conducted for 30 representatives from the Government, NGOs and CSOs working on harm reduction programme, as well as for 10 healthcare providers specialized on OST. Besides, the Joint Team supported the preparation of a one-year pilot project on HIV/AIDS and drug use among most at risk prisoners (including female prisoners) from the Kashimpur high voltage prison in Gazipur district. Planned for 2020, implementation of the project was postponed to 2021 due to the COVID-19 pandemic. A total of 120 prison staff and 120 peer educators will be reached by the national NGO Dhaka Ahsania Mission, towards increasing awareness on harm reduction, HIV prevention and HIV testing among thousands of prisoners.

The Joint Team supported various initiatives to expand integrated HIV prevention and SRH, STI, tuberculosis, and other healthcare services to improve the overall health outcomes of female sex workers in and outside of brothels. As such, 2410 HIV tests were delivered to female sex workers, and no one tested positive for HIV. Around 1295 female sex workers received screening for cervical cancer, of whom only one tested positive. Of the 4346 tuberculosis screenings provided to female sex workers, no suspicious case was detected. Another 4423 female sex workers and their children were treated for general illnesses and 55 people with complicated cases received treatment in public hospitals, which they confirmed as services free of discrimination. In 2020, a total of 1590 STI laboratory screenings were conducted and 51 people who tested positive for syphilis received treatment and 820 people who were diagnosed with other STIs were treated through syndromic management services.

As a result of technical support provided to the Community Squad, an estimated 1375 gender-based violence (GBV) incidents, including physical, mental, economic, and sexual violence were averted during the COVID-19 pandemic. The Community Squad—a community-led group comprising seven members of female sex workers, based in every brothel to assist fellow female sex workers through a 24/7 hotline—offered counselling and discussion sessions which helped reduce GBV. The squad, who received training on leadership and GBV, also conducted advocacy with the police, community leaders and local authorities GBV and organized 277 awareness creation sessions on HIV, SRH, and GBV reaching 2464 female sex workers across the country.

SUSTAINABILITY AND SYSTEM STRENGTHENING POLICY DIALOGUE; TECHNICAL SUPPORT; PARTNERSHIPS

The National Strategic Plan for HIV and AIDS Response 2021-2023 (NSP IV) was developed and costed at US\$ 170 061 533, which relies on increased domestic funding. US\$ 23 million were received from the Global Fund and allocated to expand HIV prevention, care, and treatment programmes included in the NSP IV operational plan. Technical support was provided to the Country Coordinating Mechanism for the development of the Global Fund 2021-2023 grant proposal ensuring expansion of HIV testing and combination prevention and harm reduction programmes targeting key populations in the country. These funds will also cover the costs of HIV commodities, including condoms, needles, syringes, and methadone needed to improve quality and coverage of services.

The National AIDS programme was supported to recruit 28 full-time counsellors cum administrators and laboratory technicians for all 28 government hospitals in 23 priority districts strengthening the quality of HIV services in 23 districts to strengthen the quality of HIV testing, care, and treatment services. Three programme coordinators were also hired coordinate these services across all hospitals in the district.

CONTRIBUTION TO THE COVID-19 RESPONSE

The Joint Team provided technical support for community-led assessments on the impact of COVID-19 pandemic on people living with HIV and key populations. A series of broad consultations were conducted with adolescent and young people, and key populations to examine arising challenges, including disruption of health and community support services, loss of income, and violence, and gather their proposed solutions. Results from these analyses fed consequent COVID-19 responses and HIV programming.

Support was provided to develop six public service announcements (PSAs) on COVID-19 prevention tailored for people living with HIV and key populations and air five PSAs on 16 community radio channels twice a week for one month. PSAs were also transmitted for half hour from the comprehensive service centre in eight brothels for seven consecutive days reaching 2500 female sex workers and their 900 children.

To mitigate the financial impact of COVID-related extended social restriction and lockdown measures, the Joint Team provided financial support to networks of female and sex workers, people who inject drugs, and men who have sex with men using mobile phone cash transfer systems. For example, a total of 23 leaders of CSOs from the Sex Workers Network received US\$ 100 each to purchase soaps, masks, and food (including milk for 28 children) for an estimated 1500 street- and brothel-based female and transgender sex workers. 40 community members from eight brothel-complexes across the country received vocational training on tailoring and started producing masks and other tailoring services to support their livelihoods. In collaboration with the NGO Care Bangladesh and other humanitarian agencies, a total of US\$ 1000 was donated to the Network of People Who Use Drugs to provide once a day meal service for 60-150 people living with HIV who inject drugs for 150 days starting from April 2020. Another 253 impoverished people from the host community supporting refugees and who lost their livelihoods due to COVID-19 pandemic, benefited from cash incentives during the pandemic lockdown.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team and CSOs continued to advocate for government-led social safety net assistance and provided technical and financial support for income generating activities to create alternative livelihood and empower among female sex workers during COVID-19 pandemic. For example, the Joint Team reprogrammed US\$ 10 000 assisting 2500 female sex workers in eight brothels with cash and food supplies and awareness creation efforts. Based on the social marketing methodology, the Sex Workers Network was supported through the Global Fund grants to engage 10 female sex workers as marketing persons to sell health-related commodities, including condoms and sanitary napkins, oral saline, and diabetic test strips at the comprehensive service centres in brothels benefiting them from a 5% commission. In 2020, the social marketing initiative, generated US\$ 1804 for female sex workers in eight brothels. Similarly, advocacy efforts resulted in the Government issuing various safety net benefits for 192 elderly female sex workers with decreasing incomes, including vulnerable feeding cards, disability, widow, and old age benefits, as well as pregnancy allowances.

Furthermore, financial support was provided by the government, the Joint Team, and partners to 93 female sex workers and their 65 children in a brothel which was critically affected by Cyclone Amphan in May 2020. The Sex Workers Network received technical support in their advocacy efforts which raised a total of US\$ 3340, and US\$ 1506 were used to support around 92 female sex workers and their children living in Baniasanta brothel who were impacted by the Amphan cyclone.

| PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS | KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS |
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| <p>The COVID-19 pandemic had immense impact on people living with HIV, adolescent and young people, and key populations. Loss of basic income led them to move to rural areas for subsistence discontinuing HIV treatment, care, and support services.</p> <p>The most vulnerable people from key populations do not have a national identification card or mobile phone, which is preventing them from benefiting from social protection programmes.</p> | <p>Provide food assistance for 1000 female sex workers, 100 transgender persons, and 140 people who inject drugs for one month.</p> <p>Continue advocating for livelihood and food assistance for key populations through Global Fund COVID-19 Resource Mechanism and World Food Programme.</p> <p>Provide technical support to scale up HIV prevention, testing, and treatment services, including HIV self-testing using mobile vans and testing facilities. With Global Fund support, there are plans to increase HIV services and digital/virtual sensitization initiatives, including HIV-self testing through mobile vans and testing sites, and multi-month dispensing of antiretroviral drugs.</p> <p>Support Government's efforts to obtain COVID-19 vaccine for its citizens, particularly people living with HIV and vulnerable populations.</p> |
| <p>The COVID-19 pandemic resulted in increased gender-based violence among female sex workers in brothels.</p> | <p>Strengthen the capacity of the Community Squad and provide technical support to address and reduce incidences of gender-based violence, including in the health sector.</p> <p>Increase advocacy on gender-based violence among various power structures, including public and community leaders, law enforcement, local pimps, and networks of sex workers.</p> |
| <p>A significant number of people who inject drugs, including people living with HIV who use drugs often stay in prison with no access to HIV, drug abuse, and harm reduction programmes due to funding limitation.</p> <p>Shortage of healthcare staff in prison health facilities, where health workers are deployed on ad-hoc basis from district health department, remains a persistent challenge in the provision of general and mental health, drug abuse and harm reduction services among high-risk populations in prison settings.</p> | <p>Advocate for and support a needs assessment study on health, drugs abuse, and harm reduction programmes in partnership with the prison authority, department of narcotics control, Ministry of Health and Family Welfare, and other partners.</p> <p>Provide technical support for a pilot project on HIV prevention in Kashimpur central prison, which includes mental health services for inmates.</p> |
| <p>Increasing use of Amphetamine-type stimulants among men who have sex with men is raising concerns around elevating their risk for HIV infection.</p> | <p>Provide technical assistance for the development of a training syllabus on HIV and drugs and implementation of the training, including the online training on Amphetamine-type stimulants.</p> |

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| <p>Although domestic spending for the national HIV response increased in the past few years, increased advocacy and innovative resource mobilization efforts are needed to further boost local funding.</p> | <p>Continue to advocate for increased domestic resources for the national HIV response.</p> |
| <p>New HIV infections continue to rise among key populations. Testing and combination prevention coverages in these population groups are still too low to address an increasingly concentrated epidemic.</p> | <p>Provide technical support to expand HIV self-testing and pre-exposure prophylaxis (PrEP) in HIV testing and prevention programmes.</p> |

Report available on the
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