



ISSUE BRIEF HIV/AIDS



South Asia Region (SAR) **Bangladesh**

HIV/AIDS Prevention Project

This project aims to assist the Government of Bangladesh to prevent the HIV infection from gaining a larger foothold within high risk groups and to limit its spread into the general population, without stigmatizing the high risk groups.

The project has four main components:

- ## High-risk Group Interventions will limit the transmission of HIV infection among those populations with the highest prevalence of risk behaviors and from those groups to the general population.
- ## Communications and Advocacy will create support for the HIV/AIDS prevention program by raising awareness, knowledge, and understanding among the general population.
- ## Blood Safety will facilitate the expansion of safe-blood initiatives.
- ## Project Support and Institutional Strengthening will strengthen the STD/AIDS Program technical and managerial capacity with the aim of facilitating the rapid scaling up of HIV/AIDS prevention activities; monitor the progress of the STD/AIDS Program at large; evaluate the impact of these interventions; and conduct research that will enhance the impact of the STD/AIDS Program.

Bangladesh has a narrow window of opportunity that has already closed for many other countries: to act early and decisively to prevent a nationwide HIV/AIDS epidemic. The number of HIV/AIDS cases in Bangladesh is still low. However, high-risk behaviors and conditions are extensive in the country. Vigorous and prompt action is needed now to prevent the virus from taking hold.

STATE OF THE EPIDEMIC

Bangladesh, with a population of 136 million, had about 13,000 adults and children living with HIV infection at the end 2002, according to UNAIDS estimates. However, only 248 HIV cases have actually been reported. Significant underreporting of cases occurs because of the country's limited voluntary testing and counseling capacity and the social stigma, which leads to the fear of being identified and detected as HIV positive.


The HIV-prevalence rate among adults between the ages of 15 and 49 is still relatively low, at 0.1 percent of the population. As expected, rates are higher in specific groups, such as injecting drug users who have left treatment (1.7 percent) and commercial sex workers (0.5 percent), according to a national behavioral and serological surveillance undertaken in 2001.


RISK AND VULNERABILITY


Although overall HIV prevalence is low, behavior patterns and extensive risk factors that facilitate the rapid spread of the infection are prevalent, making Bangladesh highly vulnerable to an HIV/AIDS epidemic. These risk factors include:


- ## **A large commercial sex industry** with roughly 36,000 workers, each seeing an average of 18.8 clients per week for brothel-based sex workers, and 44 clients per week for hotel-based workers.
- ## **Consistent condom use is low:** The majority of brothel-based sex workers report at least some sex without condoms with their clients. Among the clients, such as rickshaw pullers and truckers, about 83 percent have never used condoms when buying sex.
- ## **Significant prevalence of sexually transmitted diseases (STDs)** among sex workers in Central Bangladesh. About 43 percent of female sex workers and

HIV/AIDS in Bangladesh: A Threat to Development

 Bangladesh has a narrow window of opportunity that many other countries missed: to act early and decisively to prevent a nationwide HIV/AIDS epidemic.

 While the number of HIV/AIDS cases in Bangladesh is still relatively low, high-risk behavior includes the sharing of infected needles by injecting drug users, low condom use within the country's large commercial sex industry, and blood transfusions from an unscreened blood supply.

 Vigorous and immediate action to educate and change behavior will allow Bangladesh to avoid the devastating social and economic effects of mature HIV/AIDS epidemics seen in other countries.

 In December 2000, the World Bank approved a \$40 million credit for a project to help prevent the outbreak of an HIV/AIDS epidemic in Bangladesh. The project aims to help stop the HIV infection from gaining a larger foothold among groups most likely to contract the virus and limit its spread into the general population. The HIV/AIDS Prevention Project will form an integral part of the government's Health and Population Sector program and will complement and support HIV/AIDS prevention activities already underway within this program and separately by nongovernmental organizations.

18.2 percent of male sex workers have syphilis. This and other STDs facilitate the spread of HIV infection and serve as indicators for low condom use and other high risk sexual behaviors.

- €# **Injecting Drug Users (IDUs):** In Central Bangladesh, among 93.4 percent of over 500 injecting drug users, needle sharing is routine. These drug injectors are not an isolated population—they are often married and sometimes sell sex to customers and their own blood to hospitals and clinics.
- €# **Lack of knowledge:** While knowledge of HIV is nearly universal among sex workers and their clients, it is extremely low among the general population. In 1996-97, only 19 percent of women who have been married and 33 percent of men had ever heard of AIDS. In 2001, many still could not identify the basic routes of HIV transmission.

NATIONAL RESPONSE TO HIV/AIDS

Government. In late 1996, the Directorate of Health Services in the Ministry of Health and Family Welfare (MOHFW) issued a National Policy on HIV/AIDS. A high-level National AIDS Committee (NAC) was formed, with a Technical Advisory Committee, and an STD/AIDS Program Unit in the ministry. The NAC includes representatives from key ministries and NGOs and a few parliamentarians. Action has been taken to develop a multisectoral response to HIV/AIDS. Strategic action plans for the National STD/AIDS Program set forth fundamental principles, with specific guidelines on a range of HIV/AIDS issues including testing, care, blood safety, prevention among youth, women, migrant workers, commercial sex workers, and STDs.

While earlier commitment was limited and implementation of HIV/AIDS control activities was very slow, recently Bangladesh has strengthened programs to improve its response.

Nongovernmental Organizations (NGOs). Around 200 NGOs working with STD/AIDS have formed a network, and about 50 are actively engaged in HIV/AIDS-related activities, particularly in working with marginalized and hard-to-reach groups.

NGOs are often in a better position than the public sector to reach high-risk groups, such as commercial sex workers and their clients and IDUs. Building their capacity 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. The British Department for International Development (DfID), USAID, and the International HIV/AIDS Alliance are financing a number of HIV/AIDS control activities in Bangladesh, including a social marketing program; peer education and condom promotion activities; information, education, and communication efforts; STD treatment; surveillance and operational research; and the provision of capacity building to NGOs.

ISSUES AND CHALLENGES: PRIORITY AREAS

Preventing a widespread epidemic will only be possible if vigorous action is pursued, including:

- €# **Scaling up the behavioral change activities and health promotion** interventions for high-risk behaviors and vulnerable groups.
- €# **Expanding advocacy and awareness efforts for the population at large,** seeking to attain a higher level of public awareness on HIV transmission and prevention.
- €# **Promoting the social acceptability of condom use** and ensure adequate supply and access.

HIV/AIDS in South Asia

Over 7.4 million people in Asia are living with HIV/AIDS, comprising nearly one fifth of the world's HIV infections, according to UNAIDS. Almost two thirds of those infected are living in India. However, high-risk behaviors and infection rates are growing in most other South Asian countries. Unless vigorous and timely action is taken, these countries run the risk of experiencing the devastating social and economic impacts of the kind of full-blown AIDS epidemics seen elsewhere in the world. There is still a window of opportunity to act to prevent this situation in South Asia.

- €# **Reducing discrimination** of those infected with HIV, or groups engaging in high-risk behaviors, through implementation of appropriate advocacy, policies, and related measures.
- €# **Strengthening Government of Bangladesh capacity** for program planning, implementation, monitoring, and evaluation.
- €# **Promoting NGO capacity** for program planning, implementation, monitoring, and evaluation.
- €# **Strengthening mechanisms for collaboration and coordination** within and between government, the nongovernment sector, development partner agencies, and other stakeholders.

WORLD BANK RESPONSE

The World Bank supports the government's two-pronged strategy: (i) increasing HIV/AIDS advocacy, prevention, and treatment within the government's existing health programs; and (ii) scaling up interventions among high risk groups. The Bank has committed \$20 million for an HIV/AIDS Prevention Project, which became effective in February 2001. The project is scaling up interventions among groups at high risk in a rapid and focused manner, while strengthening overall program management. The Bank and other donor agencies have supported advocacy and policy dialogue regarding the control of HIV/AIDS in the context of the World Bank-sponsored Health and Population Sector Project (HPSP). This project is strengthening the delivery of essential health and family planning services for the general population.

October 2003

For more information on World Bank assistance to Bangladesh, please visit:
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