U.S. Agency for International Development

Bureau for Global Health

# COUNTRY PROFILE

HIV/AIDS

## BANGLADESH

| | |
|---|---|
| Estimated Number of Adults and Children Living with HIV/AIDS (end 2001) | 13,000 |
| Total Population (end 2001) | 140,369,000 |
| Adult HIV Prevalence (end 2001) | Less than 0.1% |
| HIV-1 Seroprevalence in Urban Areas (end 2000) | |
| Population most at risk (sex workers and clients, individuals infected with sexually transmitted infections, injecting drug users or other persons with known risk factors) | Up to 4 percent* |
| Population least at risk (pregnant women, blood donors, or other persons with no known risk factors) | 0.0% |

Sources: UNAIDS, U.S. Census Bureau, *World Bank.

The HIV/AIDS epidemic is currently classified as low level, with less than 0.1 percent of the adult population infected. The first case of HIV/AIDS was reported in 1989. According to the Joint United Nations Programme on AIDS (UNAIDS), some 13,000 people were living with HIV/AIDS at the end of 2001. Four rounds of sentinel surveillance surveys confirm that even among high-risk groups, prevalence remains relatively low. Yet this is not cause for complacency, as prevalence among vulnerable groups is increasing. The fourth-round surveillance data indicate that HIV prevalence among injecting drug users in central Bangladesh increased from 1.7 percent to 4.0 percent in only one year, an alarming statistic if the trend continues.

Without significant behavior change and HIV/AIDS information dissemination, HIV could spread quickly among at-risk populations, including injecting drug users, migrants, and sex workers and their clients. The existence of risky behaviors and high levels of sexually transmitted infections among some population groups indicate that the potential for a more serious HIV/AIDS epidemic is great. The following factors put Bangladesh at risk: widely available commercial sex, infrequent condom use, frequent male-to-male sex, injecting drug use, presence of sexually transmitted diseases, and low levels of knowledge about how HIV is transmitted.

Bangladesh has a thriving sex industry. Female sex workers in brothels and hotels in Bangladesh have more clients per week than elsewhere in Asia and use condoms less often. Sex between men is also common, and data suggest that it is often unprotected. Further, injecting drug users are found throughout the country, and more than 90 percent of them share needles and syringes. High rates of sexually transmitted infections among at-risk populations suggest unprotected sex is prevalent, thus increasing the risk of HIV transmission. Surveys show that most people who engage in high-risk behaviors do not know how HIV is transmitted and are unaware that their behavior puts them at risk.

Map of Bangladesh: PCL Map Collection, University of Texas

## NATIONAL RESPONSE

In 1995, the Government of Bangladesh established a National AIDS Commission, responsible for policy direction and the

1300 Pennsylvania Avenue NW
Washington, DC
20523-3600

www.usaid.gov

promotion of a multisectoral response. A draft National HIV/AIDS Policy was approved in 1997, and a revised Draft National Strategic Plan for 1997–2002 was approved in 2000. The government is finalizing an Operational Plan that summarizes proposed actions by the government, and multilateral and bilateral agencies for 2002–2006. The Ministry of Health and Family Welfare implements and coordinates the National AIDS/Sexually Transmitted Disease Program.

The Bangladesh Government's policy objectives and strategies are similar to those in other low-prevalence countries. Priorities are as follows:

- Institute preventive interventions for at-risk populations, including increased condom use.
- Institute advocacy and behavior change communication in different sectors, targeted toward at-risk populations, adolescents, and the general population.
- Ensure blood safety, including strengthening blood donation, screening, and transfusion procedures.
- Strengthen counseling, diagnosis, and case management for sexually transmitted diseases, including ensuring the supply of drugs for sexually transmitted infections.
- Improve program management through institutional strengthening, training, serological and behavioral surveillance, social and behavioral research, program and donor coordination, reporting, and monitoring and evaluation.
- Provide care and support for those living with HIV/AIDS, including voluntary counseling and testing, HIV/AIDS case management, and anti-discrimination measures.
- Involve nongovernmental organizations in program implementation.

In practice, the Government of Bangladesh has faced difficulties in addressing these priorities. A major HIV/AIDS Prevention Project (2000–2005), funded primarily by the World Bank ($40 million) and the United Kingdom's Department for International Development ($10 million), is just beginning this year as a pared down ($5.5 million) version of the original plan, leaving most of the project plans unimplemented.

## USAID SUPPORT

The United States Agency for International Development (USAID) provided $3 million for HIV/AIDS activities in Bangladesh in 2001, $3.2 million in 2002, and $3.6 million in 2003. USAID's overall goal in providing HIV/AIDS assistance to Bangladesh, as outlined in its 2002–2007 strategy for that country, is to help Bangladesh avert a serious epidemic by keeping HIV prevalence among the most seriously at-risk groups under 5 percent. To achieve that goal, USAID HIV/AIDS assistance focuses on the following objectives:

- Expand and improve behavior change interventions implemented by nongovernmental organizations among injecting drug users, sex workers and their clients, and men who have sex with men.
- Improve the use of sexually transmitted infection services by the most seriously at risk.
- Strengthen surveillance systems to monitor changes in HIV prevalence and risk behavior.
- Enhance the capacity of nongovernmental organizations to design, implement, monitor, and evaluate HIV prevention programs.
- Conduct research to develop new and/or improved HIV/AIDS prevention programs.
- Initiate programs to enable high-risk individuals to learn their serostatus, cope with HIV infection, and change their behavior to prevent HIV transmission.
- Create a policy environment that will enable effective HIV prevention interventions.

For this strategy to succeed, a number of elements must be in place. The Government of Bangladesh must continue to permit nongovernmental organizations to play a prominent role in HIV prevention. Other donors must continue their commitments to HIV programs in Bangladesh, particularly funding for condoms. Vulnerable groups must not be further marginalized, and injecting drug use must remain stable or decline. In pursuing this strategy, USAID is building on considerable past experience.

### *Behavior Change Communication*

Studies show that when HIV/AIDS programs reach high-risk groups, knowledge about HIV and how it is transmitted improves. But current behavior change communication programs in Bangladesh reach only a small proportion of high-risk groups. Thus USAID will expand target-group coverage in geographic areas served by existing programs and initiate new programs in geographic areas not currently served. It will provide peer education and outreach tailored to the needs

and circumstances of each of the specific at-risk groups to increase knowledge of risk as well as risk-reduction skills, including treatment for sexually transmitted infections and safer sex practices.

### *Condom Social Marketing*

With USAID support, the Social Marketing Company distributes some 160 million condoms per year. The company is currently conducting a campaign focused on encouraging clients of sex workers to use condoms for prevention of HIV/AIDS and sexually transmitted infections.

### *Sexually Transmitted Infection Prevention*

Prevention of sexually transmitted infections is an important element in HIV/AIDS prevention, and programs to date have done a good job of reaching street and brothel sex workers. USAID support will help to reach additional at-risk populations through static and satellite centers (e.g., at brothels and injecting drug users drop-in centers). Activities supported include:

- Development of counseling, diagnostic (including laboratory), and treatment protocols for high-risk individuals
- Training for nongovernmental organization clinical staff in using the protocols and in overcoming negative attitudes that might deter high-risk individuals from seeking treatment
- Development of systems to monitor the quality of sexually transmitted infection services
- Scaling up of sexually transmitted infection services for at-risk populations
- Increasing access to effective sexually transmitted infection treatment for symptomatic men

### *Surveillance*

Previous behavioral and serostatus surveillance surveys have yielded important information about behavior and HIV status among some high-risk groups. Future USAID support will include the following activities:

- Implementation of the next three rounds of behavioral surveillance
- Training to build local capacity to maintain the surveillance system
- Improvements in the quality of surveillance and expansion to more vulnerable groups and a wider geographic area
- Strengthened surveillance of sexually transmitted infections
- Collection of data on HIV and sexually transmitted infections from the general population

### *Nongovernmental Organization Capacity Building*

USAID provides assistance to local nongovernmental organizations working on HIV/AIDS prevention to help them strengthen their capacities in tailoring activities to specific groups, counseling, gender and sexuality issues, monitoring and evaluation, and data-based decision making. USAID encourages information sharing and technical assistance to promote uniform adoption of best practices and lessons learned, as well as collection and use of research data.

### *Research*

USAID-supported research has provided improved understanding of the socio-behavioral dynamics of risk-taking behavior and service utilization among at-risk populations. USAID will continue to fund research to improve the range of available HIV/AIDS-prevention interventions and will support research to identify other groups that may be at risk for HIV/AIDS.

### *Voluntary Counseling and Testing*

The availability of confidential voluntary counseling and testing—a proven tool in HIV prevention efforts elsewhere—is limited in Bangladesh. USAID will support a range of activities to make such testing and counseling, as well as follow-up care and support, more widely available to at-risk individuals and people living with HIV/AIDS.

### *An Enabling Policy Environment*

In Bangladesh, local officials (such as police) often hinder implementation of HIV/AIDS prevention and treatment programs among marginalized populations. USAID will support a variety of efforts aimed at improving the policy environment. They include:

- Educating policy makers and implementers about the negative effects of stigmatizing at-risk populations
- Implementing behavior change efforts targeted at police
- Advocating for better access to basic preventive services for injecting drug users, sex workers, and men who have sex with men
- Working to gain local support for basic counseling and testing services
- Improving national STI management guidelines
- Harmonizing drug control and drug treatment policies
- Developing initiatives to address fears of medical providers

## FOR MORE INFORMATION

USAID/Bangladesh
Madani Avenue
Baridhara
Dhaka - 1212
Bangladesh
Tel: (880-2) 885-5500
Fax: (880-2) 882-3648
Website: http://www.usaid.gov/bd

USAID HIV/AIDS Website, Bangladesh:
http://www.usaid.gov/our_work/global_health/aids/Countries/ane/bangladesh.html

*Prepared for USAID by TvT Global Health and Development Strategies/Social & Scientific Systems, Inc., under The Synergy Project*

*For more information, see http://www.usaid.gov/our_work/global_health/aids or http://www.synergyaids.com.*

**February 2004**