



World AIDS Day 2016

HIV & AIDS Situation and National Response

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Basic of HIV and AIDS

HIV – Human Immunodeficiency Virus

The virus attacks body's immune system and destroys T-cells or CD4 cells which helps the body to fight against diseases

AIDS – Acquired Immune Deficiency Syndrome

HIV can severely damage one's immune system and lead to AIDS



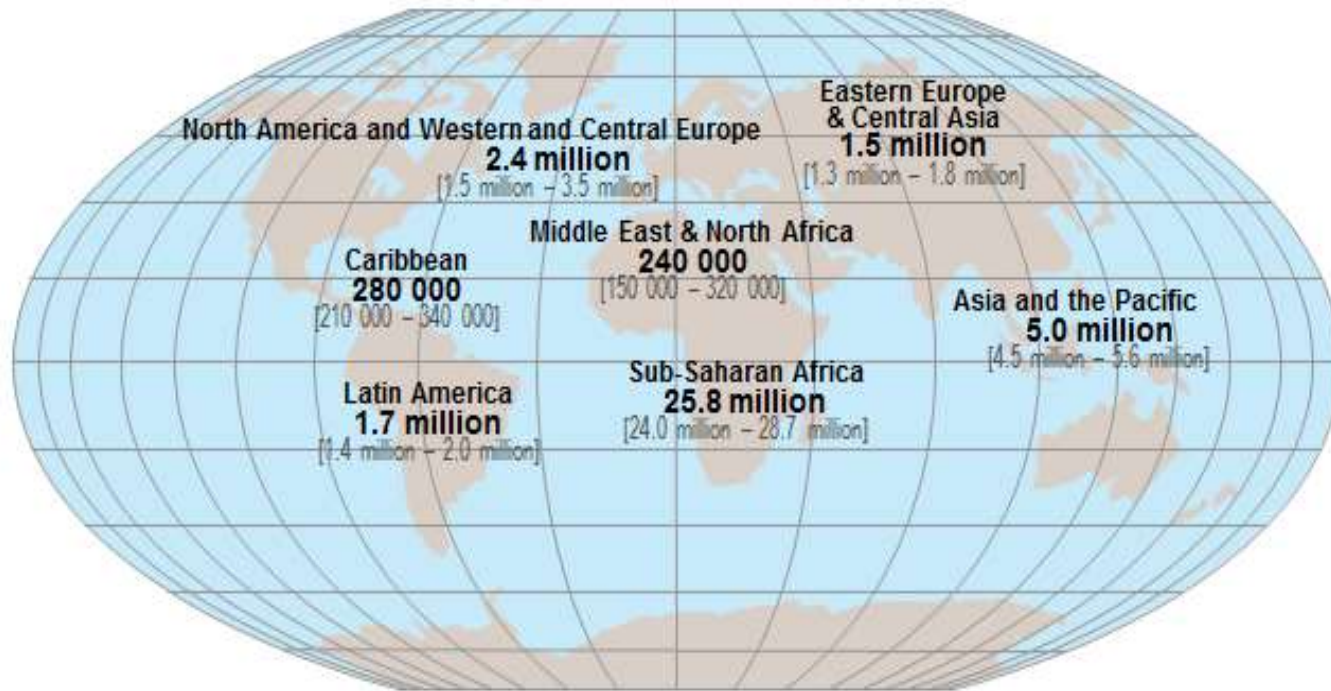
Basic of HIV and AIDS

Contd.

HIV CAN be transmitted through:	HIV CAN NOT be transmitted through:
<ol style="list-style-type: none"> 1. Sexual contact with an infected person 2. Sharing needles, syringes or other injection equipment with someone who is infected 3. Mother-to-child transmission 4. Transmission during blood transfusion 	<ol style="list-style-type: none"> 1. Casual/social contact 2. Kissing and hugging 3. Mosquito bites 4. Using same utensils/towels, etc. 5. Sharing the same wash-rooms 6. By touching items that were touched by an infected person



Global estimates for adults and children | 2014



People living with HIV
New HIV infections
Deaths due to AIDS
PLHIV accessing ART

36.9 million [34.3 million – 41.4 million]
 2.0 million [1.9 million – 2.2 million]
 1.2 million [980 000 – 1.6 million]
 15.8 million

About 5,600 new HIV infections a day in 2014

Source: UNAIDS



Regional Estimates

Asia and the Pacific Region |2014

Adults and children living with HIV	5 million
Adults and children newly infected with HIV	340,000
Adult prevalence (15–49)	0.2%
Adult & child deaths due to AIDS, up to 2014	240,000

Source: UNAIDS



Targets for ending the AIDS epidemic by 2030

We aim to bring the HIV epidemic under control so that it no longer represents a public health threat to any population or country.



reduction in new
HIV infections



reduction in stigma
and discrimination



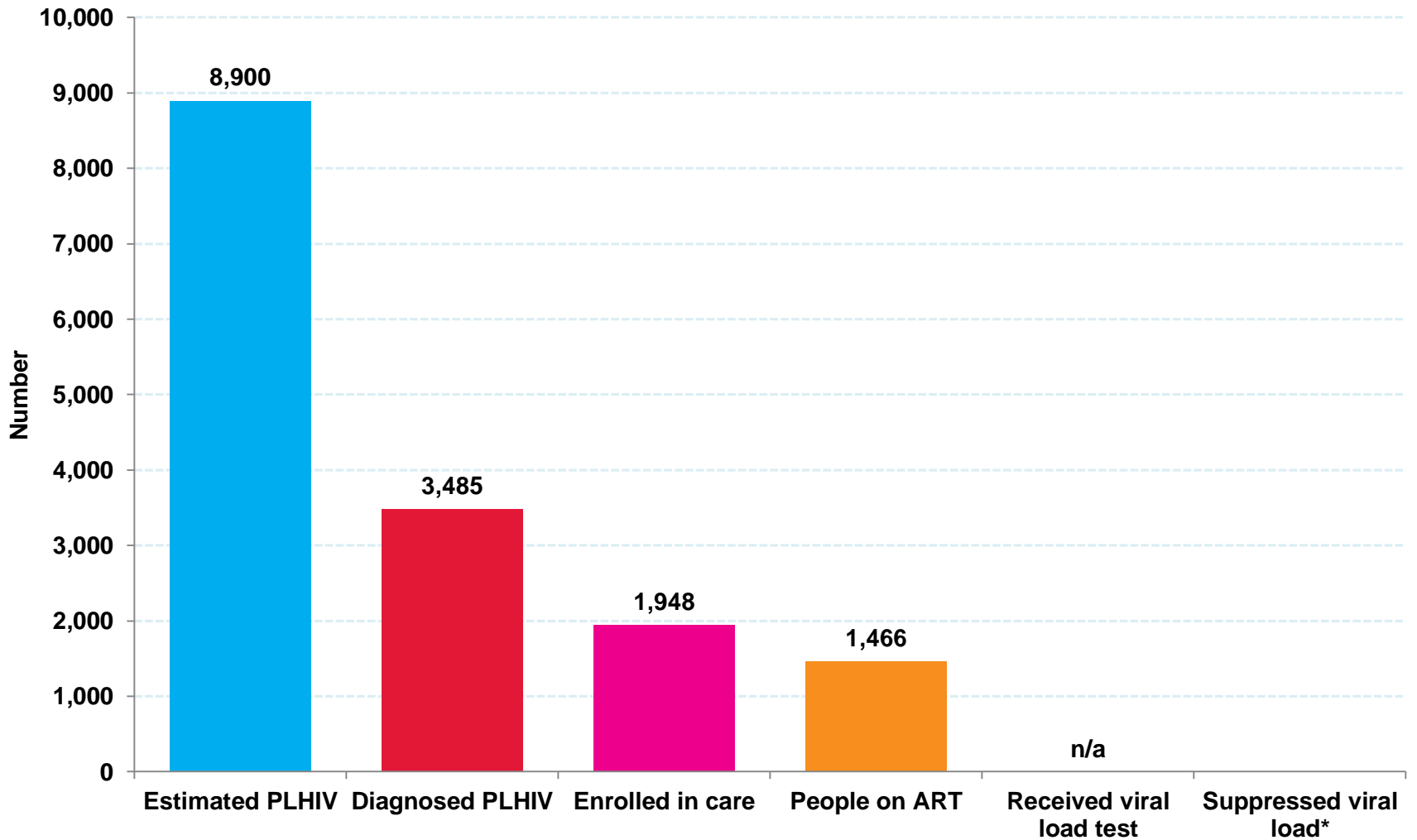
reduction in
AIDS-related deaths

Bangladesh Situation

- **In Bangladesh the first HIV case was detected in 1989**
- **Although HIV prevalence remains very low among general population and has remained below 1% in key population**
- **Estimated number of PLHIV is 8,900**
(estimate range: 8,000-9,800, Source: NASP/UNAIDS, 2014)



Cumulative cross sectional cascade for HIV Treatment and Care, Bangladesh, 2016



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

Data Source: 2016

Reporting Period: 1st Nov, 2015 to 31st Oct, 2016

Indicators	Total Number
Number of HIV testing center (GoB setting : 18 & NGO setting : 110)	128
Number of HIV tested	84,209
Number of HIV test results received	83,356

Source: NASP



Bangladesh Situation | 2016

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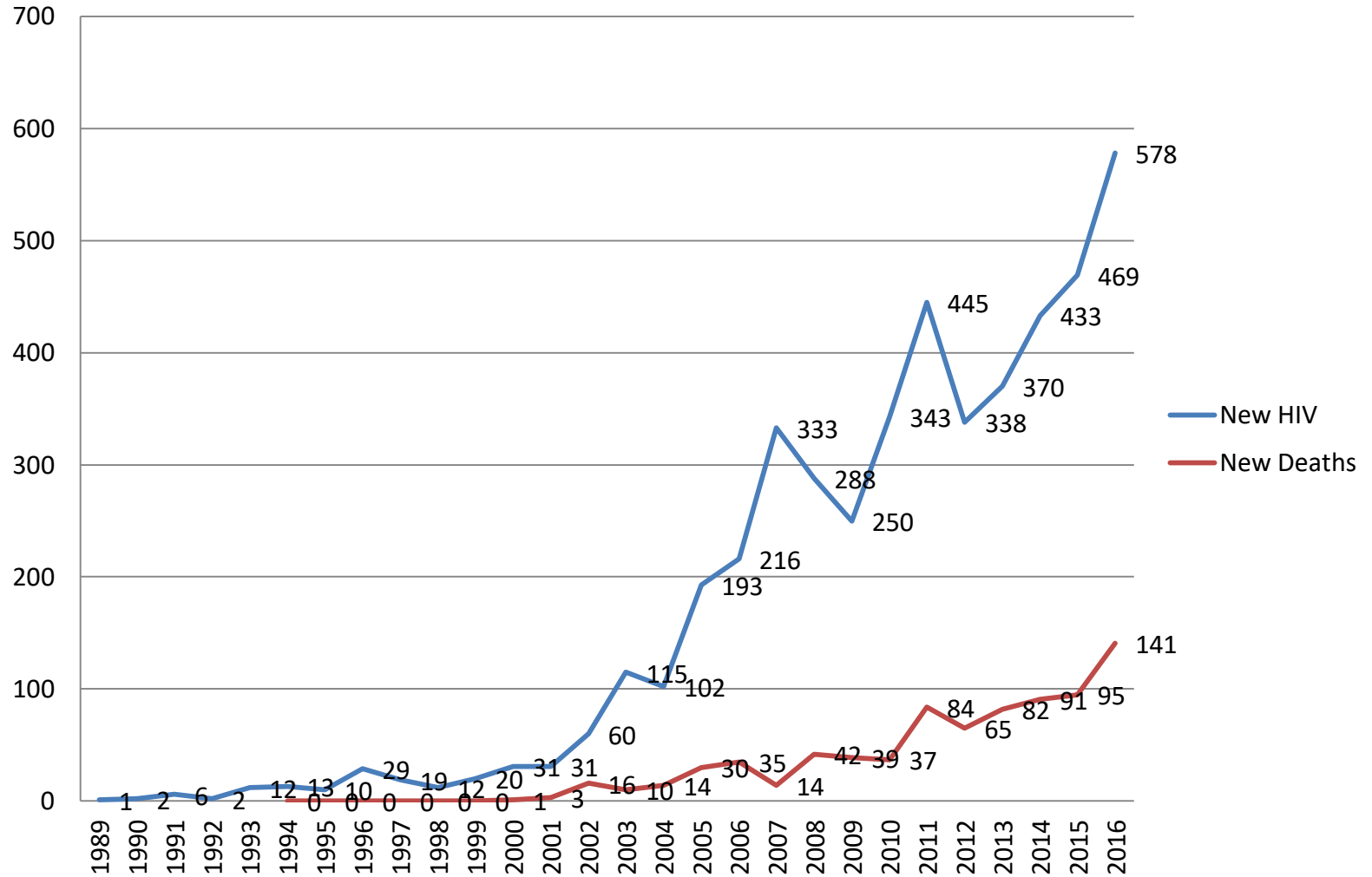
New HIV and Death Cases

Particulars	New Cases in 2016	Cumulative Cases as of 2016
HIV	578	4,721
Death	141	799

Source: NASP

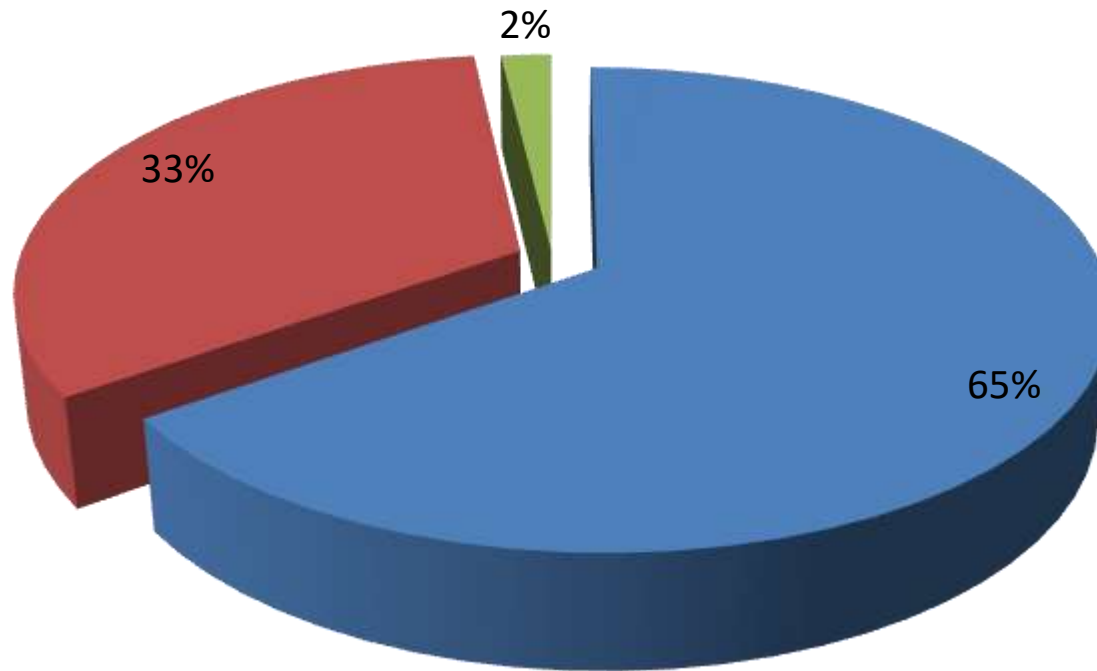


New HIV and Death Cases Per Year (1989-2016)



HIV New Cases 2016: By Gender ^{S-12}

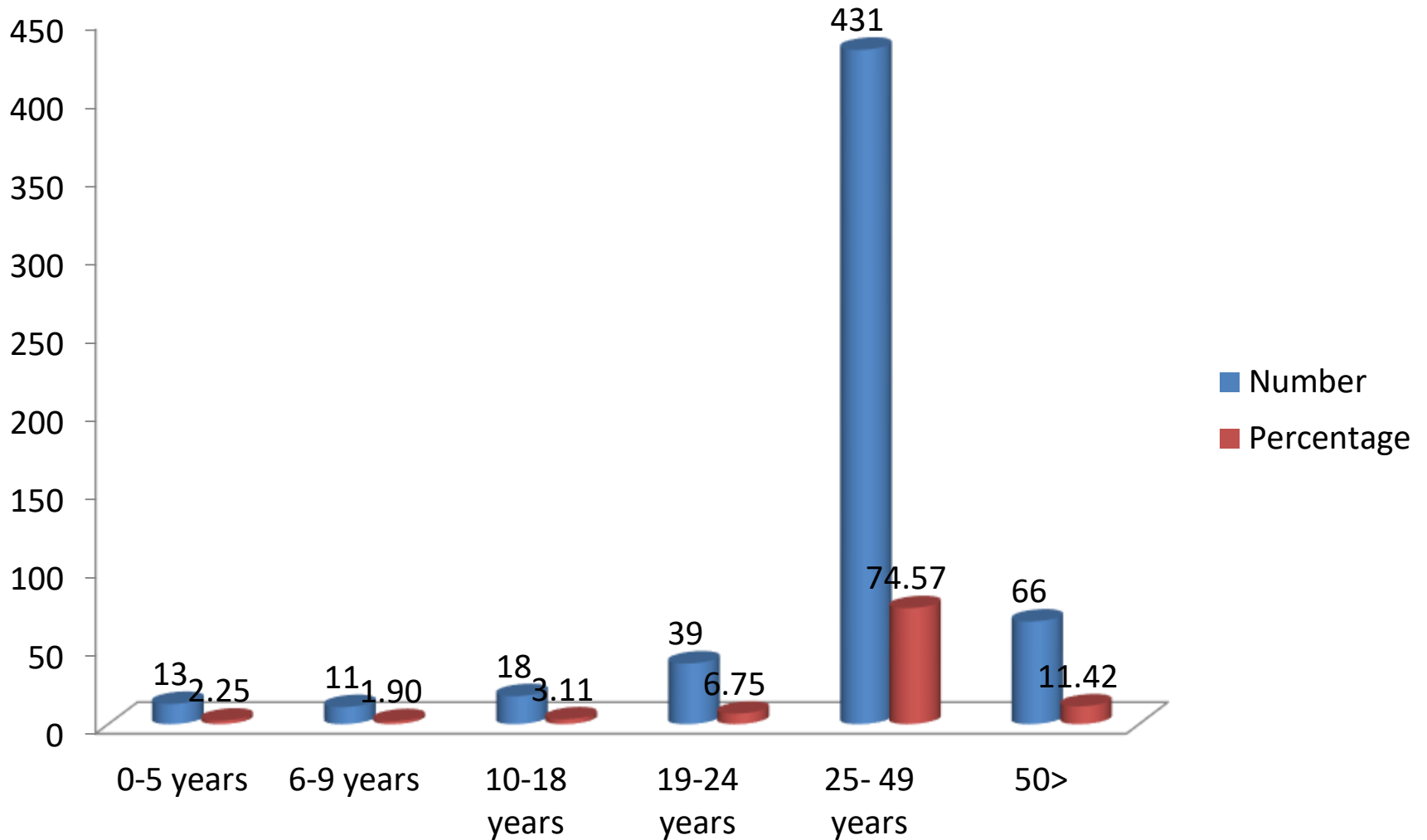
■ Male ■ Female ■ Hijra/Transgender



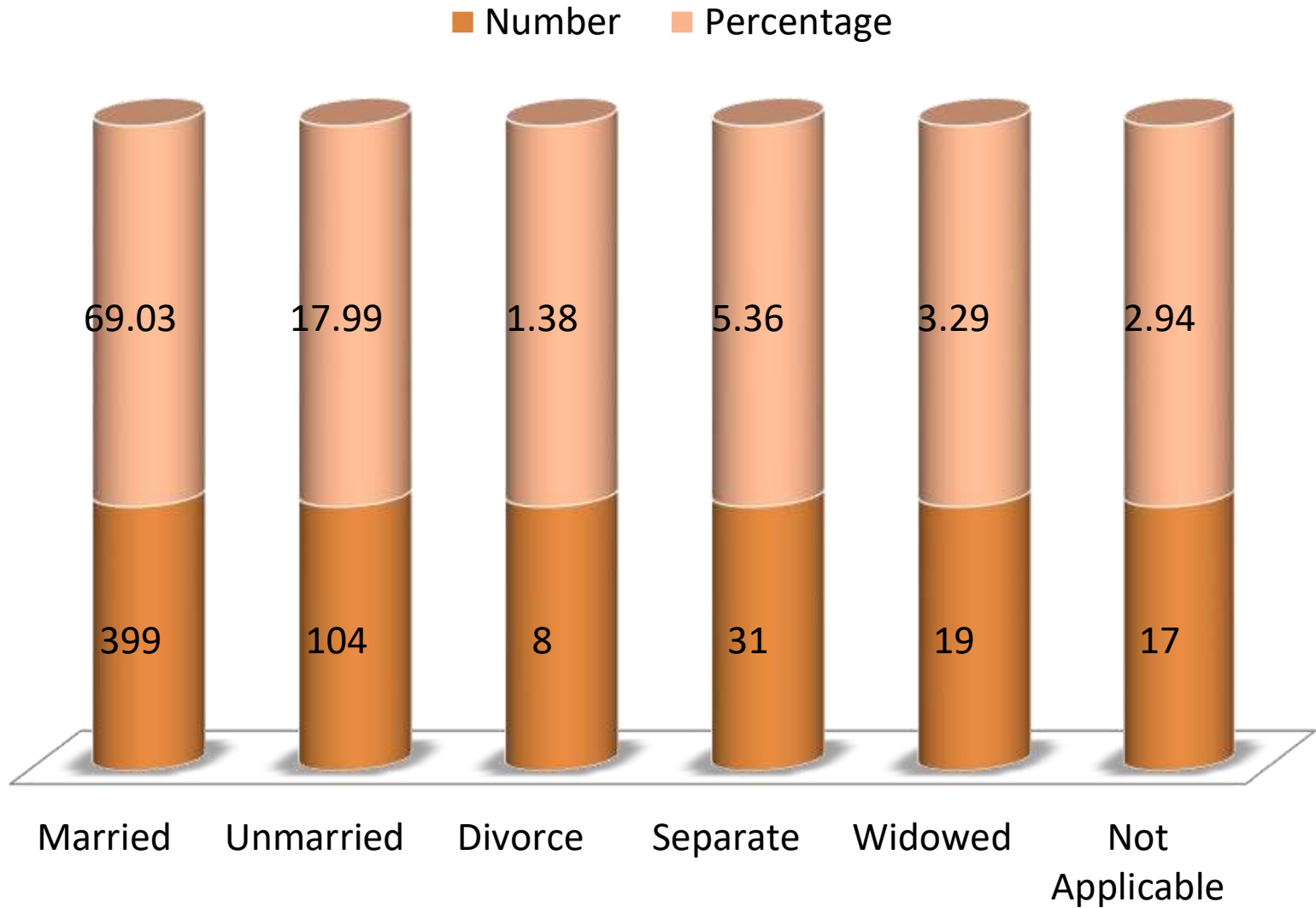
TOTAL HIV NEW CASES: 578



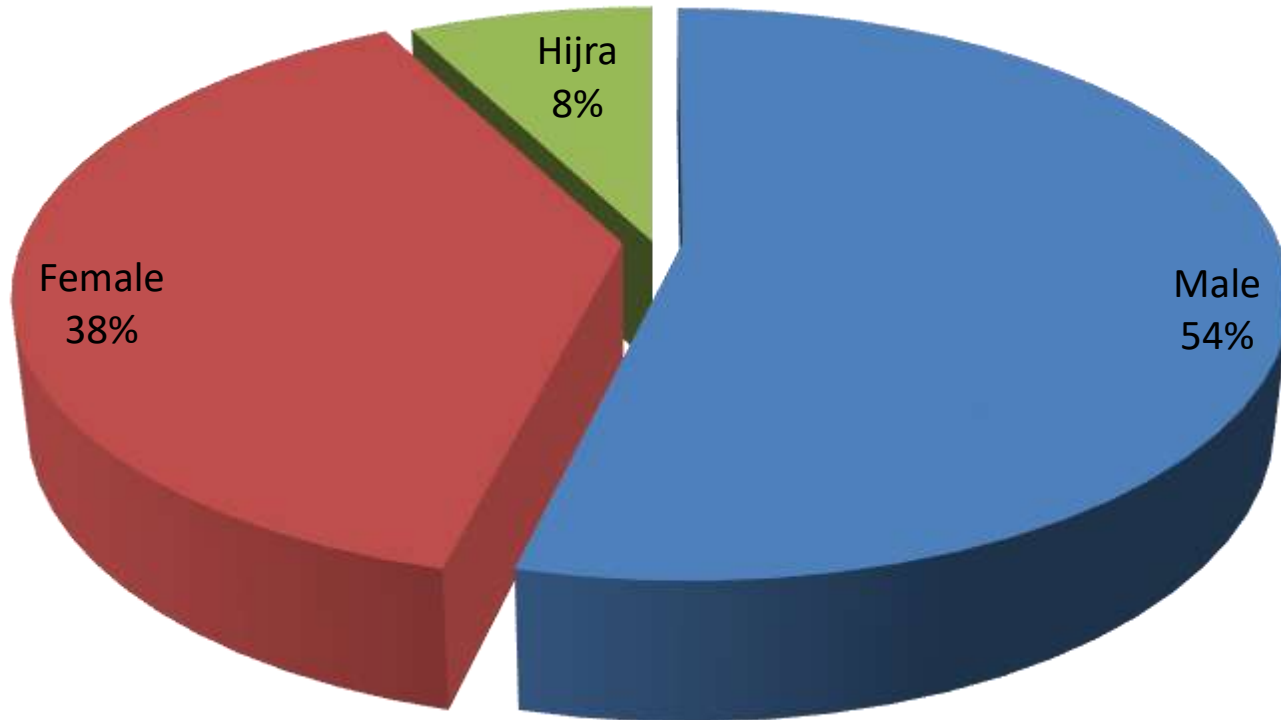
HIV New Cases 2016: Among the Age Distribution



HIV New Cases 2016: By Marital Status



HIV New Cases 2016: Migration Status



Around 32.70% of migrant population among the reporting cases



HIV New Cases 2016: Migration Status

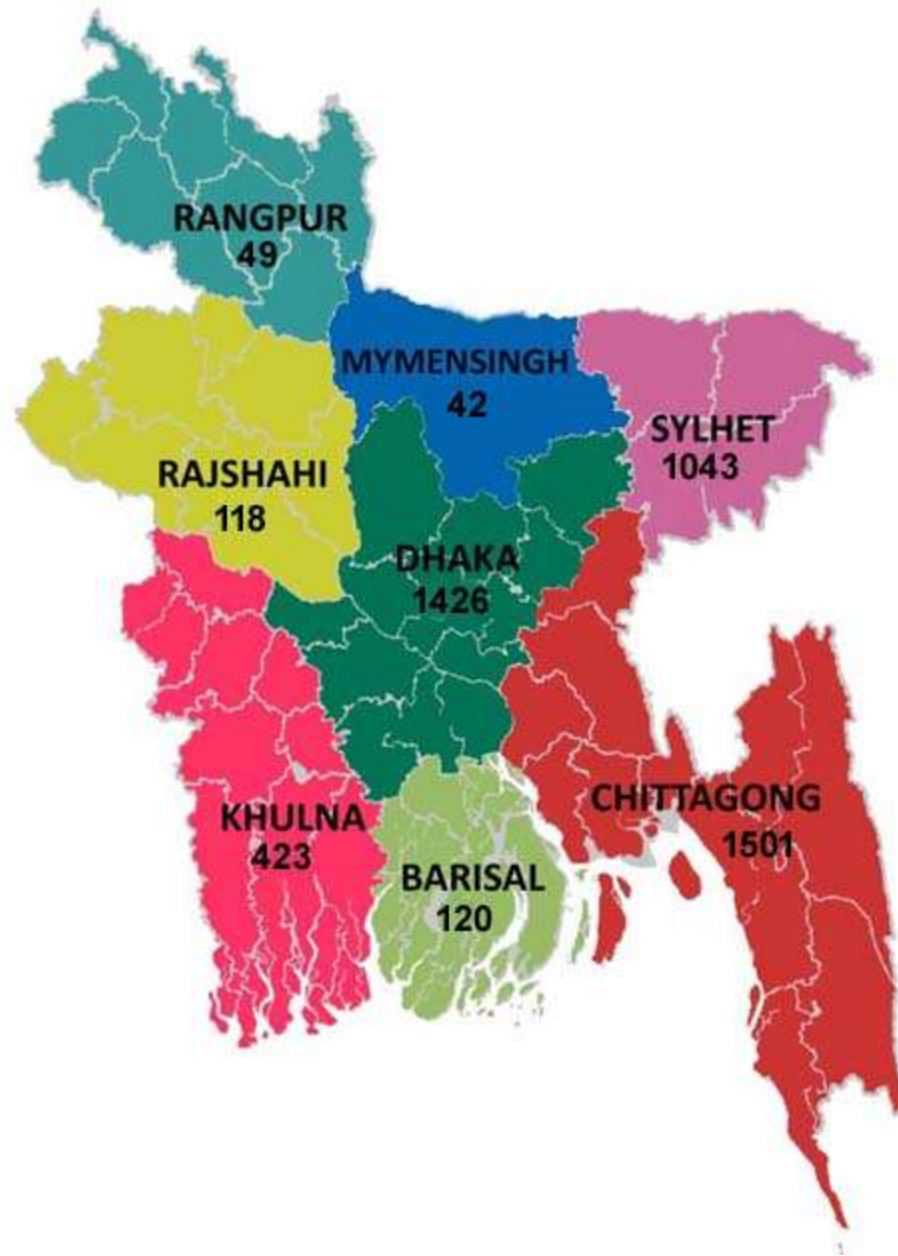
Around 32.70% of migrant population among the reporting cases

Migration Status	Gender			Total
	Male	Female	Hijra	
Current Migrant	14	10	2	26
Previous Migrant	146	17	0	163
Total	160	27	2	189



HIV New Cases 2016: By Division





HIV New Cases 2016: By Division

DIVISION	New HIV	%
BARISAL	18	3.11
CHITTAGONG	136	23.53
DHAKA	216	37.37
KHULNA	98	16.96
MYMENSING	7	1.21
RAJSHAHI	16	2.77
RANGPUR	5	0.87
SYLHET	81	14.01
FOREIGN COUNTRY	1	0.17
TOTAL	578	100

HIV New Cases 2016: By Division & District

DIVISION	DISTRICT	New HIV
BARISAL	BARGUNA	1
	BARISAL	14
	PATUAKHALI	3
	Sub Total	18
CHITTAGONG	BRAHMMANBARIA	5
	CHANDPUR	13
	CHITTAGONG	23
	COMILLA	32
	COX'S BAZAR	27
	FENI	17
	LAKSHMIPUR	2
	NOAKHALI	16
	RANGAMATI	1
Sub Total	136	

HIV New Cases 2016: By Division & District

DIVISION	DISTRICT	New HIV
DHAKA	DHAKA	137
	FARIDPUR	4
	GAZIPUR	13
	GOPALGONJ	4
	KISHORGONG	1
	MADARIPUR	1
	MANIKGANJ	9
	MUNSHIGANJ	13
	NARAYANGANJ	19
	NARSINGDI	3
	RAJBARY	1
	SHARIATPUR	5
	TANGAIL	6
	Sub Total	216

HIV New Cases 2016: By Division & District

DIVISION	DISTRICT	New HIV
KHULNA	BAGERHAT	8
	JESSORE	23
	JHENAIDAH	5
	KHULNA	33
	KUSHTIA	2
	MEHERPUR	1
	NARAIL	12
	SATKHIRA	14
	Sub Total	98
MYMENSING	MYMENSINGH	5
	SHERPUR	2
	Sub Total	7
RAJSHAHI	BOGRA	5
	JOYPURHAT	1
	NATORE	2
	PABNA	4
	SIRAJGANJ	4
		Sub Total

HIV New Cases 2016: By Division & District

DIVISION	DISTRICT	New HIV
RANGPUR	DINAJPUR	2
	GAIBANDHA	3
	Sub Total	5
SYLHET	SYLHET	52
	MOULVIBAZAR	19
	HABIGANJ	4
	SUNAMGANJ	6
	Sub Total	81
FOREIGN	CAMEROON	1
	Grand Total	578

Revised 3rd National Strategic Plan for HIV & AIDS 2011-2017

Vision

We want HIV/AIDS free society, and social justice for all, and tolerance for PLHIV/AIDS where HIV epidemic has been averted and people live with respect and dignity

Mission

To improve the quality life for the members of high-risk and vulnerable groups and population of Bangladesh by preventing spread of HIV infection and reducing impact of AIDS

Goal

Minimize the spread of HIV and minimize the impact of AIDS on the individual, family, community, and society



Key and Vulnerable Population

Based on Revised 3rd National Strategic Plan

Key Population

- People who inject drugs (PWID)
- Sex workers and their clients
- Males who have sex with males (MSM)
- Hijra/Transgender

Vulnerable Population

- Migrant population
- Especially vulnerable adolescents (EVA)
- Heroin smokers
- Transport workers
- Prisoners



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



HIV and AIDS Programs under NASP

Sector Programs of GoB (**On going**):

- Care, support and treatment (CST Packages)
- Surveillance
- Brothel Based FSWs
- Street Based FSWs
- Hotel and Residence Based FSWs
- MSM and Hijra
- Harm reduction for PWID
- Opioid Substitution Therapy for PWID

Other Program : **In Progress**

- New Funding Model (NFM)- Global Fund Grant



HIV and AIDS Program under New Funding Model-Global Fund Grant

Program Starts: **1st December, 2015**

Program Ends: **30th November, 2017**

Principal Recipients	Program Activity
1. NASP	1. HSS-Health information system & M&E
	2. HSS-Health and Community Workforce
	3. HSS-Policy and Governance
	4. Program Management
2. Save The Children	1. Prevention Program for FSW and their clients
	2. Prevention Program for PWID and their partners
	3. Treatment, Care and Support
3. icddr,b	1. Prevention Program for MSM, MSW & Hijra
	2. Conduct operational research



Role of NASP

NASP is the nodal body for national response to HIV and AIDS and performs the stewardship role for:

- 1. Strategic Direction**
- 2. Management of Coordination**
- 3. Prevention program through NGOs**
- 4. Treatment, Care and support for PLHIV**
- 5. Monitoring and Evaluation of programs**



Strength of National Response

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



- Revised 3rd National Strategic Plan for HIV and AIDS response, 2011-2017
- Revised National AIDS Monitoring and Evaluation Plan, 2011-2017
- National HIV Risk Reduction Strategy for Most at Risk and Especially Vulnerable Adolescents to HIV and AIDS in Bangladesh (2013-2015)
- National Guidelines for the Prevention of Vertical Transmission of HIV and Congenital Syphilis (2013)
- National Consultation on Punitive Laws Hindering the AIDS Response in Bangladesh (2013)
- Risk Reduction Strategy for Young Key Populations and MARA, 2013
- ART Training Module for Doctors, 2013
- Nutritional Guidelines for PLHIV, 2012
- National Anti Retroviral Therapy Guidelines, 2011
- Training Manual on the reduction of Stigma and Discrimination related to HIV/AIDS (2010)
- National Harm Reduction Strategy for Drug Use and HIV (2004-2010)



Programmatic Achievements

- NASP structure within DGHS organogram has been approved in August, 2015
- NASP is procuring 100% Antiretroviral (ARV) from December 2012 onwards
- Since May 2015, GoB under direct supervision of NASP, providing optimum care and treatment to key populations and PLHIV through care, support and treatment (CST) services at GO and NGOs facilities (**till date 17 functional out of 20**)
- Since October 2015, a new size estimation of key populations on progress in Bangladesh
- National survey among Young People on the knowledge, attitudes and behavior towards HIV is planned



Programmatic Achievements contd. S-28

- National database for PLHIV developed to assess national response to PLHIV and retrospective data entry on progress
- An unified online national reporting system for HIV and AIDS was established in 2013 and regular reporting on progress
- Under direct supervisor of NASP the Baseline Survey for Care, Support and Treatment (CST) packages ongoing (Oct 2015)
- From January, 2015, undertook an investment case to explore how limited resource could be used to maximize impact and help direct a rapid and sustainable increase in domestic and donor investment



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 (e.g, M&E- unit, , Finance Unit, Program Unit, Procurement) 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



এইচআইভি
সংক্রমণ ও
এইডস মৃত্যু
নয় একটিও আর

বৈষম্যহীন পৃথিবী গড়বো সবাই

এই আমাদের অঙ্গীকার

GETTING TO
ZERO

- ZERO NEW HIV INFECTIONS
- ZERO DISCRIMINATION
- ZERO AIDS RELATED DEATHS

WORLD AIDS DAY
1 December 2015

Thank You



*This Presentation will be available at <http://www.bdnasp.org> on December 2, 2015