



U.S. Agency for International Development

Bureau for Global Health

# COUNTRY PROFILE

HIV/AIDS

## BANGLADESH

Bangladesh's HIV/AIDS epidemic is still classified as low level. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), the first cases of HIV/AIDS, detected in the late 1980s and early 1990s, were among citizens returning from international travel. According to UNAIDS, 13,000 people were living with HIV/AIDS at the end of 2001, yielding an adult prevalence of 0.1 percent.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	13,000
Total Population (2001)	140,369,000
Adult HIV Prevalence (end 2001)	<0.1%
HIV-1 Seroprevalence in Urban Areas (2000)	
Population most at risk (i.e., sex workers and clients, patients seeking care for a sexually transmitted infection, or others with known risk factors)	>20.0%
Population not at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	0.00%

Sources: UNAIDS, U.S. Census Bureau

Between 1989 and 1996, the Institute of Epidemiology, Disease Control, and Research tested 70,676 people from a variety of occupational groups and found only 82 were infected: 67 males, many of whom had been abroad, and 15 females. By June 2002, the cumulative total of passively reported HIV cases was 216, according to the Department of Virology of Bangabandhu Sheikh Mujib Medical University. Given the limitations of passive case detection, this is probably a significant underestimation of actual prevalence.

Without significant behavior change and HIV/AIDS information dissemination, HIV could spread quickly among at-risk populations, including sex workers and their clients, migrants, and injecting drug users. Available data suggest that HIV prevalence has recently increased from 1.7 to approximately 4.0 percent among injecting drug users and 0.5 percent among commercial sex workers. The existence of risky behavior and high levels of sexually transmitted infections among some populations indicate the potential for a more serious HIV/AIDS epidemic is great.

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 also is common and data suggest it is often unprotected. Further, injecting drug users are found throughout the country and more than 90 percent 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. Of great concern is that most people who engage in high-risk behaviors do not know how HIV is transmitted and are unaware their behavior puts them at risk.



Map of Bangladesh: PCL Map Collection, University of Texas

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Additional factors that place Bangladesh at risk for further spread of HIV include:

- The relatively low status of women;
- Low levels of condom use among at-risk populations (e.g., sex workers, men who have sex with men, and migrant populations);
- Little awareness of HIV/AIDS and sexually transmitted infection transmission or prevention methods;
- An unsafe blood supply; and
- Contact through shared borders via sea and land routes with India and Myanmar, which have higher HIV prevalence.

## **NATIONAL RESPONSE**

In 1985, the Government of Bangladesh established a National AIDS Committee, responsible for policy direction and the 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 currently finalizing a draft Operational Plan summarizing a multilateral and bilateral agency action for 2002–2006. The Ministry of Health and Family Welfare implements and coordinates the National AIDS/STD Program, through its Directorate of Health Service's Line Director for Essential Services.

Bangladesh'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 and promotion of condom use;
- Institute advocacy and behavior change communication in different sectors, targeted towards at-risk populations, adolescents, and the general population;
- Ensure blood safety and strengthen blood donation, screening, and transfusion procedures;
- Strengthen sexually transmitted infection counseling, diagnosis, and case management, and maintain the supply of sexually transmitted infection drugs;
- Strengthen program management, including institutions, 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 antidiscrimination measures; and
- Encourage nongovernmental organizations to take an active role in program implementation.

In practice, the Government of Bangladesh has found it difficult to address these priorities. A \$52 million HIV/AIDS Prevention Project funded by the World Bank (\$40 million), the United Kingdom's Department for International Development (\$10 million), and the Government of Bangladesh (\$2.5 million) has remained almost entirely unimplemented.

## **USAID SUPPORT**

The United States Agency for International Development (USAID), one of the largest donors to the HIV/AIDS sector in Bangladesh, provided \$3 million for HIV/AIDS activities in FY 2001. USAID's strategy focuses on:

- Expansion of current USAID activities to ensure national coverage by prevention programs for male and female sex workers, their clients, men who have sex with men, and injecting drug users;
- Improvement of sexually transmitted infection services for at-risk populations;
- Nongovernmental organization capacity building in HIV prevention programs;
- Condom social marketing for disease prevention;
- Voluntary counseling and testing for at-risk populations;
- Behavioral surveillance;
- Operations research; and
- Policy and advocacy to create an enabling environment.

The Mission's goal is to maintain HIV prevalence under 5 percent in at-risk populations by accomplishing the following objectives:

- 1) Expanding behavior change interventions based on harm reduction and peer education and outreach and implemented by nongovernmental organizations among drug users, sex workers and their clients, and men who have sex with men, including *hijras* (Urdu word for hermaphrodites);
- 2) Improving the availability and ability of nongovernmental organizations to provide sexually transmitted infection services for at-risk populations;
- 3) Enhancing the capacity of nongovernmental organizations to design, implement, monitor, and evaluate HIV prevention programs;
- 4) Promoting condom use for HIV and sexually transmitted infection prevention, especially in at-risk situations, through Bangladesh's Social Marketing Company and other nongovernmental organizations working with sex workers and their clients, men who have sex with men, and injecting drug users;
- 5) Initiating programs to enable at-risk individuals to learn their serostatus, cope with HIV infection, and change their behavior to prevent HIV transmission;
- 6) Strengthening surveillance systems to monitor changes in HIV prevalence and high-risk behavior;
- 7) Conducting research on new approaches and fine-tuning established strategies; and
- 8) Addressing particular policy issues in relation to HIV/AIDS to create an enabling environment for HIV prevention interventions.

### **Behavior Change Communication**

Highest priority is given to interventions targeting at-risk populations and bridging populations. The main components of these interventions include:

- Peer education and outreach to increase knowledge of risk and risk-reduction skills for injecting drug users, men who have sex with men, and sex workers and their clients, including harm reduction, dependency treatment, and counseling;
- Peer education to improve treatment-seeking behavior for sexually transmitted infections, safer sex skills, and condom social marketing (including female condoms and lubricant); and
- Ensuring access to and affordability of condoms and promoting their correct and consistent use.

### **Condoms**

With USAID support, the Social Marketing Company distributes more than 160 million condoms a year. In addition, the Social Marketing Company will initiate condom social marketing for HIV/AIDS and sexually transmitted infection prevention. The principal target audience will be clients of sex workers. The company also will promote female condoms to increase condom negotiation alternatives for sex workers. Condom promotion among male and female sex workers and their clients, men who have sex with men, and injecting drug users also will be conducted by other nongovernmental organizations working with these populations.

### **Monitoring and Evaluation**

USAID provides financial and technical support for the following behavioral surveillance activities:

- Implementing the next three rounds of behavioral surveillance;
- Building local capacity to maintain the surveillance system;
- Improving the quality and expanding the scope of the behavioral surveillance system;
- Strengthening sexually transmitted infection surveillance; and
- Including the collection of data from the general population related to HIV and sexually transmitted infections in the 2003 Demographic and Health Survey.

### **Nongovernmental Organization Strengthening**

The Mission will support capacity building among nongovernmental organizations in the areas of program design, implementation, and monitoring and evaluation by:

- Supporting activity-wide alliances of nongovernmental organizations working in the same thematic area (i.e., injecting drug users, sex workers, men who have sex with men);

- Training nongovernmental organization staff in the development, implementation, and monitoring of evidence-based information, education, and communication and behavior change communication activities appropriate for specific vulnerable groups;
- Developing programs to strengthen the capacity of local implementing partners to plan, budget, manage, and monitor programmatic responses and interventions to prevent the transmission of HIV/AIDS and sexually transmitted infections in their local communities;
- Assisting nongovernmental organizations and their partners to improve their potential for sustainability by developing alternative financing strategies; and
- Coordinating efforts among nongovernmental organizations, the Government of Bangladesh, and other researchers to help collect and utilize various types of research data (i.e., surveillance, feasibility studies, marketing, etc.).

## **Policy**

USAID/Bangladesh will support a variety of efforts aimed at improving the policy environment, including:

- Educating policymakers concerning the issues surrounding stigmatization of at-risk populations;
- Implementing behavior change programs targeted toward military and police;
- Improving access, through advocacy efforts, to basic preventive services for injecting drug users, sex workers, and men who have sex with men;
- Working to gain local support for low-cost, basic service delivery of volunteer counseling and testing;
- Improving national sexually transmitted infection management guidelines; and
- Harmonizing drug control, drug treatment, and health policies.

## **Prevention**

The Mission will provide sexually transmitted infection services through static clinics and, where feasible, through satellites (e.g., at brothels, injecting drug user centers, nongovernmental organization drop-in centers). Activities supported include:

- Developing appropriate counseling, diagnostic (including laboratory), and treatment protocols for high-risk individuals;
- Training nongovernmental organization clinical staff in the application of these protocols and providing them with the skills to overcome negative attitudes that deter at-risk individuals from seeking treatment;
- Developing systems to monitor the quality of sexually transmitted infection services, including counseling and lab services, (defined as compliance with applicable protocols);
- Scaling up provision of sexually transmitted infection services for at-risk populations and promoting their use among these groups; and
- Increasing access to effective sexually transmitted infection treatment for symptomatic men.

In addition to providing prevention activities for sexually transmitted infections, USAID will provide financial and technical assistance to make voluntary counseling and testing and care and support more readily available to at-risk individuals and people living with HIV/AIDS.

## **Research**

USAID will continue to fund research to gain a better understanding of the social-behavioral dynamics of risk-taking behavior and use of services among at-risk populations.

## SELECTED LINKS AND CONTACTS

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USAID HIV/AIDS Web site, Bangladesh:  
[http://www.usaid.gov/pop\\_health/aids/countries/ane/bangladesh.html](http://www.usaid.gov/pop_health/aids/countries/ane/bangladesh.html)

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*For more information, see [www.usaid.gov/pop/aids](http://www.usaid.gov/pop/aids) or [www.synergyaids.com](http://www.synergyaids.com)*

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