



Partnership between LEAHN and Bangladesh Police

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Brief Facts about Bangladesh



Emergence as a state: 16th December 1971

Official Name: Government of the People's
Republic of Bangladesh

Total area: 144,000 sq km

Population: 1, 60 million (approx.)

Capital: Dhaka

Monetary Unit: Taka

Industries: cotton, textiles, jute, garments, tea processing, paper newsprint, cement, chemical fertilizer, light engineering, sugar, steel and engineering, Ship building

Natural resources: natural gas, arable land, timber, coal. Oil,

Tourist attractions: The world's longest unbroken sea beach, Surdarbans- mangrove forest and home of Royal Bengal Tiger, Kuakata sea beach- unique opportunity of seeing both the sunrise and sun setting etc.

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HIV in Bangladesh

- *First case of HIV in the country was detected in 1989*
- *Total number of registered case is 4143 as of 2015*
- *HIV Prevalence is the highest among Key Populations*
- *Overall Prevalence of HIV is <.1% among the general population*
- *It is estimated that 8,900 people are infected with HIV*
- *New cases of HIV Detected in 2015 is 469*

Who are mostly affected?

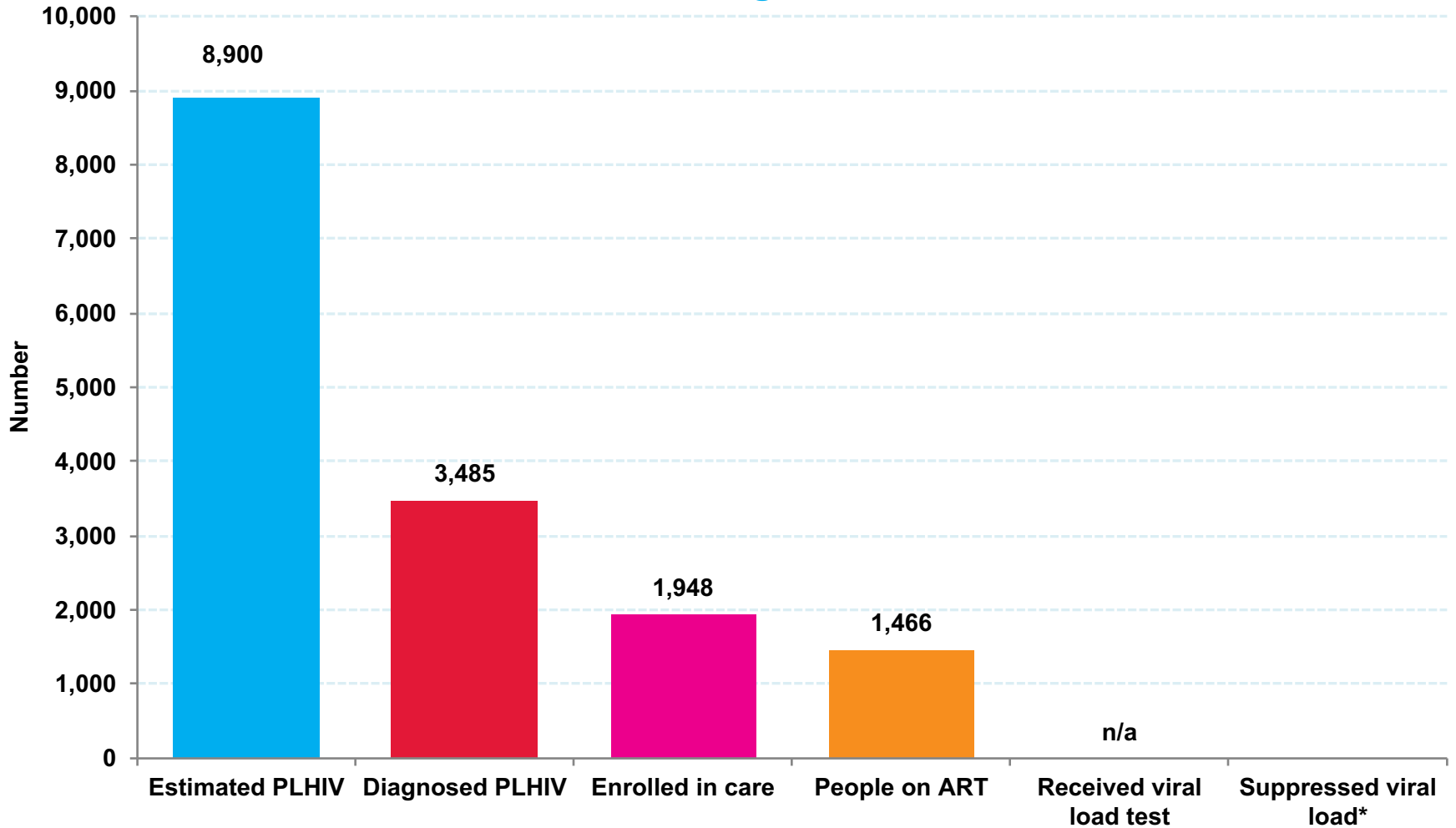
Key Population

- Sex Workers (Male, Female and Transgender)
- People Who Inject Drugs (PWID)
- Men Who Have Sex with Men (MSM)/ Hijras
- People Living with HIV

Other Vulnerable Groups

- International Migrant Workers
- Transport Workers
- Heroin Smokers, Prisoners
- Especially vulnerable adolescents.

Cumulative cross sectional cascade for HIV Treatment and Care, Bangladesh, 2015



* Number of people on ART who received a viral load test in the past year and have VL of <1000copies/ml

Data Source: 2015

Reporting Period: 1st Nov, 2014 to 31st Oct, 2015

Indicators	Total Number
Number of HIV testing center (GoB setting : 16 & NGO setting : 75)	91
Number of HIV tested	67,869
Number of HIV test results received	62,419

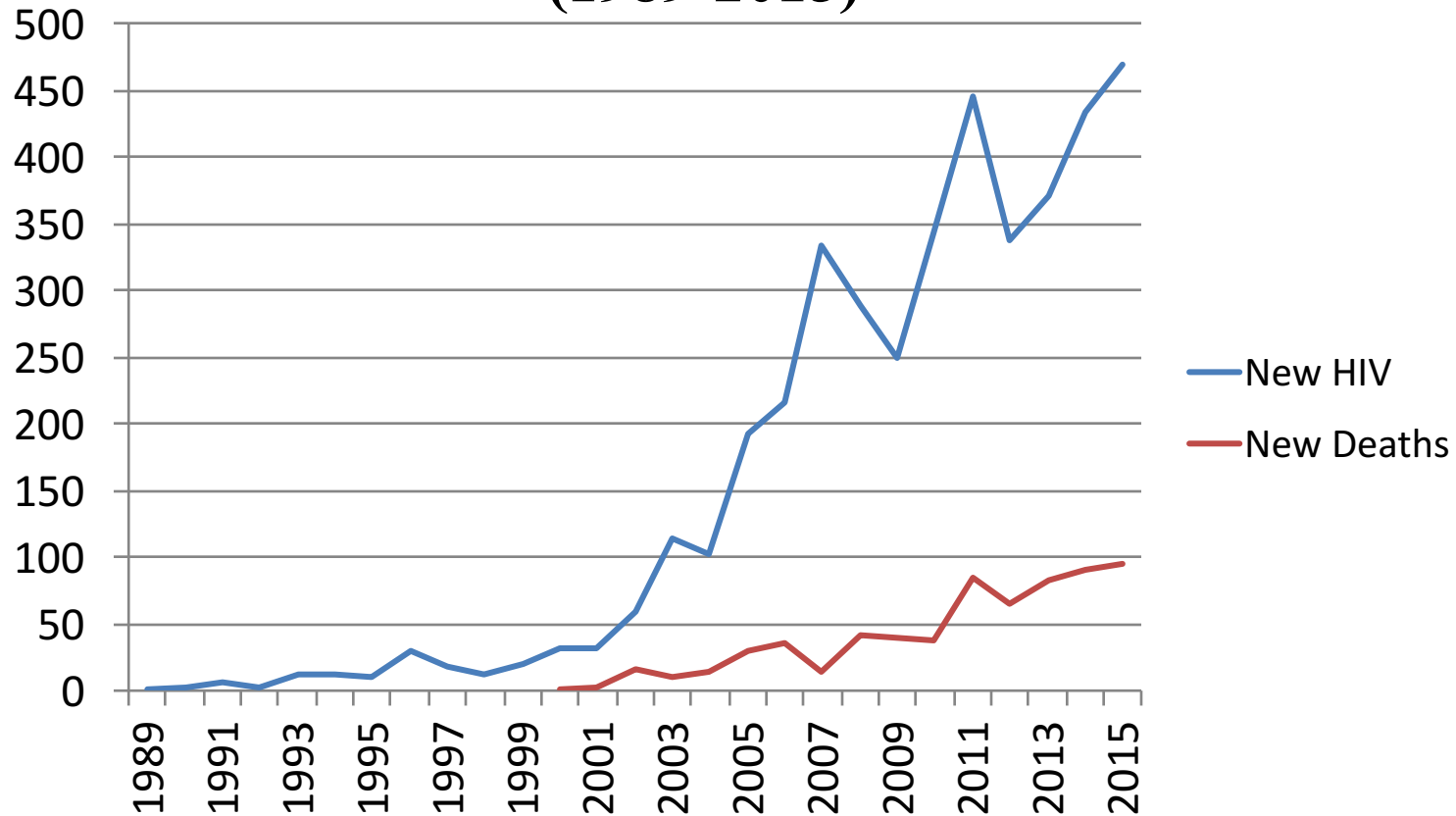
Source: NASP

Bangladesh Situation | 2015

New HIV and Death Cases

Particulars	New Cases in 2015	Cumulative Cases as of 2015
HIV	469	4,143
Death	95	658

New HIV and Death Cases Per Year (1989-2015)



	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
New HIV	1	2	6	2	12	13	10	29	19	12	20	31	31	60	115	102	193	216	333	288	250	343	445	338	370	433	469
New Deaths												1	3	16	10	14	30	35	14	42	39	37	84	65	82	91	95

Source: NASP

HIV New Cases 2015: By Gender

Sex	No of cases	% of Cases
Male	344	73%
Female	117	25%
Hijra/Transgender	8	2%

TOTAL HIV NEW CASES: 469

HIV New Cases 2015:By Age

Age	No of Cases	% of Cases
0-5 years	13	2.8
6-9 years	4	0.9
10-18 years	8	1.7
19-24 years	36	7.7
25- 49 years	358	76.3
50>	50	10.7
Total	469	100

HIV New Cases 2015:By Marital Status

Marital Status	Number	%
Married	263	56
Unmarried	52	11
Single	52	11
Divorce	9	2
Separate	3	1
Widowed	27	6
Discordant	61	13
Not Applicable	2	0
Total	469	100

HIV New Cases 2015: Migration Status

Around 30% of migrant population among the reporting cases

Migration Status	Gender			Total
	Male	Female	Hijra	
Current Migrant	36	0	4	40
Previous Migrant	96	3	1	100
Total	132	3	5	140

Risk Factors for Bangladesh

- High rate of needle sharing among PWID
- Low condom use among key and bridging populations
- External and Internal migration
- High HIV prevalence in neighboring countries with porous border
- Limited correct knowledge of HIV/AIDS among young people
- High prevalence of STIs among Key Populations

Strength of National Response

- **Political Commitment**
- **GO-NGO Collaboration**
- **People's Participation**
- **Donor Support**
- **Media Support**

Challenges of National Responses

- Gradual decrease of Donor support with decrease KP coverage
- Without scaled up HIV testing and counselling coverage with better integrated services and mixed models of community-based testing, Bangladesh will not meet the treatment targets
- Well developed and well functioning Units within National Program to oversee activities properly
- Legal and social barriers needs to be addressed: Stigma and Discrimination still prevail

Way Forward

- Program scale up for >80% coverage for KP and PLHIV, as per size estimation and geographical areas
- Scale up HIV testing and treatment using mixed models for community based testing, test for triage and service integration using new tested technologies
- Expand ART coverage to all those who need
- Address unmet needs of SRH, violence and stigma and discrimination
- Develop a strong M&E and evidence system to augment the progress
- Continue the perusal towards law and policy reform

Country Focal Point has
been nominated

**Bangladesh has
recently joined
the LEAHN with
an interest in the
role of law
enforcement in
HIV prevention**



Ms. Mily Biswas
Deputy Inspector General
Bangladesh Police

Examples of on going work with Police on HIV prevention

- **Workshop with Women police**



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Interactive trainings on

- **Role of Police in:**
- **addressing sexual violence**
- **Gender sensitivity**
- **Law enforcement and public health partnership**
- **Response to Drug Addicted People**

Challenges for Police

- **Lack of sensitivity in police personnel about the key affected populations with respect to HIV**
- **Social stigma to the issue**
- **Sometimes engage in traditional police role**
- **Police has limitations to proactively support agencies working with most-at-risk populations**
- **Less aware of the role of police in HIV prevention**

Priorities

- Address HIV related vulnerabilities of women in general and also the needs and rights of marginalized women
- Develop Gender Equality Strategy for national HIV response
- Follow up on punitive and discriminatory legal environment through advocacy and consultations
- Issues of marginalized women including minorities' should be reflected in National Policy
- HIV related civil society movements should be increased
- Community based HIV prevention and treatment needs to be facilitated

Contribution of WHO

- Support provided for conducting divisional HIV Counseling and Testing (HCT) Training and Provided TOT training in HCT in favour of antenatal care (ANC), TB and STI clinic nurses
- Technical support for the evaluation of the anti-retroviral (ARV) drugs produced in Bangladesh
- Technical support for designing a monitoring and evaluation and reporting system (MERS)
- Review of HIV /AIDS surveillance system in Bangladesh and Support for the conduction of a yearly surveillance
- Supporting World AIDS day activities

Role of POLICE

- **Conduct awareness building workshop with vulnerable people like HIV/AIDS and STD infected, Drug Addicted**
- **Sympathetic attitude towards Drug Addicted, Sex Workers, STD infected people**
- **Work with the NGOs' to rehabilitate HIV/AIDS Infected, Sex Workers, Drug Addicted People**
- **Meeting with Medical Doctors, Religious Leaders and People from different Community of the society regarding awareness building and legal assistance to HIV/AIDS infected, Drug Addicted**

Future Plan

- **Build partnership with the organizations (Government, Development partners and civil society) to work with key affected populations on AIDS**
- **Build up strong communication and working relationship with vulnerable communities.**
- **Conduct sensitization programme for all police officers**
- **Enhance police role through defining responsibilities regarding the matter**
- **Campaign for more access to legal services of the high-risk populations**
- **Global networking initiatives to share experiences**

Thank You

