



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	150 million (mid-2007)
Estimated Population Living with HIV/AIDS****	7,500 [6,400-18,000] (end 2005)
Adult HIV Prevalence**	<0.1% [<0.2%] (end 2005)
HIV Prevalence in Most At-Risk Populations**	IDUs: 4.9%(2004-2005) MSM: <1% (2004-2005) Sex Workers: <1% (2004-2005)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy***	<3% (end 2006)

*US Census Bureau **UNAIDS ***WHO/UNAIDS/UNICEF Towards Universal Access, April 2007, ****ICDDR,B, 2005

With less than 0.1 percent of the population estimated to be HIV-positive, Bangladesh is a low HIV-prevalence country. The country faces a concentrated epidemic, and its very low HIV-prevalence rate is partly due to prevention efforts, focusing on men who have sex with men (MSM), female sex workers (FSWs), and injecting drug users (IDUs). Four years before the disease's 1989 appearance in the country, the government implemented numerous prevention efforts targeting the above high-risk populations as well as migrant workers. Although these activities have helped keep the incidence of HIV down, the number of HIV-positive individuals has increased steadily since 1994 to approximately 7,500 people in 2005 according to the International Center for Diarrhoeal Disease Research, Bangladesh. UNAIDS estimates the number to be slightly higher at 11,000 people.

While HIV prevalence among MSM and FSWs has remained below 1 percent, unsafe practices among IDUs – particularly needle sharing, have caused a sharp increase in the number of people infected. Measurements at one central surveillance point showed that between 2001 and 2005, incidence of HIV in IDUs more than doubled – from 1.4 percent to 4.9 percent, according to UNAIDS. In 2004, 9 percent of IDUs at one location in Dhaka were HIV-positive. Compounding the risk of an epidemic, a large proportion of IDUs (up to 20 percent in some regions) reported buying sex, fewer than 10 percent of whom said they consistently used a condom.

HIV/AIDS prevention programs have successfully reached 71.6 percent of commercial sex workers (CSWs) in Bangladesh, according to the 2005 United Nations General Assembly Special Session (UNGASS) Country Report. However, only 39.8 percent of CSWs reported using a condom with their most recent client, and just 23.3 percent both correctly identified ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission. Other factors contributing to Bangladesh's HIV/AIDS vulnerability include cross-border interaction with high-prevalence regions in Burma and northeast India, low condom use among the general population, and a general lack of knowledge about HIV/AIDS and other sexually transmitted infections (STIs).

Bangladesh also has a high tuberculosis (TB) burden, with 102 new cases per 100,000 people in 2005, according to the World Health Organization. HIV infects about 0.1 percent of adult TB patients in Bangladesh and HIV-TB co-infections complicate treatment and care for both diseases.

National Response

Bangladesh's HIV/AIDS prevention program started in 1985, when the Minister of Health and Family Welfare established the National AIDS and Sexually Transmitted Diseases Program under the overall policy support of the National AIDS Council (NAC). The National AIDS/STD Program has set in place guidelines on key issues including testing, care, blood safety, sexually transmitted infections, and prevention among youth, women, migrant populations, and sex workers. In 2004, a six-year National Strategic Plan (2004–2010) was approved. The country's HIV policies and strategies are based on other successful family planning programs in Bangladesh and include participation from schools, as well as religious and community organizations. The National HIV and AIDS Communication Strategy (2006–2010) was also developed and launched.



Since 2000, the Government of Bangladesh has worked with the World Bank on the HIV/AIDS Prevention Project, a \$26 million program designed to prevent HIV from spreading within most-at-risk populations and into the general population. The program is being integrated into the country's Health, Nutrition and Population Program, which is supported by the government and external donors.

In 2003, a national youth policy was established on reproductive health, including HIV/AIDS awareness. Since 2006, students in 21,000 secondary and upper-secondary schools have been taught about HIV/AIDS issues. The educational program introduces a "life skills" curriculum, including a chapter on HIV/AIDS drafted with assistance from the United Nations Children's Fund (UNICEF).

Government and public figures in Bangladesh, including retired Major General Dr. ASM Matiur Rahman, former adviser of the Ministries of Health and Family Welfare, Water Resources, and Religious Affairs, are vocal supporters of HIV/AIDS education. Outside of the government, more than 380 nongovernmental organizations (NGOs) and AIDS service organizations work in Bangladesh implementing programs

designed to reach most-at-risk populations and stem the spread of HIV/AIDS. Local imams and other religious leaders, the Islamic Foundation of Bangladesh, and community leaders help distribute accurate information on HIV/AIDS.

Since Bangladesh is still considered a low-prevalence country, no special focus has been placed on the general population – and women in particular. The major challenge in the country is the lack of urgency in dealing with HIV-related issues. HIV is not seen as posing an immediate threat, and as a result, there is continued focus mainly on high-risk groups. However, the response is beginning to acknowledge young people through life skills education and safer sex promotion, according to UNAIDS.

Bangladesh also received a \$40 million, five-year grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2007 to prevent and control HIV/AIDS among the high-risk population and vulnerable young people in the country. The U.S. Government provides one-third of the Global Fund's contributions.

USAID Support

Through the U.S. Agency for International Development (USAID), Bangladesh in fiscal year 2007 received \$2.67 million for essential HIV/AIDS programs and services. USAID programs in Bangladesh are implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease – a five-year, \$15 billion, multifaceted approach to combating the disease in more than 114 countries around the world. To date, the U.S. has committed \$18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of \$15 billion over five years.

USAID supports outreach to most-at-risk populations and media campaigns informing the public about HIV/AIDS transmission, risk-reduction behavior; stigma reduction, condom use, and the importance of testing and treatment; tracks the spread of HIV and generates data to guide Bangladesh's response to the virus; and distributes therapy kits for STIs.

In October 2005, USAID's Bangladesh Mission initiated the Bangladesh AIDS Program (BAP), a three-year bilateral cooperative agreement slated to run until September 2008. The BAP is designed to reduce the transmission of HIV among most-at-risk populations and mitigate the impact among people infected with and affected by HIV/AIDS. The program assists local NGOs working with vulnerable groups to educate people on HIV-risk reduction, improve knowledge about and treatment for other STIs, minimize contextual and policy-related constraints concerning HIV/AIDS, increase linkages between prevention and care, and improve monitoring and evaluation of HIV prevention programs. BAP has taken a lead technical role in influencing the broader national response to HIV/AIDS, including establishing quality services, increasing the scale of those services, and strengthening the capacity of implementing agencies to plan, manage, and monitor HIV/STI programs. During its first 21 months, BAP's successes included:

- Distribution of more than 14 million condoms, accounting for 67 percent of the condoms used in Bangladesh;
- Establishment of 60 STI clinics and treatment of more than 26,000 persons for STI symptoms;
- Training of 50 doctors in STI case management; and

- Outreach with targeted information to more than 460,000 persons, including clients of sex workers, for a total of more than 4.6 million contacts with sex workers.

USAID's partners in implementing BAP include the Masjid Council for Community Advancement, a faith-based organization working on interfaith harmony in the country.

Important Links and Contacts

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

For more information, see http://www.usaid.gov/our_work/global_health/aids

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