HIV/AIDS in Bangladesh and USAID Involvement

Bangladesh's HIV/AIDS epidemic is still classified as "low level," with an adult HIV prevalence of 0.02 percent (1999). Numerous risk factors suggest the possibility of rapid spread of HIV in Bangladesh, including a thriving sex industry, the low status of women, high rates of sexually transmitted infections (STIs) and tuberculosis (TB), low HIV/AIDS risk perception among groups at high risk of infection, low rates of condom use, low awareness of STI/HIV/AIDS transmission or prevention methods, and an unsafe blood supply.

Without significant behavior change activities, condom promotion, and accessible, quality care for sexually transmitted infections, HIV infection could spread quickly in Bangladesh. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS) and National Expanded HIV and Behavioral Surveillance data:

- In 1999, 13,000 Bangladeshis were living with HIV/AIDS.
- HIV prevalence among injecting drug users is estimated at between 1.4 and 2.5 percent. The 1999-2000 national HIV/Behavioral Surveillance Survey found that between 55 and 75 percent of drug users had shared injecting equipment in the previous week.
- Formal and informal sex workers in Bangladesh are thought to total around 100,000.
- Zero percent of transgender sex workers report consistent condom use, while 0.5 percent of brothel-based sex workers, 2.7 percent of male sex workers, and 4 percent of street-based sex workers report consistent condom use. Only 4 percent of married women use condoms for family planning, partly due to their husband's preference.
- The Bangladesh Demographic and Health Survey (1996-1997) found that 81 percent of ever-married women and 67 percent of currently married men had not heard of AIDS. Of 15- to 19-year-olds, 83 percent were unaware of the disease.
- The blood supply throughout Bangladesh is largely unscreened and draws on paid donors, roughly 20 percent of whom test positive for syphilis and hepatitis.
- Migrant workers are particularly vulnerable to HIV due to lack of information and access to health care. They are also targeted in the media as largely responsible for bringing HIV/AIDS to Bangladesh.

Map of Bangladesh: PCL Map Collection, University of Texas

NATIONAL RESPONSE

Several influential Bangladeshi leaders have expressed concern about HIV/AIDS, the most recent example of which was a World AIDS Day 2000 statement by Prime Minister Sheikh Hasina that "an all-out movement has to be initiated to check AIDS by strengthening international cooperation and creating public awareness."

The National AIDS Committee (NAC) was formed in 1985 and includes representatives from key Ministries and nongovernmental organizations (NGOs), and a few parliamentarians. In late 1996, the Ministry of Health and Family Welfare's Directorate of Health Services issued a National Policy on HIV/AIDS, which included specific guidelines on a range of HIV/AIDS issues including testing; care; blood safety; prevention among youth, women, and in the workplace; prevention among migrant and sex workers; and sexually transmitted infections.

In May 1997, the AIDS Prevention and Control Programme issued a National Strategic Plan (1997-2002). In November 1997, the government issued a Plan of Action to address HIV/AIDS issues within the Health and Population Sector Program framework. Prevention and care related to HIV are included within a framework that incorporates basic reproductive health, some communicable diseases, care, and behavior change communications.

With an HIV/AIDS strategy and a structure in place, the government has established an intersectoral mechanism for prevention and control, with focal points in all relevant ministries.

Effective tuberculosis control is also seen as a priority, given the potential scale of the problem, the growing threat of HIV, population density, and the generally high level of poverty.

USAID SUPPORT

The **U.S. Agency for International Development (USAID)** supports the control of HIV/AIDS through a social marketing program; peer education and condom promotion efforts targeted at populations at high risk of infection, underserved groups, and low-performing geographical areas; information, education and communication efforts aimed at the general public and high-risk groups; STI treatment centers throughout the country; and surveillance and operational research. After the World Bank and its partner consortium, USAID is the second largest donor in the population/health sector. USAID is providing US$3 million for HIV/AIDS activities in FY 2001.

USAID-supported nongovernmental organizations (NGOs) include the following:

Family Health International (FHI)/IMPACT implements interventions targeted to groups most vulnerable to HIV/AIDS in low prevalence settings, including sex workers, men who have sex with men, and injecting drug users. FHI also supports national surveillance and additional research to monitor the epidemic in Bangladesh and to identify appropriate interventions. Further, FHI provides technical sup-

Key Population, Health, and Socioeconomic Indicators		
Population	120 million	1997 DHS
Rate of Natural Increase	2.2%	1997 DHS
Life Expectancy	Males: 59 Females: 58	1997 DHS
Total Fertility Rate	3.3	1997 DHS
Infant Mortality Rate	88 per 1,000 live births	1997 DHS
Maternal Mortality Rate	440 per 100,000 live births	1997 DHS
Per capita income (US$)	210	1997 DHS
Govt. health expenditure (% GDP)	1.6%	World Bank
Adult Literacy	Male: 63% Female: 48%	UNICEF

port to the Urban Family Health Partnership and the Social Marketing Company.

Family Planning Logistics Management Project (John Snow Inc.) provides technical support to the

the government to ensure regular and efficient condom distribution.

The **International HIV/AIDS Alliance** has been working since 1995 to strengthen the capacity of local NGOs, provide community care and support, and provide technical and communication skill building.

Pathfinder International implements a Rural Service Delivery Partnership (RSDP) with two local NGOs.

The **Social Marketing Company (SMC)** distributes more than 10 million condoms per month throughout Bangladesh. In addition, SMC implements peer education programs in high-risk areas to promote safe sex/condom use behaviors.

Urban Family Health Partnership (UFHP) provides clinic services for STI treatment, social marketing for HIV/AIDS prevention, HIV/AIDS counseling, peer education support, and general awareness throughout Bangladesh.

Other donors supporting Bangladesh's national HIV/AIDS strategy include the World Bank, Canada, the Asian Development Bank, the U.K. Department for International Development, and the United Nations Development Programme.

CHALLENGES

According to UNAIDS and USAID, the Bangladeshi government, together with the donor and NGO communities, faces the following challenges in maintaining the country's low HIV/AIDS prevalence:

- Establishing a rigorous blood safety program;
- Implementing a comprehensive behavior change communication package to provide better information on modes of transmission and ways to prevent HIV/AIDS;
- Implementing a wider range of intervention programs targeted at sex workers, injecting drug users, men who have sex with men, migrant workers, and border populations; and
- Fostering broader involvement of religious leaders in HIV/AIDS education.

SELECTED LINKS AND CONTACTS

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