



# Annual Report 2019



## **AIDS/STD Programme** **Directorate General of Health Services** **Ministry of Health and Family Welfare**

**Prepared By:**

AIDS/STD Programme (ASP), Directorate General of Health Services (DGHS)

Mohakhali, Dhaka-1212

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## Acknowledgement

It is my great pleasure to share the Annual Report 2019 of the AIDS/STD Programme (ASP) which reflects our commitments and efforts to eliminate HIV/AIDS and ensure an effective national multi-sectoral HIV/AIDS response followed by the 4<sup>th</sup> National Strategic Plan (NSP) developed under the purview of 4<sup>th</sup> Health, Population and Nutrition Sector Programme (HPNSP) of Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh.

Despite Bangladesh undergoing a low prevalence country for HIV with less than 0.01% overall prevalence in the general population over the years, it has several risk factors like poverty, cross-border migration, high prevalence rate of HIV in the neighboring countries, considerable number of migrant workers abroad etc. With an aim to reduce HIV epidemic, thereby ending AIDS by 2030, the Government of People's Republic of Bangladesh has been working to implement services, provide universal access, coordinating for a multi-sectoral response in this regard.

ASP would like to acknowledge and recognize different national and international development partners including different ministries and departments, bilateral and multilateral organizations, UN agencies, international and national NGOs, networks and individuals for their constant cooperation and support throughout the reporting year. Special thank goes to the Hospital Director /Superintendent who contributed to achieve the programmatic target.

On personal note, I would also like to express my sincere gratitude to UNFPA support through Light House in finalizing and editing and printing this Annual Report 2019. Sincere gratitude also goes to all stakeholders who provided their reported data and information.

I sincerely hope that this Annual Report, 2019 will assist us to reflect our initiatives, major achievements and challenges, lessons learned and way forward. On behalf of ASP, I convey our heartfelt felicitations to all the partners, entities and relevant stakeholders for being with us in this long journey to end AIDS by 2030 in Bangladesh.



Professor Dr. Md. Shamiul Islam  
Director (MBDC) & Line Director  
TB-L& AIDS/STD Programme  
Directorate General of Health Services (DGHS)

## Acronyms/ Abbreviations

AEM	:	AIDS Epidemic Model
AIDS	:	Acquired Immune Deficiency Syndrome
ANC	:	Anti-natal Care
ART	:	Anti-retroviral Therapy
ARV	:	Anti-Retroviral
ASP	:	AIDS/STD Programme
BCC	:	Behavioral Change Communication
BCCM	:	Bangladesh Country Coordinating Mechanism
BMET	:	Bureau of Manpower Employment and Training
BOESL	:	Bangladesh Overseas Employment and Services Limited
BSMMU	:	Bangabandhu Sheikh Mujib Medical University
BSWS	:	Bandhu Social Welfare Society
CABA	:	Children Affected by AIDS
CBO	:	Community Based Organization
CC	:	Community Clinic
CDC	:	Communicable Disease Control
CHCP	:	Community Health Care Provider
CMSD	:	Central Medical Storage Depot
COVID-19	:	Coronavirus Disease 2019
CSO	:	Civil Society Organization
CSTC	:	Care Support Treatment Center
DALYs	:	Disability-adjusted Life Year
DGHS	:	Directorate General of Health Services
DHTC	:	District HIV Testing and Counseling Center
DIC	:	Drop-In Center
DNC	:	Department of Narcotics Control
DOTS	:	Directly Observed Treatment Short
DSHE	:	Directorate of Secondary and Higher Education
EBF	:	Exclusive Breast Feeding
ERF	:	Exclusive Replacement Feeding
FDMN	:	Forcibly Displaced Myanmar Nationals
FSW	:	Female Sex Worker
GAM	:	Global AIDS Monitoring
GAMCA	:	Gulf Approved Medical Centers Association
GF	:	Global Fund
HAPP	:	HIV Prevention Project
HATI	:	HIV/AIDS Targeted Interventions
HAIS	:	HIV/AIDS Intervention Services
HCV	:	Hepatitis C Virus
HIV	:	Human Immunodeficiency Virus

HMIS	:	Health Management Information System
HPNSP	:	Health, Population and Nutrition Sector Programme
HTC	:	HIV Testing and Counseling
HTS	:	HIV Testing Services
IBBS	:	Integrated Biological and Behavioral Surveillance
icddr'b	:	International Centre for Diarrheal Disease Research, Bangladesh
IEC	:	Information, Education and Communication
IOM	:	International Organization for Migration
IPV	:	Intimate Partner Violence
KP	:	Key Population
LH	:	Light House
MoHFW	:	Ministry of Health and Family Welfare
MHV	:	Medical Health Volunteer
MIS	:	Management Information System
MJF	:	Manusher Jonno Foundation
MSM	:	Men Who Have Sex with Men
MSW	:	Male Sex Worker
NAC	:	National AIDS Committee
NASC	:	National AIDS/STD Control
NFM	:	New Funding Model
NGO	:	Non-Government Organization
NHRC	:	National Human Rights Commission
NOP+	:	Network of PLHIV
NPUD	:	Network of People Who Use Drugs
NSEP	:	Needle Syringe Exchange Program
NSP	:	National Strategic Plan
NTP	:	National Tuberculosis Program
OP	:	Operational Plan
OST	:	Opioid Substitution Therapy
OVC	:	Orphans and Vulnerable Children
PITC	:	Partner Initiated Testing & Counseling
PLHIV	:	People Living with HIV
PMTCT	:	Prevention of Mother-to-child Transmission
PR	:	Principal Recipient
PWID	:	People Who Inject Drugs
RCC	:	Rolling Continuation Channel
SAC	:	Surveillance Advisory Committee
SBTP	:	Safe Blood Transfusion Program
SC	:	Save the Children
SDG	:	Sustainable Development Goals
SOP	:	Standard Operating Procedure
SRH	:	Sexual and Reproductive Health
STD	:	Sexually Transmitted Disease
STI	:	Sexually Transmitted Infection

TB	:	Tuberculosis
TC-NAC	:	Technical Committee of National AIDS Committee
TG	:	Transgender
TWG	:	Technical Working Group
UA	:	Universal Access
UHC	:	Universal Health Coverage
UN	:	United Nations
UNAIDS	:	Joint United Nations Programme on HIV/AIDS
UNFPA	:	United Nations Populations Fund
UNICEF	:	United Nations Children's Fund
WAD	:	World AIDS Day
WHO	:	World Health Organization

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## Executive Summary

The Annual Report 2019 of AIDS/STD Programme (ASP) reflects the initiatives, major achievements, challenges faced and way forward which reflects our commitments and efforts to eliminate HIV/AIDS and ensure an effective national multi-sectoral HIV/AIDS response followed by the 4th National Strategic Plan (NSP) developed under the purview of 4th Health, Population and Nutrition Sector Programme (HPNSP) of Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh. This report covered the period of January- December 2019.

Though Bangladesh is undergoing a low prevalence country for HIV with less than 0.01% overall prevalence in the general population over the years. Bangladesh as a member state of the United Nations (UN) is committed to achieve the global targets 90-90-90, i identifying at least 90% of the estimated number of people living with HIV (PLHIV) by increasing case detection by 2020 ii) ensuring that 90% of those detected are on treatment by 2020 and iii) ensuring that 90% of those on treatment are virally suppressed by 2020, the government of the peoples' republic of Bangladesh has taken initiatives in time.

The major roles of ASP are to ensure treatment, care and support services to the People Living with HIV/AIDS. Through government hospitals, ASP has been providing treatment service at free of cost under its Operational Plan. Hospital based ART centers have been providing uninterrupted ARVs to the HIV affected and infected population. ASP sustained and ensured the quality services and performed several training and capacity building activities during the reporting period.

Achieving Fast-Track, ASP has taken different initiatives to expand the testing and counseling services to all the 23 priority districts in Bangladesh. There were 28 HTC and 10 ART Centers across the country. In 2019, in thi reporting period three new ART centers have been established in different geophysical locations. Thus, significant numbers of positive cases were diagnosed in the hospital in 23 priority districts. Again, ASP in collaboration with National TB Control (NTP) started viral load testing in Gene Xpert Machine in selected medical college hospitals and laboratories. In 2019, in total 9, 38, 069 tests were done by different categories. Among KPs – 44,759; TB-HIV other comorbidity - 35,551; General Population - 27,168; GAMCA-76,065; and PMTCT – 69,941 respectively.

ASP with the support from UNICEF Bangladesh collaborated to establish the “Comprehensive Prevention of Mother-To-Child Transmission (PMTCT)” interventions that integrated with maternal, newborn and child health (MNCH) services in different public hospital. UNICEF and respective Medical University and Medical colleges and district Hospitals. In 2019, PMTCT services expanded to eleven tertiary and secondary public health hospitals. PMTCT services have been provided to selected health facilities in campsites for making the service accessible to FDMNs. Again, with the financial support by UNICEF, OKUP Bangladesh has been implementing the “Accessible Health, HIV Prevention and Treatment Services for Migrant Workers with special focus to Female Spouses and their Children” project in Kanaighat sub-district of Sylhet. Addressing the problems of SRH, PMTCT and HIV prevention services among brothel based sex workers, UNICEF and UNFPA have been supporting Light House to implement support services to eleven brothels across the country.

ASP under the National AIDS/STD Control (NASC) is going to implement another service package for brothel based sex workers and their client in 10 brothels in Bangladesh. Upon the funding from UNICEF, the project titled “Accessible HIV Services for Adolescent MSM/TG through HIM centers” was



implemented up to June 2019. The project included knowledge enhancement, counseling services and mental health support through innovative approaches for the adolescent key population (AKP).

IOM has taken initiative to improve access of Forcibly Displaced Myanmar Nationals (FDMNs) and host population in Cox's Bazar to comprehensive HIV prevention, treatment and care addressing the above critical gaps in collaboration with National AIDS/STD Control Programme (NASCC) under the Ministry of Health and Family Welfare (MoHFW). Besides, IOM has been conducting HIV testing for the FDMNs from the Camp - site Primary Health Care Center and supporting ARV drugs during the gap period.

National TB Control Programme (NTP) and BRAC have been working collaboratively for TB activity and HIV screening among TB patients for the FDMN population in Cox's Bazar. Thus, BRAC engaged to provide necessary support among this population especially on communicable diseases to reduce the risk of transmitting the diseases within the community with the financial support from the Global Fund.

ASP, Save the Children and icddr,b are the three Principal Recipients (PRs) to implement the 'Funding Request' (FR) grant of the Global Fund. This is the most recent grant as part of continuous GF HIV grant sanctions in different rounds, channels and models in Bangladesh since 2004. The FR grant aims to implement a high-impact and cost-effective intervention with consideration of district prioritization- the epidemiological trend and other contextual factors. During 2019 the continuing (2017-2020) intervention titled "Prioritized HIV prevention services for Key Populations in Bangladesh" implemented where ASP has played roles in coordination and advocacy.

As a principle recipient of the Global Fund ASP implemented monitoring and evaluation related activities, capacity building for the service providers across the country. Several advocacy initiatives also taken to sensitize and motivate policy maker regarding importance of the programme.

Save the Children, icddr,b, –the frontline international NGOs –are working in the AIDS response and playing the pivotal role in the implementation of the service package for KP interventions in Bangladesh. Under Save the Children, in total 27,470 HIV Tests were done out of that 205 were HIV positive. They are now getting ART. In 2019, health commodities were also distributed, in total, 29,43,228 syringe and needles were distributed along with 3,832,147 condoms free of cost and 6,976,986 through social marketing. In total, 14,442 STI cases were managed (diagnosed, treated and counseled) through establishing DICs and satellites. Methadone maintenance treatment has been used to reduce their withdrawal symptoms and cravings for opioids of the PWID. By the end of 2019, Save the Children has provided Methadone to 1,257 PWID through six OST centres. Save the Children has received approval from the Global Fund for expanding OST intervention through Unfunded Quality Demand (UQD) to enroll additional 1,000 PWID in OST gradually. As partners NGO, Care Bangladesh and Light House consortium implementing the intervention under SCI management.

icddr,b has been providing HIV testing services (HTS) through facility-based and community-based (i.e. residence of hijra guru) approaches for MSM and hijra under the Global Fund project. It has been providing HTS services at 53 service centers in 36 districts across the country. A total of 20,229 HIV tests were done among 32,064 MSM and hijra in 2019. A total of 49 HIV positive cases were identified, of whom 42 are now receiving ART from the government-operated ART centers. Considering the importance of monitoring the PLHIV, viral load testing for PLHIV using Gene Xpert Machine was initiated in the 1<sup>st</sup> quarter of 2019 under the Global Fund grant. A total of 73 viral load tests were performed, out of that 55 were found to be virally suppressed. Currently, icddr,b is implementing three

OST clinics, two in Dhaka and one in Narayanganj, delivering methadone to 500 PWID. icddr,b also introduced the oral fluid-based multi-drug screening test and tested 402 OST clients in 2019 for monitoring purposes. This practice is also being incorporated in the National Dope Test Guideline by Dhaka North City Corporation (DNC). Telemedicine-based consultations were conducted between the doctors and patients of Dhaka and Narayanganj since the inauguration of this activity in September, 2019. As a result, 27 consultation sessions were facilitated in order to deliver quality services and to share various expertise across the clinics. A total of 91 HIV positive OST clients have also received ART from the three OST clinics and are regularly attending the clinics. Moreover, icddr,b also has introduced biometric (finger print) methadone dispensing system that will ensure identification and monitor retention among OST clients. Take home dose of methadone is also being provided following national and international guidelines to ensure patient compliance and retention. Bandhu and Light House are implementing the services with the support from other local NGOs.

ASP and the Virology Department of BSMMU started to conduct the “*Integrated Biological and Behavioral Surveillance (IBBS)*”. The outline of the IBBS including methodology, sampling techniques, area of the survey etc. has already been developed and shared with relevant experts. A working committee and a technical advisory committee were formed to guide and support to conduct the surveillance.

A number of policies and guidelines have been developed by ASP during 2019 such as: Development of National HIV/AIDS Disclosure Guideline, Developed Community Based HIV Testing Services (HTS) Guideline and Development of National HTS Guideline, Development of STI Treatment Flow Chart and Guideline, National STI Strategy and Standard Operating Procedure for DIC management for KP's.

ASP has encountered quite a number of challenges while addressing HIV-related policy and programmatic interventions such as: expanding HIV testing facilities and number of testing and counseling to FDMNs at Cox's Bazar district extremely challenging in terms of human resource and logistics, expanding HIV testing facilities and number of testing and counseling to 23 priority districts was also challenging, media campaign needs to be rejuvenated because of there still lack of proper knowledge about HIV and this further contributes to the spread of the infection along with stigma and discrimination, strengthening of referral systems to reduce 'lost to follow-up' and integration into government health systems was and remains a challenge. PMTCT services are only available in seven districts out of twenty-three prioritized districts in Bangladesh. For significant impact, PMTCT needs to be scaled up in public health systems. The initiative of ASP will be critical in this regard. Bearing this, rapid scale up should be planned and ensuring multi-sectoral collaboration with various stakeholders and parties should continue to ensure an integrated response.

# 1. Background

## 1.1 Country Programme Overview

Bangladesh remains a low HIV prevalence country with less than 0.01%<sup>1</sup> overall prevalence in the general population over the years, despite several risk factors. In 2019, 919 people were infected with HIV, 170 died from AIDS<sup>2</sup>, highest ever in a single year in Bangladesh. The HIV prevalence remains about 3.9% among key populations (KPs) mostly in people who inject drugs (PWID)<sup>3</sup>.

The first case of HIV in Bangladesh was detected in 1989. Then timely and effective measures were taken by the Government of the People's Republic of Bangladesh and the development partners to avert the epidemic by forming the National AIDS Committee (NAC) and developing the first AIDS policy. Subsequently, several policy documents have been developed to guide the national HIV and AIDS Program interventions in Bangladesh.

Therefore, "Ending AIDS in Bangladesh" refers to the reduction in new infections and AIDS-related deaths to levels that no longer represent a major health threat to the country. In addition, national capacity in terms of health systems strengthening needs to be strengthened in responding to HIV and AIDS in an integrated, efficient and effective manner. To efficiently address HIV prevention, the Government of the People's Republic of Bangladesh is targeting 23 priority districts where scaling up interventions would reduce most new infections and deaths.

Bangladesh has also demonstrated commitment to eliminate HIV-related stigma and discrimination by promoting laws and policies, having efforts to maintain confidentiality, taking initiatives for awareness making and having interventions for addressing structural barriers to ensure realization of human rights and fundamental freedom. This is very much linked to empowerment of KPs and PLHIV in terms of human and gender rights which will further accelerate prevention intervention efforts to end AIDS by 2030.

The AIDS response in Bangladesh is primarily guided under the purview of the 4<sup>th</sup> Health, Population and Nutrition Sector Programme (HPNSP) administered by the Ministry of Health and Family Welfare (MoHFW). ASP, formerly the National AIDS/STD Control Programme (NASP) is one of the wings of Directorate General of Health Services (DGHS) of MoHFW. It is responsible for coordinating with all stakeholders and development partners involved in HIV/AIDS program activities throughout the country. The goal of the 4<sup>th</sup> National Strategic Plan (NSP, 2018- 2022) for HIV and AIDS Response is to minimize the spread of HIV and minimize the impact of AIDS on the individual, family, community, and society through enhanced prevention linked with testing, treatment, care and support, improved coordination and management, information system strengthening and research based programs. A joint initiative has been taken to review the existing NSP, meanwhile several consultations session were organized with stakeholders.

## 1.2 Current HIV Situation and Trend in Bangladesh

In 2019, 813 new HIV infections were reported along with 105 Forcibly Displaced Myanmar Nationals (FDMNs) and also 1 foreign case infection. Therefore, cumulatively 7,374 cases were detected of whom 1242 died. There are 4,060 PLHIV currently receiving antiretroviral drugs among 6,132 PLHIV.

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<sup>1</sup>Estimates range: 12,000-16,000, Source: UNAIDS, 2018

<sup>2</sup><https://www.dhakatribune.com/bangladesh/2019/12/01/919-hiv-infected-170-dies-from-aids-in-2019>

<sup>3</sup> Report on End Line Survey (Behaviour) on Continuation of the Prioritized HIV Prevention Services among Key Population in Bangladesh

The AIDS/STD Program (ASP) has launched a viral load testing program for HIV patients. The service was started in 2019 through the Gene Xpert Machine. This is one of the innovative initiatives of the present government of Bangladesh for the HIV affected population. As a result the HIV detection rate is 52.67%, current ART coverage is 65.38% among alive PLHIV and viral suppressed rate is 84.60% among recipients of viral load testing.

The age distribution of the new case of HIV illustrates in Table 1 and the geographic distribution by divisions is pointed out in Figure 1.

Age group	No. of cases	% of cases
0-24	126	15.50
25- 49	605	74.42
50>	82	10.09
<b>Total</b>	<b>813</b>	<b>100.00</b>

Table 1: Age distribution of new cases reported except FDMNs

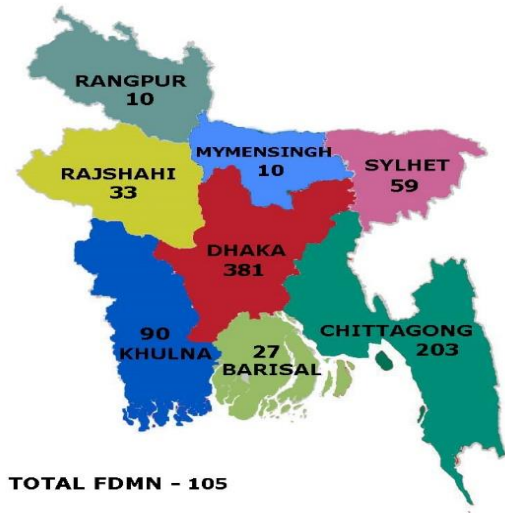


Figure 1: Geographical distribution of new cases of HIV, 2019

It is pointed out that more than two – thirds (74%) of the new cases are working age population, below a quarter (15.6%) of them are young age group and one in ten (10.09%) is over age group fifty respectively. By division, the new cases of HIV in 2019 are pointed out the highest at Dhaka division. Chittagong is the second, Khulna is the third and Sylhet is the 4<sup>th</sup> position. The marital status of the new cases is pointed out in Figure 2, majorities (74%) of them are married, less than a quarter (22%) is single and a few (2%) of them are divorced/separated respectively.

Out of 813, 175 are migrant populations that contribute twenty one percent of reported cases. By sex - more than two-thirds (154 out of 175 i.e., 88%) of them are males, less than a quarter (15 out of 175 i.e., 9%) is females and rests (3%) of them are Hijra/Transgender. The details are illustrated in Table 2.

Gender	Number
Male	154
Female	15
Hijra	6
<b>Total</b>	<b>175</b>

Table 2: Sex of the new cases of HIV, 2019

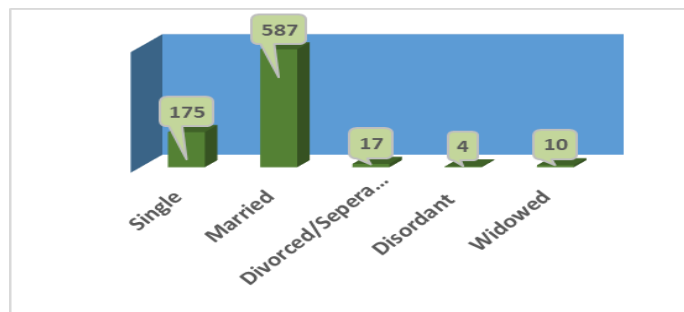


Figure 2: Marital Status of the new cases of HIV, 2019

Most of the diagnosed PLHIV cases belong to PWID. The Figure 3 illustrates the percentage of PWID at Dhaka against the total reported cases in 2019.

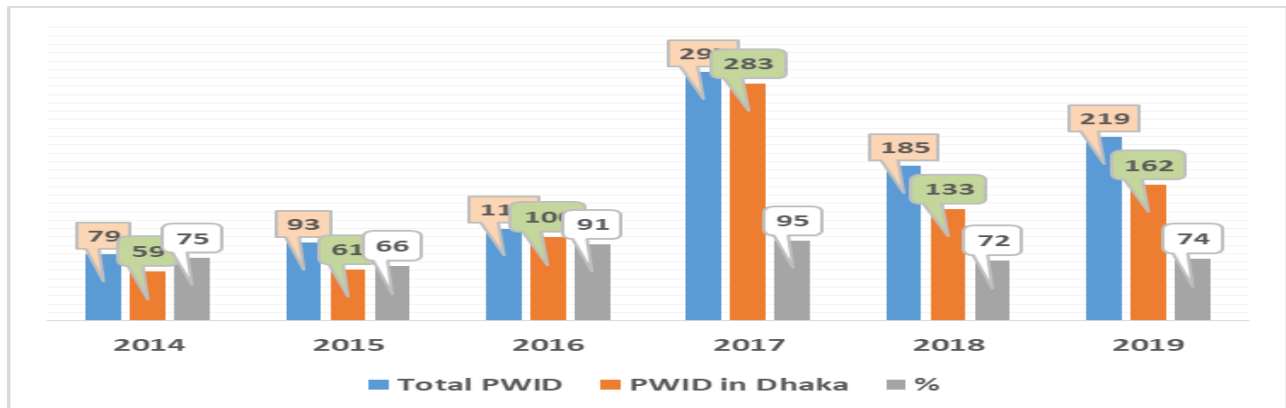


Figure 3: PWID among the reported cases of HIV, 2019

### 1.34<sup>th</sup> Health, Population and Nutrition Sector Programme

The development of the 4<sup>th</sup> HPNSP (January, 2017- June, 2022) was guided by Bangladesh’s vision 2021 for transforming Bangladesh from developing to middle income status which included in the 7<sup>th</sup> Five Year Plan (FYP). The 4<sup>th</sup> HPNSP has been designed to incorporate the appropriate strategies and focused activities for improvement in increasing access to health care with quality services and care, improving equity along with the financial protection to meaningfully realize the objectives of universal health coverage (UHC) by 2030. The three major components of strategic priorities include – (i) Governance and Stewardship (ii) Health Systems Strengthening and (iii) Provision of Quality Services.

**Linkage of the 4<sup>th</sup> HPNSP to the SDGs:** Out of the 17 Sustainable Development Goals (SDGs), **SDG-3: Ensure healthy lives and promote well-being for all at all ages** specifically relates to good health and well-being while several other SDGs have bearing on the determinants of health such as: improvements in hunger, food security and nutrition (**SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture**), inclusive and equitable quality education (**SDG-4: Ensure inclusive and quality education for all and promote lifelong learning**), water and sanitation (**SDG-6: Ensure access to water and sanitation for all**), environments (**SDG- 11: Make cities inclusive, safe, resilient and sustainable & SDG-16: Promote just, peaceful and inclusive societies**), reducing inequality (**SDG-10: Reduce inequality within and among countries**), gender equity and empowerment of women and girls (**SDG-5: Achieve gender equality and empower women and girls**), etc. Among others, SDG-3 aims to achieve the UHC and provide access to safe and effective medicines and vaccines for all.

### 1.4 Operational Plan: TB-Leprosy & ASP (ASP Component)

The Tuberculosis-Leprosy & AIDS/STD Programme (TB-L & ASP) is one of the 29 Operational Plans (OP) of 4<sup>th</sup> HPNSP aims to minimize the spread of HIV and the impact of AIDS on the individual, family, community and society towards ending AIDS in Bangladesh by 2030. The purposes of the OP related to ASP include – (i) to detect 90% of the estimated PLHIV through HIV Testing and Counseling (HTC) by 2020 and sustained the detection to 2022 (ii) to ensure ART among 90% of the detected PLHIV by 2020 and sustained to 2022 (iii) to gain viral suppression among 90% PLHIV who are on ART by 2020 and sustained to 2022 (iv) to establish and to strengthen coordination with different ministries and stakeholders for effective use of resources (mobilization) and (v) to implement services to prevent new HIV infections by increasing program coverage and case detection.

**Priority activities for ASP identified in the OP:** Table 3 describes the details:

<b>Priority activities:</b>	
<ul style="list-style-type: none"> <li>• Detection of Left Over Cases;</li> </ul>	<ul style="list-style-type: none"> <li>• HIV Prevention Services for Migrants Population;</li> </ul>
<ul style="list-style-type: none"> <li>• STI and HIV Prevention Service Package for Female Sex Workers (FSW) and their Client;</li> </ul>	<ul style="list-style-type: none"> <li>• Continuation of HIV text teaching through the formal and non-formal educational institutions;</li> </ul>
<ul style="list-style-type: none"> <li>• STI and HIV Prevention Service Package for Men Who have Sex with Men (MSM)/ Male Sex Workers (MSW)/TG (Transgender) and their Clients;</li> </ul>	<ul style="list-style-type: none"> <li>• Mass media campaign;</li> </ul>
<ul style="list-style-type: none"> <li>• Harm Reduction Service Package for male and Female PWID (in geographically prioritized districts) and Opioid Substitution Therapy (OST);</li> </ul>	<ul style="list-style-type: none"> <li>• Care support and treatment for the PLHIV;</li> </ul>
<ul style="list-style-type: none"> <li>• Drafting, updating and approval of the strategy, guideline, Standard Operating Procedure (SOP) and Information, Education and Communication (IEC) material;</li> </ul>	<ul style="list-style-type: none"> <li>• Training of district and Upazila level managers, field health workers, Community Health Care Provider (CHCP) and Medical Health Volunteer (MHV);</li> </ul>
<ul style="list-style-type: none"> <li>• Awareness in the community on HIV in terms of alleviating the stigma, promotion of health seeking behavior for diagnosis and management of HIV;</li> </ul>	<ul style="list-style-type: none"> <li>• Referral to District HIV Testing and Counseling centers (DHTC) through Community Clinics (CC);</li> </ul>
<ul style="list-style-type: none"> <li>• Detection of new cases among Migrants;</li> </ul>	<ul style="list-style-type: none"> <li>• Research, survey and assessment; and</li> </ul>
<ul style="list-style-type: none"> <li>• Functional HIV Testing and Counseling (HTC) Center;</li> </ul>	<ul style="list-style-type: none"> <li>• One Stop HIV Management Centre.</li> </ul>

*Table 3: Priority activities of ASP*

### **1.5 4<sup>th</sup> National Strategic Plan (2018-2022) for HIV and AIDS Response**

The National Strategic Plan (NSP) for HIV and AIDS Response has been developed in alignment with the 4<sup>th</sup> HNPSPP as well as other national, regional and global commitments and mainly the 2016 Political Declaration to end AIDS by 2030. The goal of the 4<sup>th</sup> NSP for HIV and AIDS Response is to minimize the spread of HIV and minimize the impact of AIDS on the individual, family, community, and society through enhanced prevention linked with testing, treatment, care and support, improved coordination and management, information system strengthening and research-based programs. In addition, several ‘fast track’ approaches are set to guide the national response to HIV and AIDS to achieve the global targets ‘Ending AIDS by 2030’ and treatment targets of ‘90-90-90’ by 2020 focusing on prioritized districts based on proportion of key populations and HIV case detection. ASP has taken initiatives to revise the National Strategic Plan (NSP) with one year extension, several consultation sessions have been conducted with different stakeholders to get their recommendation in this regard. The objectives of the 4<sup>th</sup> NSP include in Table 4:

Programme objectives of NSP	
1	To Implement Services to Prevent New HIV Infections by Increasing Program Coverage and Case Detection
2	To Provide Universal Access to Treatment, Care and Support Services for the People Living with HIV
3	To Strengthen the Coordination Mechanisms and Management Capacity at Different Levels to Ensure an Effective National Multi-sector HIV/AIDS Response
4	Strengthen Strategic Information Systems and Research for an Evidence Based Response

Table 4: Objectives of the 4<sup>th</sup> NSP (2018-2022)

## 1.6 Engagement of Ministries, Development Partners and Civil Society

**Ministries and Departments:** ASP has been working with the Department of Narcotics Control to implement the OST programme for PWID. It also has partnerships with BMET and BOESL. They are providing pre - departure education on HIV/ AIDS to overseas migrants through their training centers. ASP has established close collaboration with GAMCA for HIV, TB and other communicable disease detection. The National Textbook Curriculum Board (NTCB) under the Department of Education is also continuing the HIV curriculum from the class vi-xii. Under the leadership of MoHFW and NGO PRs, ASP has been working with MoLJPA, NHRC and other ministries in reviewing laws of land and policies.

**The World Bank:** The World Bank (WB) has been a long-standing partner and supporting the AIDS response over the years since 2004 in implementing the following interventions - HAPP, HATI, and HAIS. Currently, it is supporting the implementation of service packages under the prevention initiatives stated in the OP of TB-L & ASP. A significant amount the total OP budget is supported by the WB though it has been reduced compare to 3<sup>rd</sup> sector programme.

**United Nations (UN) Agencies:** UN agencies support ASP in implementation of different HIV/AIDS prevention programs such as: developing and updating policy guidelines and protocols, conducting advocacy with various entities to ensure an effective national multi-sector HIV/AIDS response, strengthening access to treatment, care and support services for the PLHIV and opportunistic infections (OIs), strengthening of information systems and research, STI services. Major UN agencies including UNAIDS, UNICEF, UNFPA and WHO work on the above mentioned issues based on their division of labor. IOM and UNHCR are also working on HIV related issues among Forcibly Displaced Myanmar Nationals (FDMN) in Cox's Bazar as well as supporting treatment component of the PLHIV.

**The Global Fund:** The Global Fund (GF) has been supporting Bangladesh since 2004 to prevent HIV and AIDS in the area of treatment, care and support for the PLHIV through GO-NGO Partnership Approach. Previously two- Principal Recipients (PR) – icddr,b and Save the Children- were responsible to ensure the essential services for high risk groups under Rolling Continuation Channel (RCC) Phase-II that ended in November, 2015. The GF approved the New Funding Model (NFM, 2015-2017) proposal where ASP became one of the PRs. Its main role under this grant is to create an enabling environment and capacity building for effective HIV/AIDS response. Moreover, it has extended the agreement with ASP for next three years (Up to November, 2020) for the same intervention. The other NGO PRs also supported by the GF for implementing KPs intervention in the country.

**International NGOs:** icddr'b, Save the Children and CARE-Bangladesh – the frontline international NGOS – are working in the AIDS response and playing the pivotal role in the implementation of the service package for KP interventions as PRs/ SRs.

**National NGOs and CSOs:** ASP has engaged with several national level NGOs such as Bandhu Social Welfare Society (BSWS), Light House (LH), PIACT Bangladesh. As a result, ASP contributed in the areas of human rights, gender based violence, HIV prevention interventions for KPs and advocacy initiatives.

**Community Based Organizations, Networks and Forums:** ASP made partnership with different Civil Society Organizations such as: OGSB, Health reporters forum, Society of medicine, dermatology society, dental care, laboratory expert, STI/AIDS Network, Network of PLHIV (NOP+), Sex Workers Network (SWN), Network of People who Use Drugs (NPUD), transport workers, etc. aims to strengthening the system, building capacity to raise voice to different forums, addressing expansion of services, ensure better treatment, human rights and social justice, increasing coverage of prevention intervention and case detection.



## 2 Major Initiatives and Activities Implemented in 2019

### 2.1 HIV/AIDS Prevention Programme

ASP, Save the Children and icddr, b are the three Principal Recipients (PRs) to implement the ‘Funding Request’ (FR) grant of the Global Fund. This is the most recent grant as part of continuous GF HIV grant sanctions in different rounds, channels and models in Bangladesh since 2004. The FR grant aims to implement a high-impact and cost-effective intervention with consideration of district prioritization - the epidemiological trend and other contextual factors. PR-wise details interventions are as follows:

**Save the Children operated HIV prevention services:** Save the Children is one of the 3 PRs in Bangladesh to implement the “New Funding Model-2 (NFM-2)” grant of GF titled ‘Prioritized HIV prevention services for key populations in Bangladesh’ for the period of December 2017– November 2020. The title of the project is “Prioritized HIV prevention services for Key Populations in Bangladesh” and duration of the project is December 2017 – November 2020.

#### Objectives include:

- To implement HIV prevention services to limit new HIV infections to 802 among key populations (PWID, FSWs, MSM, MSWs and hijra) by the end of 2020;
- To complement treatment, care and support services provided by the Government to PLHIV so as to enhance uptake of testing to 60% and treatment to 55% by the end of 2020; and
- To ensure an effective national HIV/AIDS response by establishing a functional health information system with 100% reporting from all implementing entities and with enhanced capacity of personnel in selected public health facilities providing HIV services by the end of 2020.

**Coverage and areas of the intervention:** At the onset of the grant, a mapping on FSWs and PWID was conducted that resulted in revisiting district wise population coverage to set the effective strategies for reach of the targeted population described in Table 5.

Intervention	Coverage	Districts	DICs	Districts	Sub-Recipient	Sub-Sub Recipient
FSWs	17,350	11	27	Dhaka, Khulna, Jashore, Satkhira, Dinajpur, Sylhet, Narayanganj, Gazipur, Tangail, Chattogram, Cox’s Bazar,	Light House	Sylhet Jubo Academy, Nari Mukti Sangha (NMS)
	1,150	2	2	Dhaka, Cumilla	Direct Implementation of Save the Children	
Total (FSWs)	18,500	12	29			
PWID	8,050	5	18	Dhaka, Narayanganj, Gazipur, Rajshahi, Chapainawabganj, and Chittagong	CARE Bangladesh	APOSH, Mukto Akash Bangladesh (MAB)
	1,450	2	3	Dhaka, Cumilla	Direct Implementation of Save the Children	
Total (PWID)	9,500	6	21			

Table 5: Program Coverage of Save the Children as PR

**Major activities:** Based on KPs the major activities under the program are as follows:

***Comprehensive prevention programs for FSWs and their client:***

- Provide HIV testing services for 97% of targeted FSWs;
- Establish linkage of diagnosed HIV positive cases for antiretroviral therapy (ART);
- Conduct Peer education through one-to-one and in group for risk reduction;
- Distribute condom for free and through social marketing;
- Provide STI cases management services for FSWs and their clients and limited general health support for FSWs;
- Refer complicated STI, maternal & child health care, EPI, TB and legal aid support;

***Comprehensive prevention programs for PWID and their partners:***

- Provide HIV testing services for 90% of targeted PWID (100% PWID in Dhaka);
- Exchange Needle/syringes to reduce sharing practice;
- Provide Oral Substitution Therapy (OST) through Methadone;
- Establish linkage of diagnosed HIV positive cases with Comprehensive DICs (CDICs) and also to selected government facilities to ensure antiretroviral therapy (ART);
- Conduct Peer education through one-to-one and group discussion;
- Distribute Condom for 'dual protection': STI prevention and birth control;
- Provide STI case management, abscess management and limited general health services to PWID and their partners; and
- Refer complicated STI; refer presumptive TB patients to DOT centres.

***Treatment, care & support (TCS) for people living with HIV:***

- Strengthen ART center of Infectious Disease Hospital, Dhaka and also to set-up and functionalize ART refill centers in selected other nine districts;
- Organize "Uthanboithak" at local level to create demand for HIV Testing Services (HTS) & ART and to sensitize the local community;
- Provide HTS to family members of people living with HIV;
- Facilitate linkage, enrolment & retention of people living with HIV in chronic HIV care
- Provide ART to stable patient;
- Provide treatment and nutrition support to people living with HIV, home based care and burial support;
- Organize caregiver and leadership training for PLHIV and their family members;
- Assist hospital authority to Monitor ART refill centers; and

**Outputs and outcomes of the activities:** A total of 27, 417 KPs were reached through a defined package of

services at 50 DICs in 14 districts across Bangladesh. To achieve the global targets 90-90-90, Save the

Table 6 describes the details:

Children introduced different approaches for expanding HIV Testing Services (HTS) and put efforts on

Key populations	No. of HIV test done	HIV positive identified
PWID	9,747	186
Partner	1,158	9
FSWs	14,808	8
Partner	1,704	2
<b>Total</b>	<b>27,417</b>	<b>205</b>

ch engaging Lay providers.

*Table 6: Outputs of the intervention*

Among the PWID, 29.8% HIV tests were done at DICs and 70.2% at Satellites. On the other hand, among the FSW, 78.62% HIV tests were done at DIC and 21.38% at satellites and outreach respectively. Among the current and previously identified HIV positive PWID, FSWs and their partners, a total of 718 PWID & their 22 partners, 18 FSWs & their 7 partners have received ART.

A total of 2,943,228 syringes and needles were distributed among the PWID. This is revealed that each PWID has received around 292 syringes. Moreover, a total of 492,229 condoms were distributed among PWID. Among FSWs, a total of 10,809,133 condoms (free of cost- 3,832,147 and social marketing- 6,976,986) were distributed to reduce the transmission of HIV among them and their clients.

Methadone maintenance treatment has been used to reduce their withdrawal symptoms and cravings for opioids of the PWID. Methadone were provided to 1,257 PWID through six OST centres. In addition, Save the Children has received approval from the Global Fund for expanding OST intervention through Unfunded Quality Demand (UQD) to enrol an additional 1,000 PWID in OST gradually.

STI screening is one of the parts of routine Health Screening Initiative, which ultimately has an impact on identification of new STI cases. A total of 14,442 new STI cases among PWIDs and FSWs have been managed through DIC and satellite.

#### **Achievements of the activities under the program:**

- Increased community-based and community-led HIV testing services (HTS) cascading through satellite sessions and by lay-providers to meet the 90-90-90 target;
- Save the Children has intensified the implementation of micro-planning through orientation of field staff, application of spot-mapping, spot- analysis and contact mapping;
- ‘Voucher scheme’ and satellite sessions were initiated to reach hard-to-reach FSWs;
- Functional agreement was done with 3 community networks: PWID network, FSWs network and PLHIV network and Civil society network: STI/HIV network. Orientation was provided to the network members to basics of HIV and role/responsibilities of networks on HIV program;
- A training module was developed to train the case workers and a flip chart to provide BCC was developed through this initiative;
- Save the Children supported ASP to establish ART Centers at Barishal, Bogura, Moulvibazar and Cumilla. It also deployed Community Peer Counselor (CPC) at all the ART centers to support community part of ART;
- Produced a flipchart, two 3D animation films and leaflet for community mobilizers supporting adolescent female sex workers to persuade for health and wellbeing services from the DICs and government facilities;
- ‘Annual monitoring assessment’ was conducted to understand the achievement toward outcome level indicators of the Global Funded HIV prevention program of PR - Save the Children for Key Populations (KPs);
- ‘Assessment of adolescent focused program strategy to improve HIV/AIDS program enrolment and service uptake of adolescent female sex workers’ was conducted to assess in enrolment of adolescent FSWs in HIV/AIDS program and their uptake of services provided by the program;
- ‘Assessment of knowledge, attitude and practice of caseworkers regarding treatment, care and support services of HIV positive PWID in Bangladesh’ a baseline and end-line survey were conducted to identify any change brought in knowledge, attitude and practice of caseworkers by the end of the “Strengthening Case Management of HIV positive PWID” project funded by WHO;
- ‘Rapid audience assessment of differentiated IEC/BCC materials for people who inject drugs and female sex workers to increase the comprehensive knowledge of HIV/AIDS was conducted to identify demand of differentiated IEC/BCC materials for KPs;

- Save the Children (SCI) also conducted the following assessments: a) ‘Program Audit’ among the Sub-Recipients (SR) and Sub-Sub-Recipients (SSR) b) assessment on clinical service delivery in DICs of implementing partners and c) exploratory review on HTS for in-depth exploration of the existing HIV testing services and documentation for both PWID and FSW interventions;
- SCI participated in the 26<sup>th</sup> Harm Reduction International Conference (HR19), Porto, Portugal on 28<sup>th</sup> April – 1<sup>st</sup> May 2019 with an oral presentation on “Integration of antiretroviral therapy (ART) in drop in centers for people who inject drugs (PWID) increased ART enrolment and retention in HIV care: Bangladesh experiences”; and
- An abstract on “Evolution of drug use: History of four decades in Bangladesh” written by the staff member of the HIV Program was accepted by the 1<sup>st</sup> Asia Regional Meeting of ISSDP 2019 which was held in Hong Kong on 14-15<sup>th</sup> October, 2019.

**Other Initiatives under the program:**

- With the funding support from UNICEF, Save the Children has taken initiative to implement the project titled “Improving health and social well-being of adolescent FSWs through enhancing access to essential services” in the selected 10 FSWs DICs in Dhaka, Chattogram and Sylhet City Corporation. The piloting of new reaching strategy was done through separate listing of adolescent FSWs, formation of small groups of adolescent FSWs and introduction of group leaders to lead these groups. The project enrolled 992 Adolescent FSWs through 98 adolescent groups which is 99.2% of the targeted 1000 AFSWs. Adolescent specific two animated video, one flip chart and one leaflet were developed and published under the project;
- SCI has been implementing the project titled “Strengthening District Coordination Mechanism for SRH and HIV programme in Cox’s bazar District” with a top-up grant from UNFPA for the period of June 2019 to September 2020. Main goal of this grant is to strengthen the effective coordination for SRH and HIV projects among KPs in selected upazillas of Cox’s Bazar district; and
- Another top up project titled “Strengthening Case Management of HIV positive PWID” is being implemented for increasing the ART adherence and better living for HIV positive PWID with the financial support from World Health Organization (WHO). Under the project 30 case workers were recruited and deployed in 10 DICs of which six are Comprehensive DICs.

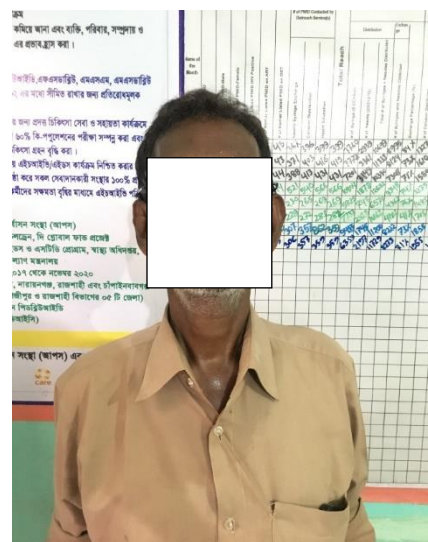
Case Study-1

**INDOMITABLE RUSTOM: COMEBACK FROM HAPLESS**

Rustam (pseudonym), 52, is now looking with a smiling face. Being a HIV positive and former injecting drug user, he started receiving treatment and services from a DIC run by CARE Bangladesh, a partner organization of Save the Children about four years ago, which changed his entire life.

Starting with weed and heroin at the age of 20, Rustam became addicted to the influence of one of his bosom friends. He recalled those days as “I spent all of my money to buy drugs and shared among my friends. At one stage I became nonsensical and ended up with nothing. My family abandoned me”.

However, in 2014, Rustam was taken to a drop in center in Dhaka where he found more helping people to get him out from such a miserable situation. By inspiring the DIC staff, he tried to get out of the situation. “My early life was promising,” says Rustom. He



kept saying that after completing ten grade of his schooling, he left the country as a migrant worker to support his family. Accordingly within a few years, Rustom Ali earned handsome money and decided to return home. After returning home, he started a cloth shop in the area. Gaining rapid success, he also opened some outlets. Some bosom friends came at his good time. Gradually, drug dependency increased in his life like craving. “Business collapsed” says Rustom with deep heart. He started doing odd jobs to buy drugs which continued and ended up with petty theft. At DIC, Rustom was tested HIV and found positive. “After receiving the news, I broke down,” says Rustom but gradually he was counselled by the Medical Assistant.

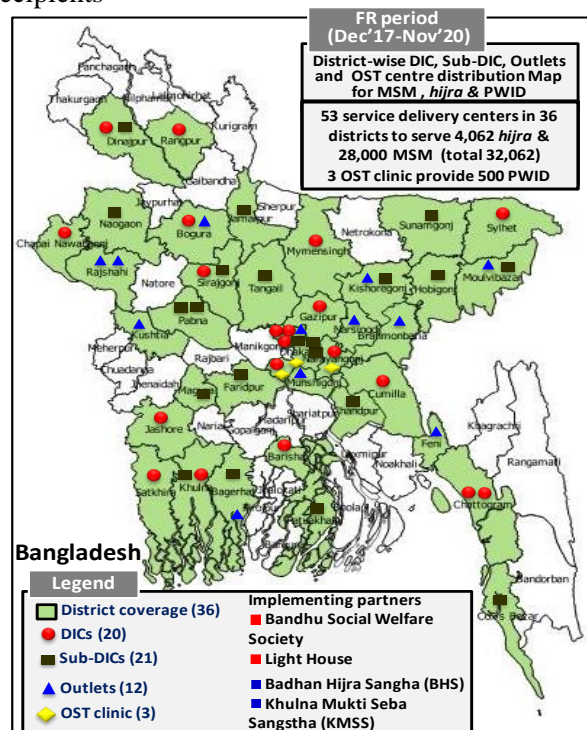
He started receiving antiretroviral therapy and later on OST which helped him to get back in his normal life again. “Now I am doing cloth-business as earlier but applied hard experience”, says Rustom with determination.

### **Major achievements in cross cutting issue:**

- Organized a national level advocacy workshop on “Social Well-being of Adolescent Female Sex Workers” dated on 26<sup>th</sup> May 2019 at BRAC Inn, Dhaka to explore the opportunities for skill building and job placement for marginalized young females;
- Observed the World AIDS Day 2019 along with National AIDS/STD Control (NASC) to promote more community engagement for HIV prevention and treatment across the country with the global slogan “Communities make the difference”;
- Observed the “International Day against Drug Abuse and Illicit Trafficking” on 26<sup>th</sup> June 2019 through participating at national and DIC level. The slogan of the day was “Justices for Health, Health for Justices”;
- Observed International Women Day on 8<sup>th</sup> March 2019 in collaboration with the Department of Children and Women Affairs;
- A consultation meeting on “Review and Update the Strategic Framework for HIV Response in Cox’s Bazar 2019-2022” was conducted on 26<sup>th</sup> December 2019 at Cox’s Bazar in collaboration with ASP, WHO and MoHFW Coordination Cell of FDMNs;
- Organized a “Peer Volunteer Gathering” on 18<sup>th</sup> March 2019 at Chuti Resort, Gazipur with 63 participants (Out of that 52 from FSW and PWID) to share experience and challenges in peer volunteer work and in accessing services they require;
- Save the Children was nominated as a member of the National Committee for STI Surveillance. So, the representatives of Save the Children participated in the Consultation meetings and provided their inputs;
- A meeting was held with the Department of Women Affairs on 22<sup>nd</sup> December 2019 to explore possibilities to integrate FSW within the Government schemes like, old age scheme, NID support, interventions within and around Dhaka city; and
- With approval of WHO-Bangladesh, an exposure visit was conducted in Nepal from 23-26 October 2019 consisting of seven members to understand the ART program as well as to learn the overall HIV positive PWID management; and
- A workshop dated on 26<sup>th</sup> November 2019 to present the progress and learning’s gathered through providing services for adolescent FSWs and developed a way forward for GO-NGO and private sectors.

**icddr,b operated HIV prevention services:** icddr,b performs as one of the PR of the Global Fund since 2010. The organization provides comprehensive HIV prevention services to 28,000 Males who have Sex with Males (MSM), including Male Sex Workers (MSW) and 4,062 transgender women (hijra) in 36 districts across Bangladesh. Two Sub-Recipients (SRs) namely Bandhu Social Welfare Society (Bandhu) and Light House (LH) along with two Sub-Sub Recipients

(SSRs) such as Khulna Mukti Seba Sangstha (KMSS) and Badhan Hijra Sangha (BHS) have been implementing the HIV prevention services. The services are provided through 53 service centres: 20 Drop-in-Centers (DIC), 21 Sub-Drop-in-Centres (Sub-DIC) and 12 Outlets. Moreover, as per the beneficiaries' convenience, satellite sessions are being conducted to provide services at their doorsteps. The services include: free condoms and lubricants distribution for enhancing safe sex practices in order to prevent HIV and sexually transmitted infections (STIs), Behaviour Change Communication (BCC) materials are distributed and health education is provided via one-to-one and group sessions, clinical services are rendered to provide syndromic management of STIs, general healthcare, HIV testing and verbal TB screening. Accompanied referrals are arranged for HIV positive beneficiaries, suspected TB cases and complicated STIs cases to the Government healthcare facilities. Outreach services are administered by the Peer Educators (PEs) and Peer Associates (PAs). The



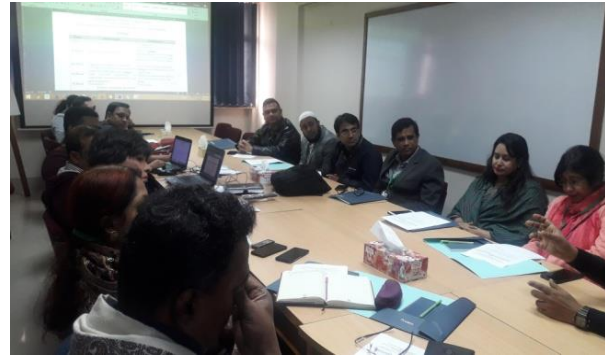
locations of the three modalities of the services centres are portrayed in the map above. icddr,b also provides Opioid Substitution Therapy (OST) services to 500 People who Inject Drugs (PWID) in Dhaka and Narayanganj districts to reduce HIV-related risks. More information about OST is delineated in the OST section of this report. A brief overview on achievements of the various salient components of the programme is provided below.

### **Achievements as per Programmatic Performance Indicators (January 2019-December 2019):**

The Global Fund has fixed six performance indicators for measuring the periodic performance of the HIV prevention programme of icddr,b. For all six selected indicators, the achievement levels were >100% during January-June 2019. Therefore, from the Global Fund, icddr,b obtained the highest rating, i.e., A1, for their programmatic performance assessment. The programmatic performance for the period of July-December 2019 was also A1. The Oversight Committee (OS) members of Bangladesh Country Coordination Mechanism (BCCM) visited Patuakahli, Naryanganj, Rangpur and Sunamganj service centers in 2019 to provide guidance for improving services. Based on their suggestions, the necessary actions have been taken. Similarly, as a nodal body, ASP also visited several service centers during this period and their recommendations were taken into consideration to improve the services.

## Treatment, care and support services for HIV positive gender and sexual minority people:

In line with achieving the global fast track targets by 2020 (known as the 90-90-90 targets), icddr,b has been providing HIV testing services (HTS) through facility-based and community-based (i.e. residence of hijra guru) approaches for MSM and hijra under the current grant of the Global Fund project. Twenty two teams are currently providing HTS services at 53 service centers in 36 districts and conducted 20,229 HIV tests among 32,064 MSM and hijra in 2019. So, 63% beneficiaries were covered through HTS during this period.



A total of 49 HIV positive cases were identified, of whom 42 are now receiving ART from the government-operated ART centers whereas the remaining seven are receiving counselling to be linked to the treatment. Moreover, to ensure treatment, care, and support services, including ART adherence among gender and sexual minority people, five peer navigators (HIV-positive community members) are working in four major divisional cities. These peer navigators are providing immediate linkage to ART centers, and follow-up of treatment adherence through home visits, mobile communication and adherence counselling. Considering its importance in



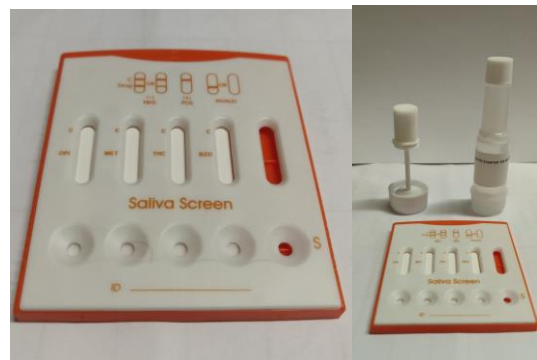
Selected photographs of coordination meeting with ASP and other stakeholders related to treatment, care and support services

monitoring the treatment for PLHIV, viral load testing for PLHIV using Gene Xpert machine was initiated in the 1<sup>st</sup> quarter of 2019 under the Global Fund grant. Thus, a total of 73 viral load tests were performed, of which 55 (75.3%) were found to be virally suppressed. icddr,b has maintained coordination with ASP, PLHIV networks and other relevant stakeholders through facilitating bi-annual coordination meetings.

## Opioid Substitution Therapy (OST):

### Intervention for PWID:

Intervention for PWID icddr,b has been delivering OST services by using Methadone Maintenance Treatment (MMT) since 2010 after the completion of the successful pilot that paved the way for OST intervention in Bangladesh. Currently, icddr,b is implementing three OST clinics, two in Dhaka and one in Narayanganj, delivering methadone to 500 PWID. In addition, icddr,b has been providing training and technical support to Save the Children and CARE- Bangladesh in implementing their OST clinics since 2013. icddr,b is also the first and one of the major



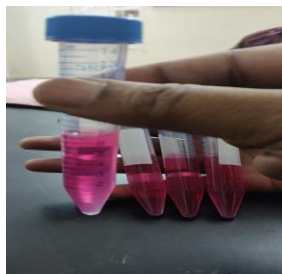
Introducing multi drug screen test from oral fluid samples of OST clients

importers of methadone in Bangladesh with the exemption of government VAT-TAX. A large, secured software-based storage and distribution system is functional to ensure the optimal delivery of methadone to

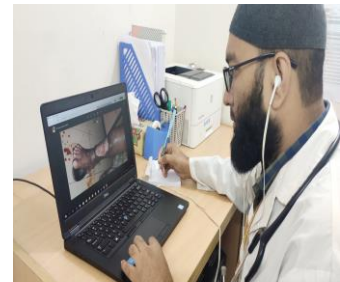
clinics. An operational guideline on OST also has been developed under the guidance of ASP and Department of Narcotics Control (DNC), which is now being followed by all the field staff of the OST clinics. icddr,b also introduced the oral fluid-based multi-drug screening test and tested 402 OST clients in 2019 for monitoring purposes. This practice is also being incorporated in the National Dope Test Guideline by DNC. Telemedicine-based consultations were conducted between the doctors and patients of Dhaka and Narayanganj since the inauguration of this activity in September, 2019. As a result, 27 consultation sessions were facilitated in order to deliver quality services and to share various expertise across the clinics. A total of 91 HIV positive OST clients have also received ART from the three OST clinics and are regularly attending the clinics. icddr,b also has introduced biometric (finger print) methadone dispensing system that will ensure identification and monitor retention among OST clients. Take home dose of methadone is also being provided following national and international guidelines to ensure patient compliance and retention.



Biometric (finger print) client identification system



Providing Take Home OST dose to ensure greater patient compliance and retention



Telemedicine based consultations across the OST clinics

**Innovations in the Intervention:**

icddr,b opted to enhance HIV prevention services through the application of Information communication and technology (ICT)-based various approaches such as text SMS, voice SMS, mobile app and web application. In this way, existing HIV prevention services have been further improved. This approach also helped find out the hidden MSM and hijra who generally do not prefer to uptake HIV prevention services through the existing in-person approaches. In 2019, a total of 70,124 text SMS and 17,531 voice SMS were delivered to the 21,048 beneficiaries to improve BCC, enhance uptake of HIV testing and other HIV prevention services. A total of 254 people used mobile app by downloading this app from the Google Play Store, 615 people used web applications, 127 people assessed their HIV and STI related self-risks and 161 people participated in the web-based quiz to assess HIV prevention related knowledge from the end of August to mid December 2019.



## **Human Rights: A cross-cutting Issue:**

AIDS/STD Programme, National Human Rights Commission, Bangladesh (NHRC), UNAIDS and icddr,b jointly organized a consultation meeting with the National Task Force (NTF) on human rights of key populations (KPs) at risk of HIV in Bangladesh on 11 February 2019. This consultation meeting took place following a previous meeting that occurred on 27 June 2018, based on a recommendation about the formation of a multi-stakeholder NTF. Representatives from all relevant GO and NGO stakeholders including ASP, NHRC, DNC, UN agencies, and implementing agencies working in the field of HIV and AIDS attended the event.



Workshop at NHRC on human rights in February 2019

In the consultation meeting, a 21-member NTF was finalized, including the Terms of Reference (TOR). The Chairman of the NHRC was the Chair and Line Director, TB, Leprosy-AIDS/STD Programme (ASP) was the Member Secretary of the NTF. The NTF meeting will take place on an annual basis to address issues related to human rights and gender-based violence (GBV) in HIV and AIDS programme implementation.

In line with this, icddr,b systematically started collecting data on human rights and GBV from MSM, MSW and hijra populations. During April 2019 – December 2019, 242 MSM, MSW, and hijra reported incidents of GBV and human rights violations, who were provided counseling support, referral to legal and medical treatment support, and other necessary support as required.

## **Implementation Science through the Application of Intervention Studies and Participatory Monitoring and Evaluation:**

icddr,b has been operating its activities under the Global Fund within the framework of implementation science since the inception in 2010. Implementation science has allowed for enhancing the quality of HIV prevention services primarily through two major approaches: i) participatory monitoring and evaluation (PM&E) and ii) operational research. icddr,b operates PM&E through deploying M&E officers at field sites who closely work with programme participants and NGO and CBO partners. They provide supportive supervision, while understanding the implementation challenges during sittings with programme implementers. The challenges, which are more complex and require systematic investigation, are then researched through the framework of intervention or operational research.

A strong M&E system is indispensable to ensure quality of programmatic data. Therefore, P&ME is the backbone of the M&E system of icddr,b. Since 2010, in each quarter, M&E officers and other senior staff members have been periodically verifying the programmatic data at the service centres using a check-list, adapted from the M&E guideline of the Global Fund<sup>4</sup>. Service centres are randomly selected adopting probability proportional to size (PPS) sampling technique following a standard guideline<sup>5</sup>. During Jan-Dec, 2019 period, quarterly data were verified in 46 of 53 service centres that play a significant role in obtaining

<sup>4</sup>GFATM. (2008). Routine Data Quality Assessment Tool (RDQA): Guidelines for Implementation for HIV, TB, & MALARIA Programs. The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), Office of the Global AIDS Coordinator, PEPFAR, USAID, WHO, UNAIDS, MEASURE Evaluation.

<sup>5</sup>Turner, A. G., Angeles, G., Tsui, A. O., Wilkinson, M., & Magnani, R. (2000). Sampling manual for facility surveys for population, maternal health, child health and STD programs in developing countries. MEASURE Evaluation Manual Series, No. 3. Carolina Population Centre, University of North Carolina at Chapel Hill. July 2001.

the highest rank of the assessment of programmatic data by the Global Fund. Before sending data to the Global Fund, senior staff members also visit the head office of the NGOs to cross-check programmatic data with various types of documentation.

**Research to Actions: Outcome of Research Activities conducted by icddr,b  
Publications in the international peer reviewed Journals include:**

1. GFATM. (2008). Routine Data Quality Assessment Tool (RDQA): Guidelines for Implementation for HIV, TB, & MALARIA Programs. The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), Office of the Global AIDS Coordinator, PEPFAR, USAID, WHO, UNAIDS, MEASURE Evaluation.
2. Turner, A. G., Angeles, G., Tsui, A. O., Wilkinson, M., & Magnani, R. (2000). Sampling manual for facility surveys for population, maternal health, child health and STD programs in developing countries. MEASURE Evaluation Manual Series, No. 3. Carolina Population Centre, University of North Carolina at Chapel Hill. July 2001.
3. Khan, S. I., M. N. M. Khan, A. M. R. Hasan, S. D. Irfan, L. M.-S. Horng, E. I. Chowdhury and T. Azim (2019). "Understanding the reasons for using methamphetamine by sexual minority people in Dhaka, Bangladesh." *International Journal of Drug Policy* 73: 64-71.
4. Khan, S. I., M. M. Reza, S. M. Crowe, M. Rahman, M. Hellard, M. S. Sarker, E. I. Chowdhury, A. K. M. M. Rana, R. Sacks-Davis, S. Banu and A. G. Ross (2019). "People who inject drugs in Bangladesh — The untold burden!" *International Journal of Infectious Diseases* 83: 109-115.
5. Gourab, G., M. N. M. Khan, A. R. Hasan, G. Sarwar, S. D. Irfan, M. M. Reza, T. K. Saha, L. Rahman, A. K. M. M. Rana and S. I. Khan (2019). "The willingness to receive sexually transmitted infection services from public healthcare facilities among key populations at risk for human immunodeficiency virus infection in Bangladesh: A qualitative study." *PLoS ONE*.
6. Rahman, M., N. Z. Janjua, T. K. I. Shafiq, E. I. Chowdhury, M. S. Sarker, S. I. Khan, M. Reza, M. O. Faruque, A. Kabir and A. H. Anis (2019). "Hepatitis C virus treatment in people who inject drugs (PWID) in Bangladesh." *International Journal of Drug Policy* 74: 69-75.

**From research to actions**

Findings generated from research conducted by icddr,b were utilized in developing and improving national policy guidelines, other national documents and improved programmatic design. A few examples are given below:

- Findings from an article titled “Hepatitis C virus treatment in people who inject drugs (PWID) in Bangladesh” (Rahman et al. 2019) was utilized in scaling up of hepatitis C treatment for PWID in the Global Fund supported programme. Furthermore, this may help policy makers for setting the strategy of HCV treatment for PWID and inclusion of treatment strategy in the National Hepatitis Strategic Plan 2020-2024.
- Results of an article titled “Non-invasive Point of Care (PoC) testing for HIV using saliva among people who inject drugs and returnee migrants” (Alam et al. 2016) have been incorporated in the “National HIV testing services (HTS) guideline-2019”.
- Using the findings of two articles generated from a study titled “Exploratory study of methamphetamine use among MSM and hijra in Dhaka and their vulnerability to HIV” (Khan et. al. 2019; 2020), In the upcoming grant, icddr,b is planning to enhance services for MSM and hijra who use methamphetamine (yaba) so that service providers in the DICs will be more capacitated and equipped to handle and provide counseling about issues relating to methamphetamine use. Methamphetamine-related issues that are commonly experienced by MSM and hijra will be incorporated in the training module for Peer Educators and other health service providers so that they can create awareness about adverse effects of methamphetamine at community levels. Moreover, a national guideline is planned to be developed for managing people who use methamphetamine, with particular emphasis on socially marginalized populations, with the support of DNC and ASP. Some related activities are proposed in the upcoming Global Fund grant 2020-2023.

- Findings of an article titled “Are the public health facilities ready to provide HIV prevention services to key populations at risk (KPs) in Bangladesh: Current situation and way forward” (Gourab et al. 2019) a qualitative exploratory research was conducted to understand the willingness of KPs to uptake STI services, as well as the STI service availability and readiness of the public healthcare facilities for the KPs. Findings of the study have been utilized in the revised ‘4th National Strategic Plan for HIV and AIDS Response: 2018-2023’. Furthermore, based on the evidence generated from this study, a pilot intervention to provide STI services to the KPs from public healthcare facilities has been proposed for upcoming Global Grant 2020-2023.

#### **List of ongoing Research Studies funded by the Global Fund**

- A study to develop and test a community-based tuberculosis (TB) screening intervention to increase TB referral and case detection among gender and sexual minority people in Dhaka city
- Concurrent use of psychoactive substance among the clients of Methadone Maintenance Treatment (MMT) clinics in Dhaka, Bangladesh
- Prevalence of HIV, risk behaviours and vulnerabilities among spouse and other female sex partners of HIV positive male PWID in Dhaka city
- Feasibility and acceptability of oral fluid-based HIV self-testing (HIVST) among gender and sexual minority people and their sexual partners

#### **Coordination with the government stakeholders in the intervention areas:**

icddr,b has been implementing HIV prevention services through two Sub-Recipients (SRs), Light House and Bandhu Social Welfare Society (Bandhu), and two partner organizations, also known as Sub-sub Recipients (SSRs) of Light House and Bandhu i.e., KMSS and BHS respectively. icddr,b along with the partner organizations have been working in close coordination with the local Civil Surgeon (CS) and Deputy Commissioner (DC) offices, routinely provide programme reports and updates to them and obtained necessary support for better programme implementation. Besides, icddr,b conducted coordination meetings with CS and doctors of Sylhet MAG Osmani Medical College Hospital and Shaheed Ziaur Rahman Medical College Hospital in Bogura to enhance referral linkages with these hospitals.

#### **Visit of the Global Fund Country Team (CT):**

The Global Fund Country team (GFCT), led by Ms Gyongyver Jakab, Fund Portfolio Manager at The Global Fund, visited OST clinic at Central Treatment Centre (CTC) at Department of Narcotics Control (DNC). In addition, they visited the Badda DIC on 14 December 2019, which provides HIV prevention services to MSM and hijra populations. Prof. Dr. Md. Shamiul Islam, Director, MBDC & Line Director, TB-L-ASP, DGHS and Dr. Sharful Islam Khan, Head, Programme for HIV and AIDS, icddr,b accompanied GF CT during their visit. The GFCT appreciated the activities operated for PWID, MSM and hijra populations.



*The Global Fund Country Team speaking at Badda DIC*

## AIDS/STD Programme (ASP) operated HIV services

### 2.2 HIV Case Detection and Screening

To increase HIV case detection and screening, an advocacy workshop on HIV/AIDS and national response of City Corporation was held at the conference room of south city corporation On 23 September 2019 where 50 participants attended. This workshop was organized jointly by ASP and Care Bangladesh. On 25 September 2019, another advocacy workshop on HIV testing, reporting to the National database and referral linkage with GAMCA was held at the conference room of GAMCA. The workshop was attended by 28 participants. In the workshop, GAMCA agreed to refer the HIV cases to ART centers and submit regular reports to ASP. Another advocacy workshop on Role of Mass media in HIV/AIDS response was held at the conference room of Bangladesh Television on 9 November 2019. The Honourable State Minister, Ministry of Information along with Journalists and different administrative sections of BTV and private channels attended the workshop.

**Safe Blood Transfusion Programme (SBTP):** ASP collaborated with Safe Blood Transfusion Programme (SBTP) to enhance detection of new HIV cases. SBTP has 99 blood transfusion centers across the country and each of the blood units is tested for 5 types of infectious agents, viz. hepatitis B virus, hepatitis C virus, HIV, malarial parasites, and Treponema Pallidum (bacterium causing syphilis); collectively known as transfusion-transmitted infections (TTIs).

### 2.3 Prevention of Mother to Child Transmission in public health system of Bangladesh

Under the framework of National HIV/AIDS Response ASP and UNICEF Bangladesh collaborated to establish the “Comprehensive Prevention of Mother-To-Child Transmission (PMTCT)” interventions that integrated with maternal, newborn and child health (MNCH) services in Bangabandhu Sheikh Mujib Medical University (BSMMU), Chattogram Medical College Hospital (CMCH), and Sylhet MAG Osmani Medical College Hospital (SOMCH). The PMTCT intervention was one of the pioneers of HIV intervention in the public health system of Bangladesh under the tripartite initiative of ASP, UNICEF and respective Medical University and Medical colleges and Hospitals. In 2019, PMTCT service was expanded into twelve tertiary and secondary level public hospitals. The details are in

SI #	Name of the PMTCT Centre	SI #	Name of the PMTCT Centre
1	Bangabandhu Sheikh Mujib Medical University (BSMMU)	7	Jashore District Sadar Hospital (JDSH)
2	Sir Salimullah Medical College Mitford Hospital (SSMCMH)	8	Cox’s Bazar District Sadar Hospital (CDSH)
3	Chattogram Medical College Hospital (CMCH)	9	Chattogram General Hospital (CGH)
4	Sylhet MAG Osmani Medical College Hospital (SOMCH)	10	Memon Maternity Hospital, Chattogram
5	Khulna Medical College Hospital (KMCH)	11	Mother and Child Welfare Centre (MCWC), Khulna
6	Molvibazar District Sadar Hospital (MDSH)	12	Ukhiya Upazila Health Complex (UUHC)

Table 7: PMTCT Centres

The overall objective of this intervention is to ensure Antiretroviral Therapy (ART) for at least 90% identified HIV positive pregnant women and quality services for their HIV exposed infants. PMTCT intervention committed to ensure institutional and safe delivery of positive pregnant women, ARV prophylaxis for the HIV exposed infants and psycho-social counseling to the mother. Counselors/peers of the service perform regular counseling and follow up on ART adherence, nutrition, safe delivery, safe infant feeding, family planning etc. to the mother and their family members at health facilities and through follow up home visits. The PMTCT services have also expanded to selected health facilities in camp sites for both host and Forcibly Displaced Myanmar Nationals (FDMNs).

**Model for Comprehensive PMTCT program in public facility:** Comprehensive PMTCT service delivery has been continued in close coordination with four major disciplines as delineated

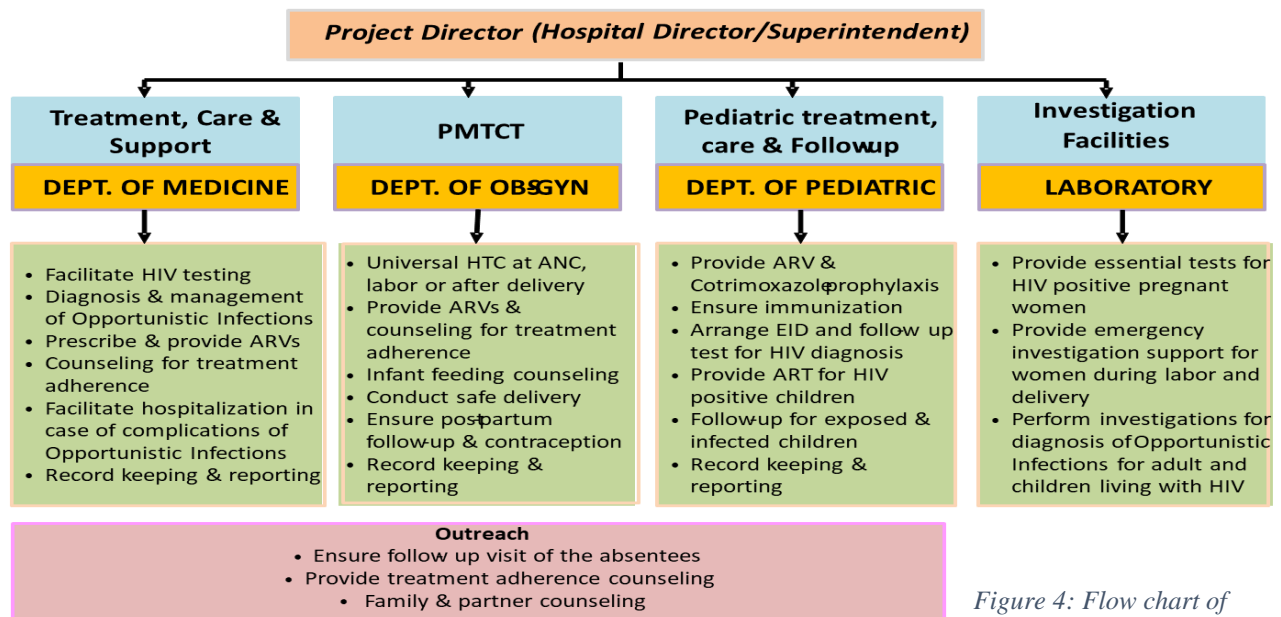


Figure 4: Flow chart of Comprehensive PMTCT

Services

**Achievements:** Since 2013 a total of 115,758 pregnant women have been tested for HIV attending Antenatal Care first time and total 104,375 women have been tested at labor or delivery. Total 209 mother and their babies have been received PMTCT services. Details are in Figure 5, Table 8 and Table 9..

Figure 4: Flow chart of Comprehensive PMTCT Services

Sl #	Type of Health Care Services for Pregnant women and children	Number
1	HIV positive pregnant women (Tested and known case)	35
2	HIV positive pregnant women received ART	31
3	HIV-exposed infants	29
4	HIV-exposed infants received ARV prophylaxis	29
5	Infants received EID within 2 months	27
6	Infants tested negative	27
7	Infants tested positive*	0
8	Children tested for HIV antibody after 18 months	15
9	Children tested HIV antibody negative	15
10	Children tested HIV antibody positive	0
11	Children on exclusive breastfeeding	24

Achievements: Since 2012 a total of 115,759 pregnant women have been tested for HIV, attending  
 Figure 5: Progress of PMTCT Services from 2013- 2019

Table 8: Types of health care services for pregnant women and children, 2019 Antenatal Care first time and total 104,375 women have been tested at labor or delivery. Total 209 mother and their babies have been received PMTCT services. Details are in Figure 5, Table 8 and Table 9.

\* One child was tested and turnout positive by PCR as mother was enlisted under PMTCT services 5 months after delivery

Sl. #	HIV test for pregnant women	Number	Positive cases
1.	Number of pregnant women attended ANC for the first time	50572	
2.	Number of pregnant women who attended first ANC received HIV counseling and testing and result	38748 (77%)	10
3.	Number of pregnant women presented at ANC with known HIV status	---	21
4.	Number of un-booked women presenting at labor & delivery	56288	
5.	Number of un-booked women who received HIV testing and counseling (HTC) and result	29772 (53%)	4

Note: One child was tested and turnout positive by PCR (EID) as mother was enlisted under PMTCT services 5 months after delivery

Table 9: Health Care Services for Mother and Children in 2019

**Training and orientations for PMTCT:** During 2019, a total of 1,219 health care providers have been provided orientation and training on PMTCT services detailed in Figure 6. Out of that 974 were females and 245 were males. The key contents of the training and orientation were: basics on HIV and AIDS, HIV related stigma and discrimination, universal precaution, post exposure prophylaxis (PEP), HIV testing and counselling (HTC), breast feeding, ART and OIs management, PMTCT and syphilis management. These trainings are enhancing knowledge, reducing fear associated with HIV transmission, improving access to service by HIV positive pregnant women and creating an enabling environment for PLHIV.

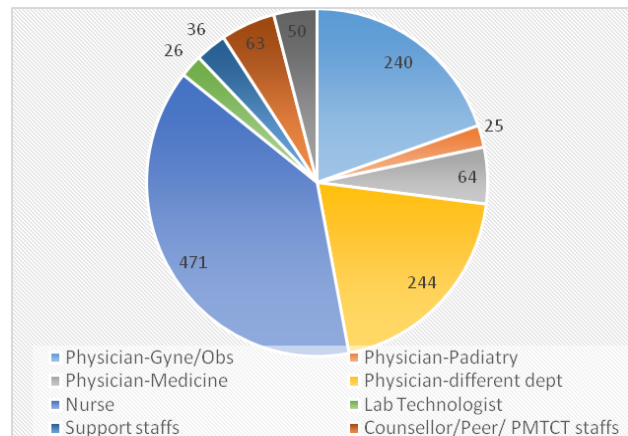


Figure 6: PMTCT Training Participants in 2019

**Challenges and constraints of PMTCT:** The challenges and constraints of PMTCT services include:

- PMTCT services are only available in seven (7) districts out of twenty-three (23) prioritized districts in Bangladesh. For significant impact, PMTCT needs to be scaled up in public health systems. The initiative of ASP will be critical in this regard;
- Capacity building of health care providers is required to expand PMTCT services;
- More than one third of pregnant women attending labor or PNC did not receive HIV counseling and Testing due to unavailability of service providers at odd times;
- Still pregnant women do not have the authority of decision-making on institutional childbirth; they must depend on choice of their partner or family members; Developing a follow up mechanism at home/community for positive pregnant women is a complex mechanism; and
- PCR based assays are not available in most tertiary hospitals for the early Infant diagnosis of HIV infection though it is most important for planning treatment and care of Infants.

**Way Forward:**

- Integrate and develop triple elimination strategy, elimination of mother-to-child transmission of HIV, hepatitis B and syphilis as a standard component of quality maternal, newborn and child health care;
- Engage professions bodies like OGSB, BNF etc for advocacy, monitoring and capacity building of obstetricians and neonatologist;
- Reduction of stigma and discrimination through intensive training, exposure in similar settings in hospital and home, exposure to PLHIV and hearing positive voices etc. and creating an enabling environment particularly in public hospitals. Confidentiality must to be ensured to convince people to utilize facilities; and
- Ensure available PCR based assays tests at the national lab which would be more cost-effective and less time consuming with easy accessibility.

**Prevention of Mother to Child Transmission among Migrant Community:** During 2017-2019, OKUP, a national NGO which has been implementing the project entitled “Accessible Health, HIV Prevention and Treatment Services for Migrant Workers with special focus to Female Spouses and their Children” in Kanaighat upazila in Sylhet district funded by UNICEF. The project demonstrates tangible impacts in the community to promote safe migration and reduce HIV risks among migrants, their families and the communities.

The intervention covers:

- Around 50,000 people through different activities;

- More than 40,000 people including potential migrant workers, returnee migrant workers, spouses of migrant workers, pregnant women both migrant and non-migrant, families to enhance their knowledge about safe migration, HIV/AIDS testing and treatment;
- Around 3039 migrant and non-migrant pregnant mother, non-pregnant spouses, and returnee male migrant workers completed HTC through Upazila Health Complex (UHC) and Union Health and Family Welfare Centers (UHFWCs);
- Of them, 6 persons were identified HIV positive who were linked to the PMTCT centre at SOMCH for treatment and other services; and
- Of them, one returnee migrant worker, two non-pregnant spouses of migrant workers, one 2-year old child of a migrant and one non-migrant couple.

**Innovations of the intervention:**

The project demonstrated that the HTC can successfully be conducted at UHFWC by the trained FWVs and SAMCOs if essential logistics including Rapid Test Kits are regularly provided. The project also demonstrated that the UHFWC based HTC contributes to increasing ANC in the Union Health and Family Welfare Centre (UHFWC).

## 2.4 HIV Prevention Intervention among Brothel based Sex Workers

**Integrated SRH and HIV Prevention Service Delivery to improve the quality of life of the Brothel Residents:** Covering nine districts of Bangladesh, there are 11 brothels with 3,856 female sex workers (as per size estimation 2015-2016) who remain confined in the brothels and have little access to health services as per their need. The sex workers living in the brothels are not only at risk of HIV, their human rights for the basic needs are violated who need access of family planning (FP), safe MR and abortion services, cervical and breast cancer screening and its management, HIV testing, counseling, PMTCT, STI management including oral STI, referral treatment, SRHR, education and advocacy support to preserve their human rights.

HIV/AIDS Prevention Services in the brothels was implemented and completed in October 2015 by NASP under HPNSP. The completion of each program and launching a next program or follow up program takes huge time which causes long service interruption. During this gap period the brothel-based sex workers get deprived from their required services because they could not move outside.

To cover the service gap, Light House, a national level NGO, conducted the situational assessment of 11 brothels in early 2018 with the support of UNFPA Bangladesh Country Office under UBRAF, channelized by UNAIDS for exploring the real scenario of health services including gender based and human rights violation. The assessment revealed that no condom and promotional activities were in place neither HIV testing and STI case management. Poor knowledge and myths on health behavior exist and unprotected sex due to their hapless livelihoods. Gender based and human rights violations found as a major concern in the brothels premises which are a normal part of their lives. Still funeral of the sex workers is the major concern revealed in few brothels. There are CBOs and Self-Help Groups (SHGs) in all the brothels but just 3-4 found active and running microcredit program. Addressing the problems, UNICEF and UNFPA jointly awarded Light House with UBRAF to implement SRH and HIV prevention services for the brothel's residents in 2018 which has still been continuing. The UBRAF fund channelized through UNAIDS.



**Purpose of the project:** Improve the quality of life of the women and children residing in the brothel of Mymensingh and Tangail through capacity building and facilitating essential HIV/PMTCT and SRH services.

**Coverage and areas of intervention:** Under the project, 11 Comprehensive Service Center (CSC) are functioning inside the following brothels namely: Kandapara (Tangail), Ganginarpar (Mymensingh), Raniganj (Jamalpur), Daulatdia (Rajbari), Baniashanta (Khulna), Nagerbazar (Bagerhat), Babubazar and Marwari Mandir (Jashore), C&B Ghat and Rothkhola (Faridpur) and Patuakhali brothel (Potuakhali).

**Major activities of the project:** STI case management and HIV testing service, PMTCT and ART enrollment, peer education, life skill training, health screening, TB-HIV co-infection, six monthly health screening, Ca cervix and breast cancer screening (VIA test, TB test and Blood sugar testing, TPHA, HIV test), antenatal and postnatal care, FP counseling, safe MR and institutional delivery.

The project covers:

- Around 2,833 FSWs and 281 Children through different activities of SRH, PMTCT, HIV and human rights issues;
- More than 2255 HIV test, 1996 STIs, 702 diabetic, 193 random sugar+ and 112 TB cases were screened and also 2009 Ca Cervix were screened among the FSWs; and
- A total of 477,806 taka earned through social marketing of which taka 56,926 from medicines, 397,310 from condoms sale, 13,155 taka from sanitary napkins, 10,415 taka earned through diabetic test and measuring blood pressure respectively.

**Innovations of the intervention:** The project demonstrated that the CBO leaders' initiatives to address the GBV in the brothel. Thus, 126 GBV cases were identified and mitigated through CBO leaders and they brought 73 FSWs under social safety net support from the local government institutions (LGIs). The social safety net support includes: VGD card, allowance for widow, pregnant mother; disability and old age allowance.

**Challenges faced:** The project faced the following challenges:

- Negative mentality of few CBO leaders about HIV prevention services which hindered quality program implementation;
- Movement of law enforcement agencies to the brothel and increased harassment towards the clients impacted negatively particularly for Daulatdia and Banishanta brothel. Due to less client flow, FSWs always targets to have clients at any cost which ultimately increased the unprotected sex practice; and
- Brothel Sex Worker moves to other settings such as hotel, street or residence because of less client flow which is one of the major challenges in bringing the targeted population under the service coverage.

**Way Forward:** Light House with the support of UNFPA planned to initiate the cooperative shop under the project at Baniyashanta brothel to address the crisis of the brothel residents. Such type of advocacy with the authorities of district health, social service and women & children affairs have to plan onward. During inception of the project, it is tough to refer to brothel residents to have services from the outside. By now sensitization made tremendous success and a total of 112 referrals were made to government hospitals for CBC, x-ray and SGPT tests.

**SRH Services for the women and girls who are at higher risk of HIV and STI:** The refugee girls and women who are at higher risk of HIV comes at Cox's Bazar. The title of the project is "Ensure SRH services among Women & Girls from Refugee & Host Community who are at higher risk of HIV & STI". The

duration of the project was January 2019 – December 2019. The objective of the project is “Population has minimal access to reproductive health and HIV services”.

**Program coverage and areas of intervention:** The enhanced access of 1,500 women and girls who are at higher risk of HIV and STI transmission has been planned to ensure through establishing two Drop – In-Centers located at Cox’s Bazar Sadar and Ukhiya Upazila. Furthermore, the Ukhiya based drop-in-center extended its services to Teknaf Upazila’s distanced spots which are far from and uncovered by the Global Fund supported drop-in-center.

**Major activities:** The major activities include: free distribution of condoms, family planning, HIV Testing and counseling, STI and GH management and referral services.

The project covers:

- 2549 women and children;
- Out of 81 reported cases of GBV, 28 FIR (First Investigation Report) made to local police stations; and
- 991 HIV test, 665 STI cases and 1055 GH managed.

**Challenges and constraint of the project:** These include:

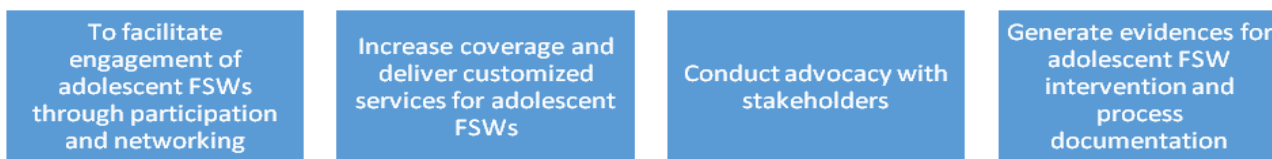
- The project recruited and trained community organizers of the same community, at higher risk of STI and HIV, to get connected with all other women and girls carefully and tactfully; and
- As part of strategic reach, sexual reproductive health services were focused other than HIV/AIDS and prevention.

**Way Forward:** Considering the risk of STI and HIV/AIDS especially in the camps, strategic intervention in the camps is strongly recommended including scale up the project.

## 2.5 HIV risk reduction and improve well-being of adolescent key population (AKP)

**Improving health and social well-being of adolescent female sex workers through enhanced access to essential services project:** From 2018 to November 2019, Save the Children in collaboration with UNICEF Bangladesh implemented the project in four city corporations: Dhaka North; Dhaka South; Sylhet; and Chattogram. The targeted beneficiaries were 1000 adolescent FSWs selected from 10 drop-in-centers (DICs) of the Global Fund project.

**Project activities:**



**Key achievements:** The key achievements are as follows:

- 992 AFSWs were identified and enrolled;
- 98 AFSWs groups were formed consisting of 8-12 adolescents led by a group leader to reach the adolescents;
- 1000 AFSWs participated in 8039 educational sessions;
- 10 Community Mobilizers attended basic HIV, STI training and 96 adolescent group leaders (APEs) attended basic HIV, STI and leadership training;
- 912 cases were referred to DICs for HTS, STI and health screening;

- 231 adolescent girls were brought under birth registration;
- 86 AFSWs completed vocational trainings; and
- 99 adolescent FSWs were successful in opening bank accounts.

**Way forward:** Need adolescent FSW focus targeted HIV intervention, multi - sectoral efforts and corporate engagement including vocational training and job placement of adolescent FSW.

**Prevention of HIV/AIDS and drug related risks to improve the quality of life of the adolescent girls living in the street:** APON, the addiction rehabilitation and residence collaboration center, with the financial support by UNICEF Bangladesh has been implementing intervention in the following areas: Mirpur Mazar and Gabtoli; Airport and Tongi; Kamlapur Railway Station; Sadarghat; High Court and adjacent areas in Dhaka (South and North) City Corporation.

**Objective:** Capacity building of AKP girls living in the street to improve accessibility to specific health and HIV/AIDS services.

**Key Achievements:** The key achievements are as follows:

- 200 adolescents were trained on 3 days life skills;
- 175 girls were training on drug prevention;
- 250 AKP received basic literacy training;
- 150 AKP received HIV testing and counselling services and 185 adolescents were screened for TB;
- 1080 girls were received education on HIV and AIDS;
- 150 AKP received sexual and injecting drug harm reduction services;
- 750 girls received individual psychosocial counseling; and
- 150 were registered for birth certification at Dhaka North city Corporation.

**Way forward:** Nutrition, Primary health care and personal hygiene services need to be ensured along with awareness on HIV/AIDS and drugs abuse for AKP girls.

**Accessible HIV Services for Adolescent MSM/TG through HIM:** HIM STAR initiative is a part of Adolescent Key Population (AKP) intervention which also includes STI and HIV Preventive Services through referral mechanisms. A total of 700 adolescent and young key populations of MSM and Transgender/hijra communities of Dhaka and Khulna gradually reached through direct outreach and voucher scheme to bring this neglected/ignored adolescent and youth cluster of MARP under safety net for HTC, STI and general health coverage. The related SRHR intervention titled “Accessible HIV Services for Adolescent MSM/TG through HIM centers” was funded by UNICEF and implemented up to June 2019. The project included knowledge enhancement, counseling services and mental health support through innovative approaches.

**Key Achievements:** The key achievements are as follows:

- 709 AKP received Voucher scheme;
- 1358 AKP received mental health counseling ;
- 407 AKP diagnosed for STI;
- 452 AKP received art therapy; and 632 AKP tested HIV

**Way forward:**

- More focused activities for social acceptance of gender diverse communities and documentation are needed;

- Along with focus on STI, HIV and condom use, creative and innovative activities involving educational institutions and NGOs working with adolescent and youth clusters is recommended; and
- Psycho-social counseling, sustained access to mental health services at private and public organizations should be included in AKP intervention.

## 2.6 Treatment, Care and Support Services

The ambitious UNAIDS Fast-Track targets for 2020 including achieving major reductions in HIV-related mortality and new HIV infections and the 90–90–90 targets will require countries to further accelerate their HIV responses in the coming years. To achieve this fast track strategy especially the first 90, ASP has taken various initiatives to expand its testing and counseling services to all the 23 priority districts. There are 28 HTC and 10 ART Centers across the country serving the following service details in Table 10.

SL #	Name of the Hospital	HTC	HTC and ART	No. of test	No. of registered patients
01	Chattogram Medical College Hospital		√	117	338
02	Cox'sBazar General Hospital		√	302	460
03	Cumilla Medical College Hospital		√	193	151
04	ChandpurSadar Hospital	√			
05	Potuakhali District Hospital	√			
06	Sher E Bangla Medical College Hospital	√			
07	Bangabandhu Sheikh Mujib Medical University Hospital		√	2631	1107
08	Mughda Medical College Hospital	√			
09	Infectious Disease Hospital, Mohakhali		√	400	448
10	ShahidTajUddin Medical College Hospital	√			
11	Kishoregonj general hospital	√			
12	Mymensing Medical college hospital	√			
13	Munshigong general hospital	√			
14	Narayangonj General hospital	√			
15	Khulna Medical College Hospital		√	648	266
16	Bagerhat District Hospital	√			
17	Jashore General hospital	√			
18	Satkhira General hospital	√			
19	Sylhet MAG Osmani Medical College Hospital		√	606	409
20	Moulavibazar General Hospital		√	64	98
21	Rajshahi Medical College Hospital	√			
22	Pabna General Hospital	√			
23	Shirajgong General Hospital	√			
24	ShahidZiaurRahman Medical College Hospital, Bogura		√	368	56
25	Dinajpur General Hospital	√			
26	Ukhiya health Complex,Cox's Bazar	√			
27	Dhaka Medical College Hospital	√			
28	Sir Salimullah Medical College and Mitford Hospital	√			

Table 10: Details of HTC and ART Centres

For functioning of the above centers, ASP supplied relevant logistics including furniture, HIV testing reagents and also provided training on the HIV testing and ART management for the hospital staff. Director of the hospital, Superintendent attended several workshops and meetings for smooth functioning of these HTC and ART centers.

**Treatment Care and Support for PLHIV:** HIV treatment, care and support services have been continuing since 2005 in Bangladesh through the collaboration with the corporate sector and INGOs. Then it was expanded under the Global Fund by Save the Children up to 2012. Government of the people’s republic of Bangladesh took over the procurement of Antiretroviral drugs (ARV) through Central Medical Storage Depot (CMSD) in 2012 under the Health Nutrition Population Sector Development Programme (HNPSDP). NASP also provided support to ensure treatment services through NGOs up to 2017. Finally, ASP took over whole services of treatment care in October, 2017. In 2019, 10 Government Hospitals provided ART services to the PLHIV who were transferred from NGO service centers.

The services include the provision of ART, psychological counseling, management of opportunistic infections and nutritional support to PLHIV. ART is provided free of cost to ‘identified’ and eligible PLHIV across the country. As of December, 2019 there are 10 ART centers in public hospitals and 3 Comprehensive-DICs run by Care Bangladesh supported by Save the Children in Dhaka City. Among the 10 hospitals, one is dedicated for Forcibly Displaced Myanmar Nationals (FDMN) in Ukhiya Upazila Health Complex.

In 2019, three new ART centers have been established in Cumilla Medical College Hospital on 1<sup>st</sup> April, 2019, Shahid Ziaur Rahman Medical College Hospital, Bogura on 7<sup>th</sup> February, 2019 and 250 Bed Hospital, Moulvibazar on 9<sup>th</sup> April, 2019 respectively. Thus, a total of 4060 patients including 727 patients from Save the Children run DIC received ART services detailed in Figure 7.

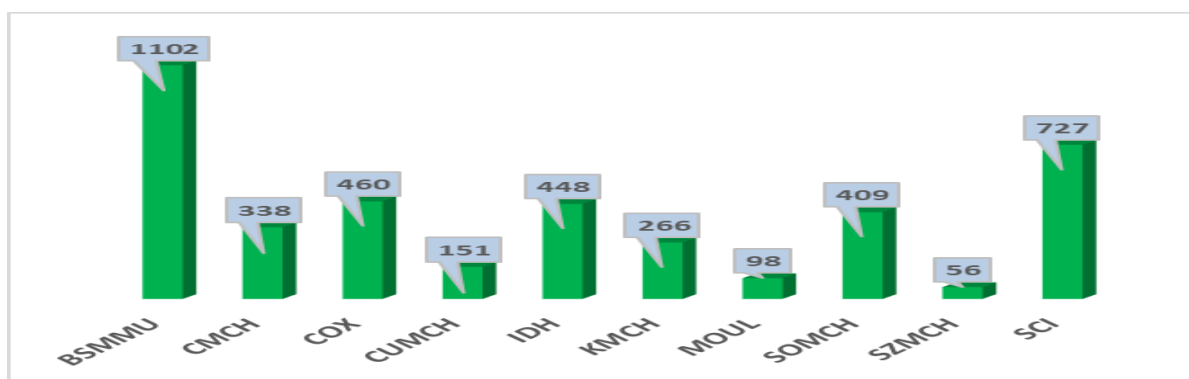


Figure 7: ART Services in 2019

A strong follow up mechanism has been established in the ART center, irregular patients are being contacted by peer counselors for ensuring their drugs. The peer counselors are provided by UNICEF Bangladesh. To ensure opportunistic infection management, PLHIVs are being referred to the specialized physician of respective hospital. Patients are receiving all health services from one stop service center.

**Functions of ART Centre:** PLHIV are given holistic care at ART centres through a team who are committed and have a comprehensive understanding of the programme. Functions of the ART centre are categorized as medical, psychological, social and programmatic.

**Medical Functions of ART Center include:**

- Monitor, manage and follow up Pre ART patients;
- Screen PLHIV for HIV-TB co-infection for early diagnosis of TB and appropriate linkages with the NTP;
- Diagnose and treat Opportunistic Infections including primary and secondary prophylaxis as per the guidelines;
- Provide baseline investigations and CD4 cell count;
- Screen PLHIV for clinical eligibility and to initiate ART as per National ART guidelines;
- Provide ART to eligible PLHIV and counsel them on 100% adherence to therapy for long term effectiveness of ART;
- Monitor patients on ART and manage side-effects etc. (if any);
- Facilitate easy access to specialist care as and when necessary;
- Provide in-patient care as and when necessary;
- Refer patients suspected for drug toxicity and/or treatment failure to expert group for review and initiation of alternative first line or second line ART, if eligible; and
- Provide appropriate intervention for PPTCT as per the National guidelines on PPTCT (both technical and operational).

**Psychological Functions of ART Center include:**

- Provide psychological support to PLHIV accessing the ART centres;
- Provide counselling to "Pre ART" and "On- ART" patients during regular follow up visits and CD4 testing;
- Provide counselling for adherence to ARV drugs and issues related to toxicity;
- Educate PLHIV on proper nutrition and measures to prevent further transmission of infection;
- Educate patients on sexual health and positive living;
- Advice for risk reduction behavior including usage of condoms; and
- Encouraging, educating and counselling to help patients to disclose the HIV results to spouse/ children/family/caregiver.

**Programmatic Functions of ART Center include:**

- Tracking of “On-ART” and “Pre ART” Lost to Follow Up Cases in co-ordination with Governmental and Non-Governmental Organizations;
- Work in coordination with the HTC center and other HIV PRs to ensure that all the patients detected positive at HTC get registered at the ART centres;
- Assess the HIV status of spouse and children through HTC and link them to PMTCT services; and
- Work in close coordination with the National TB programme to ensure that all the patients with HIV/TB co infection are registered at the ART centre and started on ART.

**Viral load:** ASP in collaboration with NTP started viral load testing in Gene Xpert Machine in selected medical college hospitals and laboratories. In 2019, 759 tests were conducted at the following public hospitals. Of them 663 are undetectable and suppressed in Table 11:

Sl. No	ART center	Test done	Undetectable and Suppressed	Not suppressed
1	BSMMU	267	663	96
2	IDH	96		
3	SOMCH	106		
4	KMCH	47		
5	Cox's bazar	73		
6	Center for Medical Biotechnology	50		
7	ICDDR,B	73		

8	IPH	47
	Total	759

Table 11: Viral Load Status, 2019

**HIV and TB co morbidity:** The risk of developing tuberculosis (TB) is estimated to be between 16-27 times greater in people living with HIV than among those without HIV infection. In 2019, there were an estimated 10.0 million (range, 8.9–11.0 million) cases of tuberculosis disease globally. Among all those affected, 8.2% were PLHIV. There were 208 000 tuberculosis-related deaths among people living with HIV<sup>6</sup>.

The WHO HIV and TB Departments and their partners, including community groups, work collaboratively on joint TB/HIV advocacy, policy development and implementation in countries. WHO develops and promotes tools and guidelines to support countries in improving their TB and HIV collaborative action in order to achieve universal access to HIV and TB prevention, care and treatment services for all people in need. The main areas of work are:

1. Promoting the collaboration of TB and HIV services at all levels;
2. Universal antiretroviral therapy (ART) for all HIV-infected TB patients;
3. Scaling up the Three I's for TB/HIV
  - Intensified case finding (ICF);
  - Isoniazid preventive therapy (IPT); and
  - Infection control for tuberculosis (IC)
4. Improving data for TB and HIV;
5. Antiretroviral therapy for prevention; and
6. Partnerships with civil society to scale up TB and HIV activities.

TB is the most common cause of death in patients with AIDS and HIV infection which is a major challenge for TB Control efforts. In Bangladesh, HIV positive TB mortality stands 0.09/100,000 population and HIV positive TB incidence is 0.43/100,000 population (Global Tuberculosis Report 2020, WHO). Although HIV prevalence is low in Bangladesh at this moment, the country is at a high risk of increased spread of HIV because of the presence of high-risk behavior and vulnerabilities and increasing number of PLHIV.

**TB – HIV Collaboration: National TB Control Programme (NTP):** NTP has undertaken a collaborative approach to cure both TB and HIV which is also one of the strategic priorities under the global Stop TB Strategy. Co- treatment of TB and HIV in Bangladesh operates under the national guidelines by establishing collaboration between National TB Control Programme (NTP) and AIDS/STD Programme (ASP).The main objective of the programme is to screening of TB among HIV infected patients and providing DOTS and other support to them and also screening of TB patients for HIV. Table 12 shows TB HIV collaborative activities by NTP:

Category of TB Patients	Year					
	2014	2015	2016	2017	2018	2019

<sup>6</sup> Global Tuberculosis Report 2020, WHO

	# tested for HIV before or during TB treatment	# found HIV positive before or during TB treatment	# tested for HIV before or during TB treatment	# found HIV positive before or during TB treatment	# tested for HIV before or during TB treatment	# found HIV positive before or during TB treatment	# tested for HIV before or during TB treatment	# found HIV positive before or during TB treatment	# tested for HIV before or during TB treatment	# found HIV positive before or during TB treatment	# tested for HIV before or during TB treatment	# found HIV positive before or during TB treatment
New pulmonary bacteriologically confirmed	330	1	268	15	1,977	4	1,421	8	2,001	8	5,015	9
New pulmonary clinically diagnosed	111	2	79	1	526	0	306	3	479	0	1,403	0
New Extra-pulmonary	150	4	131	0	1,245	4	716	3	1,123	6	1,851	4
All re-treatment	38		28	1	282	0	276	0	285	0	866	1
MDR	140	0	145	0	117	1	112	0	29	0	439	0
<b>Total</b>	<b>769</b>	<b>7</b>	<b>651</b>	<b>17</b>	<b>4,147</b>	<b>9</b>	<b>2,831</b>	<b>14</b>	<b>3,917</b>	<b>14</b>	<b>9,572</b>	<b>14</b>

**TB among PLWHA:** In 2019, 478 tested TB. Of them 120 confirmed TB, details are in Table 13.

No. of PLWHA tested for TB					# of PLWHA diagnosed as TB		Number				
Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type of TB	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	
479	697	559	295	478	New pulmonary bacteriologically confirmed	17	33	17	9	44	
					New pulmonary clinically diagnosed	22	22	28	26	30	
					New Extra-pulmonary	28	18	30	16	25	
					All re-treatment	7	14	14	13	21	
					<b>Total</b>	<b>74</b>	<b>87</b>	<b>89</b>	<b>64</b>	<b>120</b>	

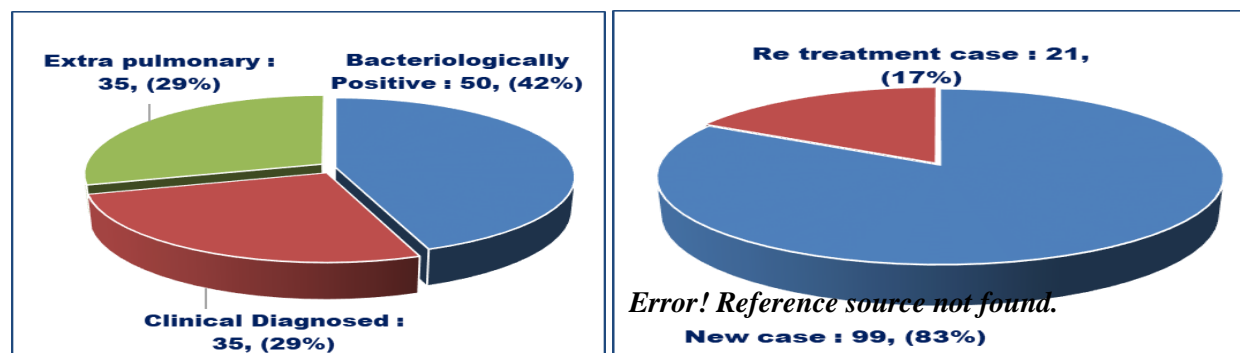
Table 13: TB among PLWHA, 2019

**Programme of BRAC International:** BRAC under the leadership of NTP has been implementing its TB HIV collaborative activities by establishing 27 new HIV screening facilities in high priority HIV districts along with previous 4 HTC centers. In 2019, a total of 8,940 TB patients were screened for HIV and 7 of them became positive. All positive patients have been referred to Government HTC Centre for confirmation and adherence to ART.

**TB and HIV collaboration program of AAS:** TB and HIV collaboration program has been started since 2005 with the assistance of NTP and NASP. Since 2010 the program has been continuing as SR by BRAC. As SSR, AAS provides services through its four centers namely Dhaka, Sylhet, Chattogram and Jashore.



In 2019, a total of 120 PLHIV of different centers received TB treatment. Some have been referred from TB DOTS center and some are from ART center. Out of 120 patients, bacteriological confirmed cases: 50, clinically diagnosed cases: 35, New Extra Pulmonary cases: 21 and all Re-treatment cases: 21 in Figure 8.



In 2019, a total 4 children received TB treatment referred from Khulna CDH, Moulovibazar CDC, ICDDRDB and Chokoria UHC. Details of the treatment are stated in Table 14.

Services	No. or percentage (%)
<b>Distribution of TB diagnosis:</b>	
ART	116 (4 died before starting ART)
CPT	94
IPT	-
<b>TB among high risk group of PLHIV:</b>	
Referred from TB DOTS center	15% (18)
HIV associated TB	85% (102) among them ART associated TB 25% (30)
TB among high risk group PLHIV	Total 17 (IDU: 14, SW: 01, MSM: 02)
<b>Other support received:</b>	
Nutrition support for TB and HIV co infected patient	104
Investigation support for TB and HIV co infected patient	30
Social support for diagnosis of TB among PLHIV	135 (case identified: 23)

Table 14: TB Treatment status, 2019

**Orientation program on TB and HIV co infection with NGO staff:** 12 orientations on TB and HIV co infection programs were organized where 300 participants attended. The main objective of this orientation program is to create awareness about TB, HIV, AIDS and TB and HIV co infection. Through this orientation programs increased and developed knowledge, skills and effective referral linkage with different NGOs.



*Selected photographs of the orientation program on TB and HIV co infection with NGO staff*

**Orientation program on TB and HIV co infection with PLHIV and Caregivers:** Eight (8) orientations on TB and HIV co infection programs were conducted in 2019. The event was attended by 200 participants. The main objective of this orientation program is to create awareness about TB and HIV co infection among PLHIV caregivers. Through this orientation we developed knowledge, skills and effective care to their patients (PLHIV).



*Selected photographs of the orientation program on TB and HIV co infection with PLHIV and Caregivers*

**Capacity Development of Health Service Providers:** Care and prevention activities are integrated with antiretroviral therapy at service



delivery points. Capacity development of the hospital staff is an important initiative to ensure the quality treatment, care and support to the PLHIV in a friendly environment without discrimination and fear. ASP facilitated several training to the hospital staff in different levels who are directly involved with the service delivery of HIV through Government hospitals. All the training took place in Dhaka. Following training courses described in Table 15 were arranged in 2019 under the Global Fund support.

Training course title	Number of Batch	Number of Participants Attended in the Training		
		Duration	GOB	Private/NGOs
Training on Gender, Human Rights in HIV Intervention	2	2days	48	-
Training on Clinical Services on ART & OIS Management and BCC	1	3 days	25	-
Trainers Training on HIV & AIDS (TOT)	1	3 days	24	-
Training on HIV Testing and Counseling (HTC)	1	5 days	23	-
Refresher Training on Data Triangulation and Data Analysis Tools and Techniques and DHIS2	2	2 days	25	-
<b>Total</b>	<b>7</b>		<b>145</b>	

Table 15: Training Programme of ASP 2019



Some selected photographs of capacity development training of ASP

**Outcomes of the Training:** The outcomes include:

- A significant number of health service providers from public health facility were trained how to deliver ART, HTC services; and
- A positive environment has been created in the public hospitals.

**Coordination meeting in Priority Districts at Civil Surgeon Office:** The purpose of the coordination meetings in priority districts were to present the existing HIV and AIDS situation and national response to prevent HIV by providing treatment, care and support to the PLHIV. This meeting helped for sharing of the progress and developed the coordination mechanism to increase the accountability of non-governmental organizations who are implementing HIV prevention activities in the areas. In 2019, 275 participants attended the following District Civil Surgeon Office: Cumilla, Moulvibazer, Barisal, Narayanganj, Gazipur, Jashore, Chandpur, Satkhire, Potuakhali, Mymensingh, and Munshiganj.

**Output and outcomes of the meeting:** The outputs and outcomes include:

- Developed monitoring mechanism of HIV and AIDS prevention activities of NGOs through Civil Surgeon Office;
- Established accountability of NGOs activities through regular reporting to the Civil Surgeon Office;
- Media people covered the HIV related article in the local and national daily papers to aware the mass population; and
- District Education Officers will take initiative to monitor the school education programme of HIV and AIDS related issues and NGOs HIV prevention programme.

### 3.7 Strengthening Capacity and Coordination

ASP administered functioning of different committees and subcommittees on a regular basis throughout the year for effective national response.

**Technical Committee of National AIDS Committee (TC-NAC):** ASP organized the TC-NAC meetings aimed at reviewing and approving the electronic different surveys and guidelines.

**ART and PMTCT Advisory Committee:** ASP conducted the ART and PMTCT Advisory Committee meeting for ART procurement, distribution, management and other related issues.

**Engagement with Community Networks:** ASP engaged with the following community networks: Network of PLHIV (NOP+); Sex Workers Network (SWN); Network of People Who Use Drugs (NPUD); STI/AIDS Network; and Community Forum to ensure strong participation of community in all the relevant meetings, surveys, studies and other initiatives throughout the year, 2019.

**Advocacy workshop:** On 9 November 2019, an advocacy workshop on Role of Mass Media in HIV/AIDS response was held at the conference room of Bangladesh Television. The workshop was attended by the Honorable State Minister, Ministry of information, Journalists, administrators of BTV, and also private channels journalists. A total of 48 participants participated and the event was organized by Save the Children International. ASP and BTV came into an agreement that in the coming years, ASP and BTV will work jointly to reduce stigma and discrimination towards AIDS.



*Prof. Dr. Shamiul Islam, Line Director speaking to the audience*

On 23 September 2019, another advocacy workshop on HIV/AIDS & national response at City Corporation was held at the conference room of Dhaka South City Corporation where 50 participants attended. This workshop was organized jointly with Care Bangladesh.



*Selected photographs of the workshop*

Another advocacy Workshop on HIV testing, reporting to National Database and referral linkage with GAMCA was held on 25 September 2019 at the conference room of GAMCA. A total 28 participants attended the advocacy. GAMCA agreed to refer the HIV cases in the ART center with accompanied referral and regular report to ASP. In all the meetings high officials from the relevant departments were present including DG, BMET; Hospital Directors and Chairman of GAMCA.



*Selected photographs of the workshop*

**Outputs and outcomes of the workshops:**

- There are 67 Medical Centers under control of GAMCA who became sensitized about the role of the national HIV programme. A good number of HIV patients are being detected in their regular routine test of potential migrants. After the advocacy, yearly report on HIV/AIDS is being sent to ASP;
- Journalists of Health Reporters Forum and ASP Personnel are working together on HIV/AIDS prevention and in achieving 90-90-90 priority targets in sensitizing general people by writing features in newspapers and by participating at TV talk shows; and
- As a follow up advocacy with BMET, ASP prepared and handed over 100 copies of documentary film to BMET to show during the training for potential migrants in 70 TTCs and other DMOs in different districts across the country. In addition, ASP developed flipchart and learning materials to use during lectures in TTCs.

**3.8 Strategic Information and Surveillance: Brief Summary of Recent Survey and Study**

ASP had conducted and commenced several major surveys and studies in 2019 in order to better inform about the epidemic and programmatic interventions. These surveys and studies include:

**End Line Survey (Behavior) on Continuation of the Prioritized HIV Prevention Services among Key Populations in Bangladesh:** ASP in partnership with PIACT Bangladesh and Social Sector Management Foundation (SSMF) conducted the End Line Survey with technical support from UNAIDS to determine progress in the outcome indicators of the program and to gather important lessons learnt in terms of the effectiveness of the adopted modalities for service delivery, and efficiency of management of the Drop In Center (DIC). It also analyzed knowledge, attitudes and behavior of the KPs

(MSM, MSW, Hijras, PWID and FSW) in receiving HIV prevention interventions and made recommendations on how the services for KPs can be improved.

**Commencement of Integrated Biological and Behavioral Surveillance (IBBS):** ASP has already selected the Virology Department of BSMMU to conduct the IBBS with support from the Global Fund. The outline of the IBBS including methodology, sampling techniques, area of the survey etc. has already been developed and shared with relevant experts. It will be finalized after consensus among the experts. Then, BSMMU will submit the technical and financial proposal. A working committee and a technical advisory committee will be formed to guide and support to conduct the surveillance.

### 3.9 Other Activities

**Programme Coordination Meetings:** ASP conducted programme coordination meetings with development partners and NGOs. The meetings mainly focused on dissemination findings of the End Line survey; update of the programme activities and performance of PRs; updates of HIV response to FDMN; and celebration of World AIDS Day.

#### **Celebration of World AIDS Day 2019:**



*Some selected photographs: Observing WAD, 2019*

As part of World AIDS Day 2019 Celebration on 1<sup>st</sup> December, ASP organized and coordinated various initiatives at central level, district level and in medical college hospitals throughout the country. The theme of the WAD, 2019 was “Communities make the difference”. At the central level, the major initiatives include organizing rally; formal program meeting engaging all relevant stakeholders under the government leadership; souvenir publication; media coverage and release of special articles in most widely circulated Bangla and English daily newspapers; press conference; exhibition displaying various programs, interventions and awareness initiatives taken on HIV/AIDS; development of IEC materials; awareness messages through mobile operators on HIV/AIDS etc. To celebrate at the district level and in medical colleges under relevant authorities including civil surgeons, ASP provided all the necessary IEC materials and financial support to help them organize various programs including rally, discussion meetings etc.

#### **Development of Policies and Guidelines:**

**Development of National HIV/AIDS Disclosure Guideline:** ASP in partnership with Bandhu Social Welfare Society (BSWS) developed the National HIV/AIDS Disclosure Guideline aimed at addressing HIV/AIDS related confidentiality and disclosure issues in all relevant aspects and contexts.

**Community based HIV Testing Services (HTS) Guideline:** ASP commenced the process of reviewing community based HIV Testing Services (HTS) guideline and development of National HTS Guideline. 3 subsequent meetings were held in this regard and a working committee was formed engaging relevant experts from different organizations, the process was supported by Save the Children. The community based HTS Guideline developed in Bangla, the documents approved by the Chair of the TC-NAC.

**The development of National STI Strategy:** with a costed action plan is necessary as currently the country programme is targeting the KPS mainly without scientific coverage as well as targets. In this regard, a justification note is currently under preparation to support the development of the strategy which will be followed by formation of a technical working group to work in detail to develop the strategy. WHO and UNFPA both are committed in providing the necessary supports to develop the strategy.

**Development of STI Treatment Flow Chart:** ASP with support from development partners took the initiative to update the STI treatment flow chart both for KPs and general population as the existing guideline was developed long time back and also became resistant to few drugs. Also, as updating the existing STI guideline requires more time and resources, therefore, it was decided to update the flow charts on a priority basis and a small team was formed with participation of different stakeholders in this regard. Considering the disease burden, findings of STI survey (2014) conducted by icddr,b on antibiotic sensitivity status of N. Gonorrhoea,, WHO and CDC recommendations, budget and country context, the following STI treatment flow charts were updated: Urethral discharge syndrome (UDS); Genital ulcer syndrome; Scrotal swelling syndrome (SSS); Inguinal Bubo syndrome (IBS); Vaginal discharge syndrome (VDS); Lower abdominal pain (LAP); Neonatal conjunctivitis (NC); Anorectal/Pharyngeal Discharge Syndrome; Anorectal/Oropharyngeal Ulcer Disease Syndrome. The updated flow charts were printed in poster size in Bengali version and small books in English version.

**Standard Operating Procedure for DIC management for KP's:** ASP noticed that different organizations maintained Drop-in-Center for providing essential services to different Key Affected Populations (KPs). For providing services for KPs in a common and homogeneous way, ASP took initiatives in 2019 for developing a common Standard Operating Procedure (SOP) for managing Drop –in-Center (DIC). For this, ASP formed two-layer committees namely - Review Advisory Committee consisting of five members and ASP Review Committee consisting of twenty five members respectively. Under the overall guidance and leadership of Honorable Line Director Prof. Dr. Md. Shamiul Islam Director (MBDC) and Line Director TB-L and AIDS/ STD Programme, SOP for DIC Management developed based on the following KPs: Female Sex Workers; People who inject Drug (PWID), MSM/MSW and Transgender. This SOP is being used in sector development programme and the Global Fund Run-DIC management across Bangladesh.

**National HIV Testing Services (HTS) Guideline:** ASP has given emphasis to the quality of the testing service in the public, NGOs and private health sector with adopting recent changes made by WHO and other competent agencies. Considering the importance, ASP taken the initiative to update the existing HTS guideline in 2019 by forming a technical working committee consisting of virologists, microbiologists, counseling, M&E, HIV programme managers, etc. In December 2019 the guideline was updated and punished through the websites of ASP.

### 3.10 STI/HIV and AIDS Response for Forcibly Displaced Myanmar Nationals in Cox's Bazar

Violence in Rakhine State of Myanmar drove 7, 06,364 Rohingyas across the border into Cox's Bazar.. Including the new influx, a total population from this community residing here is 8, 60,243 (Settlement information, DGHS). To prevent outbreak of infection, ASP initiated the 'STI/HIV and AIDS responses for the FDMN in Cox's Bazar'. This resulted in informing stakeholders about the ongoing process including the senior health management in Cox's Bazar as well as sub-district level; on-going psychological support - professional counseling for pre-test and post-test and also Peer counseling- and providing ART on time with counseling on drug and drug adherence to service receivers.

**Initiating ART and Monitoring of Adherence and Patient Follow-up:** All HIV positive Rohingya people have been ensured the initiation of ART. With increasing HTC services, access to ART services is a must. Currently, ART services are available at Cox's Bazar District Hospital (Sadar Hospital), Another ART center has been established at Ukhiya UHC with support of WHO and IOM. Stable patients are referred to Ukhiya Health Complex. In 2019, 850 patients have been registered in Table 16 at the ART Center and they are receiving ARV regularly. Unstable cases are getting support from Cox's Bazar Sadar Hospital and stable cases are getting support from Ukhiya Health Complex.



Issues	Adult	Children	Transgender	Total
PLHIV (FDMN/ Rohingya)	362	62	1	425
PLHIV (Host Community)	131	12	0	143
Total	493	74	1	568
ART Receivers (FDMN/ Rohingya)	343	53	0	396
ART Receivers (Bengali/ Host Community)	75	9	0	84
Total	418	62	0	480
Total Death (FDMN/ Rohingya)	22	7	0	29
Total Death (Bengali/ Host Community)	40	3	0	43
<b>Total</b>	<b>62</b>	<b>10</b>	<b>0</b>	<b>72</b>

Table 16: ART to FDMNs, 2019

**Training and Capacity Building for the Service Providers and Strengthen Coordination:** Project staff and regular staff of the hospital have been trained on different aspect of HIV. Besides, other service providers have also been trained on:

- Three day training on HIV testing and counseling;
- Basic orientation for other health service providers to detect the risk of HIV and referral for testing;
- Quarterly coordination with service providers; and
- Monitoring and supervision of the field activity on a regular basis.



**Challenges:** The challenges include:

- The local authorities provide limited time than expected time due to their multiple engagement;
- Linkage and networking actions to bring the target people under the services could not be emphasized due to budget constraint;
- Little or no access for lab test and facilities which prolong HIV services availability for the targeted people;
- Though ART is being provided, almost all patients need some OIs drugs which FDMN cannot avail;
- As combating HIV requires various initiatives including different counseling, addressing social stigma and discrimination, positive living, food habit, care givers support etc., providing ART and suggestions or prescriptions are not enough; and
- Prescribing ART requires some essential investigations services such as CBC, CxR, S. Creatinine, SGPT, Sputum, S for AfB which are difficult to avail for FDMNs;

**PMTCT services for FDMN:** Since December 2018 PMTCT services have been provided to selected health facilities in camp sites for making the service accessible to FDMN. In 2019, a total 8,386 women have been tested for HIV attending ANC, at labor or delivery. The total coverage was 67%. Number of total positive pregnant women enrolled in PMTCT was 21. Table 17 and Table 18 show the details.

Sl. #	Types of Health Care Services	Number
1.	HIV positive pregnant women (Tasted and known case)	21
2.	HIV positive pregnant women received ART	21
3.	HIV-exposed infants	17
4.	HIV-exposed infants received ARV prophylaxis	16
5.	Infants received EID within 2 months	17
6.	Infants tested negative	17
7.	Infants tested positive	0
8.	Children tested for HIV antibody after 18 months	0
9.	Children tested HIV antibody negative	0
10.	Children tested HIV antibody positive	0
11.	Children on exclusive breast feeding	17

*Table 17: HIV test facility for FDMN pregnant women and positive cases in 2019*

Sl. #	HIV test for pregnant women	Number	Positive cases
6.	Number of pregnant women attended ANC for the first time	10842	
7.	Number of pregnant women who attended first ANC received HIV counseling and testing and result	7913 (73%)	12
8.	Number of pregnant women presented at ANC with known HIV status	---	8
9.	Number of un-booked women presenting at labor & delivery	1329	
10	Number of un-booked women who received HIV testing and counseling (HTC) and result	473 (36%)	1

*Note: Two children were tested 1<sup>st</sup> PCR (EID) and found positive. Mothers were not under PMTCT service during pregnancy, PMTCT has not been started while mother was pregnant*

Table 18: Health Care Service for FDMN mother and children in 2019

**Challenges:** Experiencing stigma and discrimination are still barriers for receiving HIV services in PMTCT centers. Sometimes, ensure of privacy and confidentiality of counseling is difficult in health facilities especially in labor ward.

**Programme of IOM:** IOM has taken initiative to improve access of Rohingya and host population in Cox's Bazar to comprehensive HIV prevention, treatment and care. This program made following key achievements in 2019:

- An ART refill center has been established at Ukhiya health Complex with logistics and equipments supported by IOM. One medical officer and one nurse have been deployed for operation of the center. They are trained from Cox's Bazar Sadar Hospital through a week-long placement;
- Three HCT have been set up at three IOM Primary Health Care Centers. 759 individuals received counseling and testing services during 2019, of them four persons were identified with confirmed HIV infection and duly reported to the ASP;
- The above three Primary Health Care Centers in Ukhiya and Teknaf are offering PMTCT services. More than 700 pregnant women have been screened in the last quarter of 2019;
- ARV drugs-30,000 Lamivudine tablets and 140,000 Tenofovir tablets- were supplied to ASP to meet the demand of additional caseload country wide after the MoH reported a shortage and requested for support. In 2020, IOM will support the ASP with 144,000 units of combined ARVs to meet the demand of 400 PLHIV for the entire year in Cox's Bazar; and
- 10 medical staff of IOM have been trained on HIV Counselling and Treatment and Universal Precaution in collaboration with UNICEF; IOM will continue to train more staff in 2020 to expand the capacity of health care workers to enable them for testing, counseling and treatment and care for HIV.

**Programme of NTP:** NTP and its partner NGO BRAC are working collaboratively for TB activity and HIV screening among TB patients for the FDMN population. Table 19 describes 2663 TB tested in 2019. Of them 20 are confirmed HIV.

Diagnosed TB cases	No. of TB patients tested for HIV before or during TB treatment			No. of patients found HIV positive before or during TB treatment		
	Male	Female	Total	Male	Female	Total
Bacteriologically Confirmed New/ treatment History Unknown Pulmonary TB cases	1230	1308	2538	10	7	17
Clinically diagnosed New/ treatment History Unknown Pulmonary TB cases	30	20	50	0	0	0
New/ treatment History Unknown Extra Pulmonary TB cases	24	20	44	0	3	3
All re-treatment cases	17	14	31	0	0	0
<b>Total</b>	<b>1301</b>	<b>1362</b>	<b>2663</b>	<b>10</b>	<b>10</b>	<b>20</b>

Table 19: NTP program for diagnosis TB, 2019

**Programme of BRAC:** In response to the humanitarian crisis of FDMNs, BRAC has been significantly engaged to provide necessary support among this population especially on communicable diseases to reduce the risk of transmitting the diseases within the community with the financial support from the Global Fund and the leadership of Bangladesh Government. Fifteen laboratories were established for giving them access to diagnostic and treatment services. TB, malaria and HIV screening was done in these laboratories. During 2019, HIV screening has been conducted for 2,655 TB patients and 378 from high risk groups. A total of 17 patients found positive among TB patients and 12 became positive among high risk groups.

### 3 Major Challenges and Way Forward

The ASP has encountered quite a number of challenges while addressing HIV-related policy and programmatic interventions. Some of the major challenges include:

- Expanding HIV testing facilities and number of testing and counseling to FDMNs at Cox’s Bazar district extremely challenging in terms of human resource and logistics;
- Expanding HIV testing facilities and number of testing and counseling to 23 priority districts was also challenging;
- Ensuring Development Partners’ (DP) investment as their focus and priorities are shifting;
- Media campaign needs to be rejuvenated because of there still lack of proper knowledge about HIV and this further contributes to the spread of the infection along with stigma and discrimination;
- Implementing and monitoring prevention interventions among the key populations, including the MARA and EVA remains challenging; scaling up targeted interventions;
- Scaling up targeted interventions for migrants and FDMNs even though the detected cases mainly consist of the FDMNs and migrant population in Bangladesh;
- Strengthening of referral systems to reduce ‘lost to follow-up’ and integration into government health systems was and remains a challenge. Bearing this, rapid scale up should be planned;

- There are existing laws and policies that discriminate and criminalize certain key populations and practices which fuels human rights violation. Therefore, policy, legal and social barriers, and rights violation due to punitive and discriminatory policy and legal environment should be continuously addressed; and
- Ensuring multi-sectoral collaboration with various stakeholders and parties should continue to ensure an integrated response.

To achieve the fast track targets by 2020, Bangladesh needs to decrease the estimated number of new infections by 1/6th and AIDS death by 1/3rd of the current estimates. Therefore, this emphasizes the need for the continuation of the interventions among KPs and young key populations and the start-up of interventions among the migrants. Along with targeted interventions, an integrated service delivery approach for increased case detection through interventions for SRH, TB and hepatitis is required. The AEM analysis shows that if the recent intervention programs continue, HIV prevalence among PWID and FSW will remain stable over the time. The prevalence among MSM and MSW will increase slowly and remain less than 1% in 2020. HIV prevalence will be gradually increasing among the hijras and will reach 2.5% in 2020.

#### **4 Conclusion**

Intensive efforts are required to be undertaken mobilizing all relevant partners to address HIV, relevant vulnerabilities and rights and needs of key populations and migrants in the coming days. Therefore, the government will need to focus on identified policy and programmatic priorities to achieve the 90-90-90 targets to end AIDS as a public health threat by 2030.

## 5 References

1. Revised 4<sup>th</sup> National Strategic Plan For HIV and AIDS Response 2018-2023  
<http://www.asp.gov.bd/site/publications/334dc945-1e92-434f-978a-338e4e674d52/Revised->
2. 4<sup>th</sup> Health, Population and Nutrition Sector Programme (4<sup>th</sup> HPNSP), Programme Implementation Plan: 01 January 2017- 30 June 2022. December 2016. Ministry of Health and Family Welfare.
3. Report on End Line Survey (Behaviour) on Continuation of the Prioritized HIV Prevention Services among Key Population in Bangladesh
4. WHO. (n.d.). Retrieved from <https://www.who.int/bangladesh/news/.../01-12-2019-world-aids-day-2019>
5. Ovivashi Karmi Unnayan Program (OKUP, 2019). What is next?
6. Global Tuberculosis Report 2020, WHO
7. Star, T. D. (2019). Communities make the difference. Retrieved from <https://www.thedailystar.net/health/news/world-aids-day-2019-communities-make-the-difference-1833982>
8. Tribune, D. (2019, December 1st). 919 HIV Infected, 170 Die from AIDS in 2019. Retrieved from <https://www.dhakatribune.com/bangladesh/2019/12/01/919-hiv-infected-170-dies-from-aids-in-2019>
9. *A review on child and maternal health status of Bangladesh.* (n.d.). Retrieved from <http://www.cjhr.org/article.asp?issn=2348-3334;year=2018;volume=5;issue=1;spage=1;epage=7;aulast=Mahmudur>
10. *A review on child and mother health status of Bangladesh.* <http://www.cjhr.org/article.asp?issn=2348-3334;year=2018;volume=5;issue=1;spage=1;epage=7;aulast=Mahmudur>.
11. AIDS Info. (2020).
12. End Line Survey (Behavior) on Continuation of the Prioritized HIV Prevention Services among Key Populations in Bangladesh (ASP, PIACT Bangladesh, 2019).
13. AIDS/STD Programme (ASP), D. G. (2018). *ASP Annual report 2018, Draft*.
14. Tuberculosis- Leprosy and AIDS/STD Programme (TB-L & ASP) Operational Plan (OP): January 2017-June 2022. April 2017. Directorate General of Health Services, Health Services Division, Ministry of Health and Family Welfare.
15. Political Declaration on HIV and AIDS: On the Fast-track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030. 2016. UNAIDS.
16. Follow-up National Consultation on Policy and Legal Barriers Hindering the AIDS Response in Bangladesh. May, 2017. National Human Rights Commission, Ministry of Health & Family Welfare, National AIDS/STD Control and UNAIDS Bangladesh

17. HIV and AIDS data hub for Asia Pacific. 2017. UNAIDS, UNICEF, WHO & ADB.
18. National HIV Estimates & Projections using Spectrum. 2018. ASP & UNAIDS Regional Support Team (Asia & Pacific).
19. UNAIDS Global AIDS Update. Ending AIDS: Progress towards the 90-90-90 Targets. 2017.
20. Global AIDS Monitoring Report. 2014, 2015, 2016, 2017. NASP& UNAIDS.
21. Program Data. 2015-2016, 2017-2018. National HMIS.
22. Global Tuberculosis Report. 2018. WHO.
23. 90-90-90 An Ambitious Treatment Target to Help End the AIDS Epidemic. UNAIDS. 2014.
24. Investment Case for Fast Track Strategies: Prioritizing Investment Options in HIV Response in Bangladesh to end AIDS by 2030. February, 2016. National AIDS/STD Programme; UNAIDS.
25. End Line Report on Continuation of the Prioritized HIV Prevention Services among Key Population in Bangladesh. December 2017. ASP & Global Fund.
26. Khanam R, Ahmed D, Rahman M, Alam M, Amin M, Khan SI, et al. Antimicrobial susceptibility of *Neisseria gonorrhoeae* in Bangladesh (2014 update). *Antimicrobial agents and chemotherapy*. 2016;60(7):4418-9.
27. Behavioral and Serological Surveillance amongst Key Populations at Risk of HIV in Selected Areas of Bangladesh. 2015-16. ASP, IEDCR & icddr'b;
28. UNICEF data: Monitoring the situation of children and women; Adolescent HIV Prevention. July 2018. UNICEF. Available from: (<https://data.unicef.org/topic/hivaids/adolescents-young-people/>)
29. Annual Progress Report Bangladesh. 2015. Global AIDS Response Progress Report (GARPR) Target 7: Eliminate Gender Inequalities and Gender-based Abuse and Violence and Increase the Capacity of women and Girls to protect themselves from HIV.
30. National HIV/AIDS Disclosure Guideline. April 2018. AIDS/STD Programme, Directorate General of Health Services; Bandhu Social Welfare Society.

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