

BANGLADESH

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNHCR, UNICEF, UNDP, UNFPA, UNODC, UN WOMEN, WHO, UNAIDS
SECRETARIAT

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

The Joint Team in Bangladesh made significant contributions in expanding HIV testing among female sex workers during the COVID-19 pandemic. Following the recommendations of several needs assessments, the Joint Team also worked with development partners to provide considerable food support, cash transfer and hygiene materials for brothel- and street-based female sex workers, transgender persons, and people living with HIV who inject drugs to curb new HIV infections and boost treatment adherence and health outcomes. The Joint Team improved access to HIV and STI prevention and treatment services for thousands of vulnerable people, including young people, men who have sex with men, female sex workers, people who inject drugs, and transgender persons, including through expanded drop-in centres and awareness raising initiatives. A training manual for mental health and psychosocial support was developed and healthcare workers were trained to improve the quality of these services for key and vulnerable populations, including female and transgender sex workers, women, girls and young men who have sex with men. The Sex Workers Network was capacitated to form partnerships with legal aid providers and community squads were established to address gender-based violence and advocate for the protection of sex workers by police and local governments.

HIV TESTING AND PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

With the support of the Joint Team, innovations such as self-testing for HIV and the use of pre-exposure prophylaxis (PrEP) were either gradually started or being shifted from the pilot phase into the mainstream HIV services. The Joint Team also supported a pre and post intervention assessment, through a convenience sample technique which included 650 young men who have sex with men and transgender people who used HIV self-testing, to identify best strategic approaches for scaling up of HIV self-testing among this population. Key results from the assessment included a better understanding of the acceptance of this group towards self-testing using the oral saliva test kit. This will inform the development of national guidelines and standard operation procedures for HIV self-testing, which will be used to guide programmes aimed at improving HIV case detection and prevention services among these groups.

Technical and financial assistance was provided to rollout integrated COVID-19 and HIV services reaching close to 1000 brothel and street-based female sex workers with HIV testing and counselling (HTC) and all tested negative for HIV. A total of 5345 cloth masks were distributed to brothel-based female sex workers during various HTC initiatives.

With technical support provided by the Joint Team, the Government developed and approved the National Guideline on prevention of mother-to-child transmission of HIV, hepatitis, and congenital syphilis (PMTCT). Through capacity building and technical assistance, the Joint Team also continued supporting expansion of PMTCT services within public health facilities— at end 2021, 13 tertiary hospitals and 25 Rohingya refugee camp sites offer these services. Between 2013 and 2021, an estimated 410 396 pregnant mothers accessed HTC services, 312 mothers living with HIV were enrolled on ART, and one infant was diagnosed HIV positive.

HIV PREVENTION AND SOCIAL PROTECTION FOR KEY POPULATIONS

The Joint Team in collaboration with other implementing partners continued to support HIV and sexually transmitted infections (STIs) prevention and screening services among female sex workers, men who have sex with men and transgender persons in six drop-in centres in Cox's Bazar district. Outreach workers were supported to promote HIV and services, increase knowledge on condom negotiation, and distribute prevention supplies. Eligible clients were also referred to government health facilities for diagnosis confirmation and treatment services. These services benefitted 3372 women who have higher risk of HIV infection and 2250 especially vulnerable adolescents. A total of 2332 women and girls, and 1300 young men who have sex with men and transgender persons also received HTC, of whom five tested HIV positive and were linked to antiretroviral treatment (ART) services. Besides, technical and financial assistance continued for the annual cervical cancer screening among female sex workers using integrated sexual and reproductive health and rights (SRHR) services. In 2021, a total of 1535 female sex workers were screened for cervical cancer through visual inspection by acetic acid (VIA). Another 27 female sex workers were sent to four different district hospitals for further screening and were all found negative.

The Joint Team facilitated community-led assessments on the impact of COVID-19 pandemic on people living with HIV and key populations. This included a series of consultations with adolescents, young people, and people from different key population groups to examine challenges, including disruption of health and community support services, loss of income, and violence created or worsened during the pandemic. Out of the 800 respondents, the assessments highlighted that 53% of people living with HIV had less than 1-month supply of antiretrovirals, and 39% did not know where they could call for support during the COVID-19 pandemic. This evidence, including the critical recommendations proposed by the participants, were used to inform COVID-19 responses and HIV programming across the country.

Through social marketing and funds mobilized from the Global Fund and the Joint Team, 1100 street- and 2500 brothel-based sex workers and transgender people received cash, food supplies and personal protective equipment (PPE) to help them overcome the impacts of the COVID-19 pandemic. In 2020, the social marketing initiative, generated US\$ 1804 for female sex workers in eight brothels. Additionally, the Joint Team, in partnership with government entities and development partners, provided financial support to 93 female sex workers and their 65 children in a brothel affected by Cyclone Amphan in May 2020.

Through the Joint Team's investments and technical support, the Sex Workers Network awarded US\$ 100 for 23 leaders of community-based organizations in 23 districts to cover the food supplies and PPE expenses for themselves and their families. Additionally, 40 members of the community-based organizations in eight brothels received vocational and skills development training and 10 elderly sex workers managed to establish small enterprises to avoid relying on income generating activities that places them at higher risk of HIV infection. The Joint Team further supported capacity building for 40 peer educators from the transgender, female sex

workers and men who have sex with men communities to enhance their knowledge of HIV and COVID-19 prevention, logistics management, and food distribution.

In collaboration with nongovernmental humanitarian agencies, the Joint Team donated US\$ 1000 to the Network of People Who Use Drugs to provide once-a-day meal for 60 to 150 people living with HIV who inject drugs for 5 months. Another 253 underprivileged Bangladeshis from Cox's Bazar area (host community) who lost their livelihoods due to COVID-19 pandemic benefited from cash incentives during the lockdown period. Food support and PPE was also provided for 140 street-based people living with HIV who inject drugs that lost their source of income due to the pandemic.

Six Public Service Announcements (PSA) were aired on 16 community radio channels twice a week for one month to promote COVID-19 prevention and healthy lifestyles among people living with HIV and key populations. Similar messages were also disseminated through various social media platforms with hundreds of thousands of views. For example, two episodes on COVID-19 prevention and healthy lifestyles targeting mothers, migrants, people who inject drugs, and transgender people aired on popular social media platforms recorded close to 700 000 views.

HUMAN RIGHTS, GENDER INEQUALITIES AND GENDER-BASED VIOLENCE

The Joint Team contributed to the development of a training manual for healthcare providers on mental health and psychosocial support (MHPSS) and training of 25 healthcare providers on MHPSS to improve service delivery among vulnerable populations including female sex workers, women, and girls.

The Sex Workers Network in Bangladesh was supported to assist female sex workers in establishing partnerships with legal aid systems and advocate for their protection by police and local governments. Three advocacy workshops were conducted to engage law enforcement officers in addressing various forms of harassments against female sex workers in Dhaka city. These efforts yielded positive results in terms of developing sustainability mechanisms and good governance within community-based organizations working with female sex workers; implementing effective advocacy initiatives targeting the police and local governments; and improving cooperation with legal aid systems.

As part of the *16 Days of Activism against GBV*, technical and financial support was provided to air half-hour long COVID-19 prevention messages every day for seven consecutive days in the comprehensive service centers in eight brothels across seven cities. A total of 2500 female sex workers and 900 children were reached with these messages. In addition, community-based organizations working with sex workers were supported to establish eight community squads within the brothels. In 2021, the squads conducted various advocacy initiatives and provided 1386 emergency GBV response services in eight brothels.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team and civil society organizations continued to advocate for government-led social safety net assistance programmes. Technical and financial support was also provided to empower female sex workers and vulnerable populations and help them establish income generating activities during the COVID-19 pandemic—contributing towards the Sustainable Development Goals (SDGs) 2: Zero hunger.

In line with SDG 10: Reduced inequalities, and relying on a robust private sector engagement (SDG 17: Partnerships), job mentoring and placements were conducted by the Joint Team to increase the employability of young men who have sex with men and transgender persons and prevent them from resorting to sex work; a total of 37 job placements were done in various corporate organizations.

The Joint Team improved access to HIV and STI services for more than 90 000 vulnerable and key populations, including men who have sex with men, female sex workers, people who inject drugs, and transgender persons in Bangladesh. Efforts were also made to expand access to mental health services among these group, especially during the COVID-19 pandemic period, contributing towards SDG 3: good health and wellbeing.

In line with SDG 5: gender equality and SDG 10: reducing inequality, the Joint Team provided capacity building and monetary assistance to establish small enterprises aimed at empowering vulnerable and key populations to generate income and protect themselves from HIV and other STIs.

The Joint Team facilitated assessment of HIV and harm reduction service needs of prisoners and developed training manual on HIV prevention and harm reduction for law enforcement officers to improve access to justice and strengthen the capacity of legal institutions as a direct contribution towards SDG 16: peace, justice, and strong institutions.

CHALLENGES AND LESSONS LEARNED

Successive waves of the COVID-19 pandemic interrupted HIV services and affected livelihoods of vulnerable people, including people living with HIV and people from key populations who are at high risk of HIV infection. Some of these challenges included food insecurity, psychosocial issues, loss to follow up for HIV services, and financial crisis.

Weak national procurement and supply management continue to create shortages and stockouts, including for test kits and reagents further impeding delivery of quality HIV services in the country.

Low HIV prevalence and reduced HIV case detection among adolescents in Bangladesh contribute to inadequate prioritization of HIV prevention in the national HIV response and policies. Adolescents from key population groups continue to be left behind as external resources are allocated for programmes tailored to address the needs of adult key populations. Increased domestic investments are needed to further scale up HIV prevention and treatment services in the country. Lessons learned show the need for multisectoral engagement to accelerate implementation of integrated HIV and SRHR services to address the needs of all vulnerable and key populations and achieve Universal Health Coverage.

Community-based organizations and networks of people living with, people who use drugs, and sex workers in Bangladesh need to strengthen their financial management systems. Experiences underscore the need for concerted technical and financial support to strengthen their human and financial capacity to ensure their sustainability and effective implementation of community-led HIV programmes.

Capacity building training is needed to improve knowledge of harm reduction programmes and opioid agonist therapy (OAT) within relevant departments overseeing narcotics control.

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