



Annual Report 2018



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

Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh

Published on: 17 June, 2019

Printed By:

Line Director's Note

It is my great pleasure to share the Annual Progress Report, 2018 of the AIDS/STD Programme which reflects our commitment and efforts to eliminate HIV/AIDS and ensure an effective national multi-sectoral HIV/AIDS response. ASP's efforts to eliminate HIV/AIDS is primarily guided 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.

Though Bangladesh still remains a low prevalence country for HIV with less than 0.01% overall prevalence in general population over the years, it has several vulnerability factors including poverty, cross-border migration, high prevalence rate of HIV in the neighboring countries, considerable number of migrant workers abroad etc. Therefore, the Government has been working to implement services, provide universal access, coordinating for a multi-sectoral response to reduce HIV epidemic, thereby ending AIDS by 2030.

The ASP would like to acknowledge and recognize different national and international development partners including other ministries and department, bilateral, multilateral organizations, UN agencies, international and national NGOs, CSOs, networks and individuals for their constant support throughout the year. I would also like to express my sincere gratitude to UNFPA and the Global Fund for the technical and financial support in developing this report. This is the first time ASP has published an annual progress report. My gratitude also goes to my colleagues in the AIDS/STD Programme for their active engagement in implementing activities throughout the year. Sincere thanks goes to Mr. S.M Naheean, Consultant for his technical and coordination support and assistance in developing this annual progress report.

In the end, I sincerely hope that this report will assist us to reflect our initiatives in 2018, major achievements and challenges, lessons learned, way forward in 2019 and beyond. On behalf of ASP, I convey our heartfelt felicitations to all partners, entities and relevant stakeholders for being with us in this long journey to end AIDS by 2030 in the country.

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

Acronyms/ Abbreviations

AEM	AIDS Epidemic Model	IOM	International Office for Migration
AIDS	Acquired Immune Deficiency Syndrome	IPV	Intimate Partner Violence
ANC	Anti-natal Care	KP	Key Population
ART	Anti-retroviral Therapy	LH	Light House
ARV	Anti-Retroviral	MoHFW	Ministry of Health and Family Welfare
ASP	AIDS/STD Programme	M&E	Monitoring & Evaluation
BCC	Behavioral Change Communication	MHV	Medical Health Volunteer
BCCM	Bangladesh Country Coordinating Mechanism	MIS	Management Information System
BMET	Bureau of Manpower Employment and Training	MJF	Manusher Jonno Foundation
BOESL	Bangladesh Overseas Employment and Services Limited	MSM	Males Who Have Sex with Males
BSMMU	Bangabandhu Sheikh Mujib Medical University	MSW	Male Sex Worker
BSWS	Bandhu Social Welfare Society	NAC	National AIDS Committee
CABA	Children Affected by AIDS	NASC	National AIDS/STD Control
CBO	Community Based Organization	NFM	New Funding Model
CC	Community Clinic	NGO	Non-Government Organization
CDC	Communicable Disease Control	NOP+	Network of PLHIV
CHCP	Community Health Care Provider	NPUD	Network of People Who Use Drugs
CMSD	Central Medical Storage Department	NSEP	Needle Syringe Exchange Program
CSO	Civil Society Organization	NSP	National Strategic Plan
CSTC	Care Support Treatment Center	NTP	National Tuberculosis Program
DALYs	Disability-adjusted Life Year	OI	Opportunistic Infection
DGHS	Directorate General of Health Services	OP	Operational Plan
DHTC	District HIV Testing and Counseling Center	OST	Opioid Substitution Therapy
DIC	Drop-In Center	OVC	Orphans and Vulnerable Children
DNC	Department of Narcotics Control	PITC	Partner Initiated Testing & Counseling
DOTS	Directly Observed Treatment Short	PLHIV	People Living with HIV
DSHE	Directorate of Secondary and Higher Education	PMTCT	Prevention of Mother-to-child Transmission
DP	Development Partner	PR	Principle Recipient
EBF	Exclusive Breast Feeding	PWID	People Who Inject Drugs
ERF	Exclusive Replacement Feeding	RCC	Rolling Continuation Channel
FDMN	Forcibly Displaced Myanmar Nationals	SAC	Surveillance Advisory Committee
FP	Family Planning	SBTP	Safe Blood Transfusion Program
FSW	Female Sex Worker	SC	Save the Children

FYP	Five Year Plan	SDG	Sustainable Development Goals
GAM	Global AIDS Monitoring	SI	Strategic Information
GAMCA	Gulf Approved Medical Centers Association	SOP	Standard Operating Procedure
GF	Global Fund	SRH	Sexual and Reproductive Health
GoB	Government of Bangladesh	STD	Sexually Transmitted Disease
HAPP	HIV Prevention Project	STI	Sexually Transmitted Infection
HATI	HIV/AIDS Targeted Interventions	SWN	Sex Workers Network
HAIS	HIV/AIDS Intervention Services	TB	Tuberculosis
HCV	Hepatitis C Virus	TC-NAC	Technical Committee of National AIDS Committee
HIV	Human Immunodeficiency Virus	TG	Transgender
HMIS	Health Management Information System	TWG	Technical Working Group
HPNSP	Health, Population and Nutrition Sector Programme	UA	Universal Access
HTC	HIV Testing and Counseling	UHC	Universal Health Coverage
HTS	HIV Testing Services	UN	United Nations
IBBS	Integrated Biological and Behavioral Surveillance	UNAIDS	Joint United Nations Programme on HIV/AIDS
icddr'b	International Centre for Diarrheal Disease Research, Bangladesh	UNFPA	United Nations Populations Fund
ICT	Information and Communication Technology	UNICEF	United Nations Children's Fund
IEC	Information, Education and Communication	WAD	World AIDS Day
		WHO	World Health Organization

Contents

Executive Summary	8
1. Background	10
1.1 Country Programme Overview	10
1.2 Current HIV Situation and Trend in Bangladesh	11
1.3 4 th Health, Population and Nutrition Sector Programme	16
1.4 Operational Plan: TB-Leprosy & ASP (ASP Component)	16
1.5 4 th National Strategic Plan for HIV and AIDS Response, 2018-2022	17
2. Role of AIDS/STD Programme.....	18
2.1 Evolution of NASP/ NASC/ ASP.....	18
2.2 Specific Role of ASP	18
2.3 Engagement of Ministries, Development Partners and Civil Society	19
3. Major Initiatives/ Activities Implemented in 2018 (January- December).....	21
3.1 HIV/AIDS Prevention Programme	21
3.2 HIV Case Detection and Screening.....	27
3.3 Comprehensive Prevention of Mother-to-Child Transmission of HIV Services	29
3.4 Prevention Intervention among Brothel based Sex Workers.....	31
3.5 Essential HIV Services for Adolescent Key Populations	35
3.7 Strengthening Capacity and Coordination	41
3.8 Strategic Information and Surveillance: Brief Summary of Recent Survey/ Study.....	43
3.9 Other Activities.....	44
4. STI/HIV and AIDS Response for Forcibly Displaced Myanmar Nationals in Cox's Bazar	46
5. Major Challenges and Way Forward	49
6. Conclusion	50
7. References	51
8. List of Figures and Tables	52

Executive Summary

Bangladesh remains a low HIV prevalence country with less than 0.01% overall prevalence in general population over the years. The HIV prevalence remains about 3.9% among key populations (KP) mostly in people who inject drugs (PWID). The first case of HIV in Bangladesh was detected in 1989 and timely and effective measures taken by the Government and the development partners helped Bangladesh to avert the epidemic.

The AIDS response in Bangladesh is primarily guided under the purview of the 4th Health, Population and Nutrition Sector Programme (4th HPNSP) administered by the Ministry of Health and Family Welfare (MoHFW). The National Strategic Plan (NSP) for HIV and AIDS Response 2018-2022 has been developed in alignment with 4th HNPSP, 2017-2022 as well as other national, regional and global commitments, mainly the 2016 Political Declaration to end AIDS by 2030.

In 2018, there were 681 new infections and among Forcibly Displaced Myanmar Nationals (FDMN) 188 new infections reported, therefore, in total 869 new infections reported. Cumulatively 6,455 cases (including FDMN cases) were detected of whom 1072 died. Thus, reported numbers of PLHIV were 5,383 in 2018. Of the reported cases, 3250 (60.37%) are receiving antiretroviral drugs. Among the new infections, PWID constituted about 27% and 25% were migrants. Almost 80% of the reported new infections were from two divisions- Dhaka and Chattogram.

In 2018, a total of 10,136 PWID and 20,892 FSWs were reached with HIV prevention programs through defined package of services in 14 districts (PWID in 6 districts and FSWs in 12 Districts). icddr,b has been providing HIV prevention services to 28,000 males who have sex with males (MSM) [including male sex workers (MSW)] and 4,062 transgender women (*hijra*) by establishing 53 service centers across Bangladesh. Services were being provided in 23 priority districts and 13 low priority districts based on the concentration of KPs, the concentration of PLHIV and HIV vulnerabilities (NASP and UNAIDS, 2017).

ASP collaborated with GAMCA for increased HIV case detection and screening through a large number of member medical centers where medical examinations are done for the migrant workers. ASP also collaborated with Safe Blood Transfusion Programme (SBTP) to enhance detection of new HIV cases in the country. ASP collected data on HIV to identify number of people screened and number HIV-positive detected.

The PMTCT intervention in Cox's Bazar has extended up to the selected health facilities in camp sites for making the services accessible to the forcibly displaced Myanmar national (FDMN). In addition, PMTCT intervention was brought closer to the host community on pilot basis in geographically targeted area focusing migrant workers and their female spouses and children. This intervention has strong upward referral linkage with SOMCH for providing comprehensive PMTCT support and technical backstopping. Major area of intervention include Dhaka, Chattogram, Sylhet and Khulna city, Cox's Bazar districts, Ukhiya and Kanaighat upazila and adjoining areas. During 2018, a total number of 2,118 pregnant women (migrant/non-migrant) and 2,338 returnee migrants and their spouses received HTS and PMTCT services through UHC and UH&FWCs. One pregnant woman was tested positive.

Two Comprehensive Service Center (CSC) inside the Kandapara brothel in Tangail and Ganginarpar brothel in Mymensingh were established to reach FSWs and their children with essential health services which includes 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, cervical and breast cancer screening (VIA test, TB test and Blood sugar testing), antenatal and post-natal care, FP counseling, safe MR, institutional delivery, etc. Besides building CBO capacity was also initiated so that in the long run the program can sustain while the project gets phased out.

During 2018, UNICEF facilitated partnerships with APON, BSWS, YPSA and Save the Children to increase coverage of services for adolescent drug users who live in the street, adolescent girls involved in commercial sex work and adolescent Transgender and MSM. About 3,500 adolescent girls, TG and MSM were brought under service coverage in Dhaka, Khulna, Sylhet and Chattogram. In 2018, among the targeted adolescents; 41% received STI management, 52% received HIV counseling and testing, 33% were screened for TB and treated, and 26% received life skill education.

To achieve this fast track strategy especially first 90, AIDS/ STD Programme had taken various initiatives to expand its testing and counseling services to all 23 priority districts. In this reporting year, 25 HIV testing and counseling centers were established along with 6 old centers for the general populations in the government medical college hospitals, districts/ sadars/ general hospitals.

As of December, 2018 there are 7 ART centers in public hospitals and 3 Comprehensive-DICs run by Care Bangladesh with support of Save the Children International in Dhaka City. Among the 7 hospitals, one is dedicated for Forcibly Displaced Myanmar Nationals (FDMN) in Ukhiya Upazila Health Complex. In this reporting period from January to December, 2018, total 3,304 patients received ART services, among them 2106 are male and 1198 are female, of which 259 were FDMN.

ASP also administered functioning of different committees/ sub committees on a regular basis throughout the year for effective national response. ASP had conducted and commenced several major surveys and studies in 2018 in order to better inform about the epidemic and programmatic interventions.

Celebration of World AIDS Day, 2018: As part of World AIDS Day (WAD), 2018 celebration on 01 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, 2018 was "Know your status".

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. 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.

1. Background

1.1 Country Programme Overview

Bangladesh remains a low HIV prevalence country with less than 0.01%¹ overall prevalence in general population over the years. The HIV prevalence remains about 3.9% among key populations (KP) mostly in people who inject drugs (PWID).² The first case of HIV in Bangladesh was detected in 1989 and timely and effective measures taken by the Government and the development partners helped Bangladesh to avert the epidemic. The AIDS Epidemic Model (AEM) demonstrates that the recent and ongoing interventions had averted a total of 141,225 HIV infections up to 2014 and the existing interventions have saved 3,841,000 DALYs and 19,545 lives over the past years.³ Although the prevalence remains low, Bangladesh is one of the seven countries in the Asia and the Pacific region where the new infections continue to increase.

To end AIDS and realize “Zero New Infections, Zero Discrimination and Zero AIDS related Deaths”, Bangladesh needs to prevent transmission by:⁴

- Identifying at least 90% of the estimated number of people living with HIV (PLHIV) by increasing case detection by 2020;
- Ensuring that 90% of those detected are on “Treatment” by 2020;
- Ensuring that 90% of those on treatment are virally suppressed by 2020;

Therefore, “Ending AIDS in Bangladesh” refers to the reduction in new infections (incidence) 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 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, efforts to maintain confidentiality, awareness raising initiatives, interventions addressing structural barriers etc. to ensure realization of human rights and fundamental freedom. This directly links 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. However, human rights violations and social and gender inequality still remains one of the major obstacles in the AIDS response in Bangladesh. This continues to hamper progress and threaten the gains that have been made in preventing HIV transmission and in universal access (UA) to health services. It also puts PLHIV and KPs at a greater risk of and vulnerability to HIV. This also leads to nondisclosure of their HIV/AIDS status in

¹ ASP & UNAIDS Regional Support Team (Asia & Pacific), 2018. National HIV Estimates & Projections using Spectrum 2018

² ibid

³ 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.

⁴ 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.

different contexts and with persons such as partners, family members, friends, healthcare professional colleagues, etc. As a result, the Government is committed to support policy level work towards revisiting conflicting and punitive laws and policies and has taken commendable multi-sectoral initiatives so far.

The AIDS response in Bangladesh is primarily guided under the purview of the 4th Health, Population and Nutrition Sector Programme (4th HPNSP) administered by the Ministry of Health and Family Welfare (MoHFW).

1.2 Current HIV Situation and Trend in Bangladesh

In 2018, the estimated number of PLHIV was around 13,000 and newly infected 1,600.⁵ In 2018, there were 681 new infections and among Forcibly Displaced Myanmar Nationals (FDMN)) 188 new infections reported, therefore, in total 869 new infections reported (Fig 1). Cumulatively 6,455 cases (including FDMN cases) were detected of whom 1072 died. Thus reported numbers of PLHIV were 5,383 in 2018. Of the reported cases, 3250 (60.37%) are receiving antiretroviral drugs. Among the new infections, PWID constituted about 27% and 25% were migrants. Almost 80% of the reported new infections were from two divisions- Dhaka and Chattogram.⁶

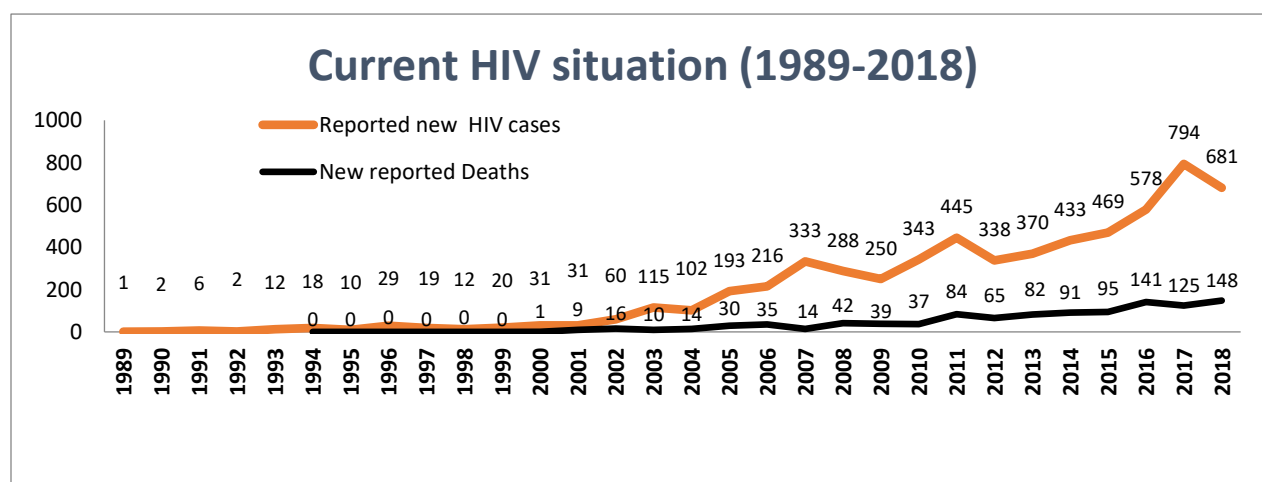


Figure 1: Reported New HIV and Death Cases per Year (1989-2018)

Analysis of information from the HTC centers showed that from 2007-2013, HIV was detected in 60 out of 64 districts. However, 77% were concentrated in 12 districts: Dhaka, Narayanganj, Chattogram, Cumilla, Sylhet, Cox’s Bazar, Moulavibazar, Noakhali, Khulna, Brahman Baria (Gazipur), Munshiganj, Chandpur and Cox’s Bazar (mainly among FDMN). The heaviest affected districts were Dhaka, Narayanganj, Chattogram and Cox’s Bazar (mainly among FDMN). Also, majority (77.39%) of the infected people are from 25-49 years age group.⁶

⁵ ASP &UNAIDS.Regional Support Team (Asia & Pacific).National HIV estimates & Projections using Spectrum.2018

⁶ National HMIS .Program Data.2018

Age	No of Cases	% of Cases
0-24 years	87	12.77
25- 49 years	527	77.39
50>	67	9.84
Total	681	100.00

Table 1: Age Distribution of New Cases: 2018

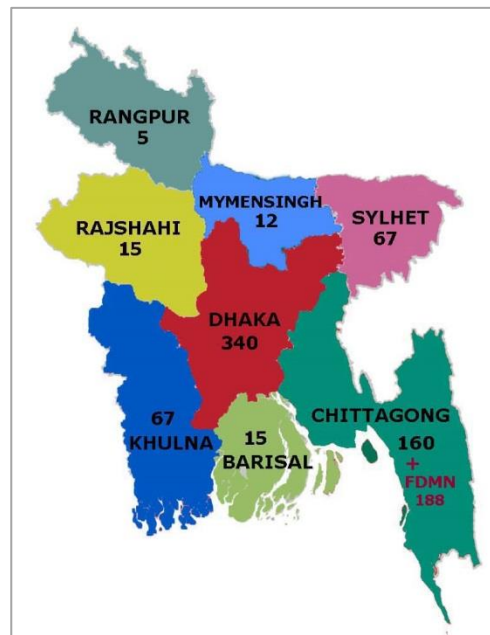


Figure 2: Geographic Distribution of New HIV Cases in Bangladesh

An estimated 392 children (0-14 years) were living with HIV.⁷ The estimated new infections among them were 63⁷ and the identified number of children newly infected in 2018 was 37⁸. Of the estimated

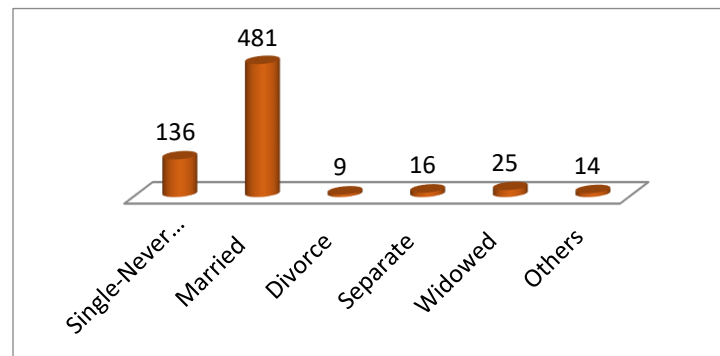


Figure 3: New HIV Cases 2018: Marital Status

⁷ ASP & UNAIDS. Regional Support Team (Asia & Pacific). National HIV estimates & Projections using Spectrum. 2018

⁸ National HMIS .Program Data. 2018

392 children, 129 (46%) receiving ART.⁸

Of the new cases in 2018, majority were married.⁸

The prevalence of active syphilis was below 5% in male PWID in Dhaka and 5.8% among female PWID.⁹ Active syphilis was <5% in FSWs from all sites sampled in the 2016 surveillance.⁹ A significant decline of active syphilis was observed over the years among street and hotel based FSWs in Dhaka and brothel based FSWs. In Hili, the prevalence of active syphilis declined significantly among street based FSWs from

Gender	Number
Male	150
Female	15
Hijra	3
Total	168

12.5% in 2011 to 0% in 2016.⁹ the overall prevalence of active syphilis from Dhaka and Hili for MSM was 1.1%, for MSW 1% and for Hijra 1.8% in 2015.⁹ Also, a significant number of the newly identified cases have been reported to migrate to other place which is shown in the above table.

Young People and Adolescents

The awareness building programs such as classroom education and life skills education among young people and advocacy programs among community gatekeepers has acted as a change agent in the lives of many young people who have received it. Through these programs, community support was adequately boosted to increase gatekeepers' support towards classroom education on the use of condoms. Under these programs, community gatekeepers are oriented on HIV prevention issues by trained personnel including teachers. In Bangladesh 29% (47.24 million) of the total population are young people of 15-24 years.¹⁰ It was estimated for 2018 that 1,143 young people were living with HIV and there were 323 new infections among them.¹¹ The reported number of new cases of HIV in 2018 among young people was 57 (without FDMN).¹²

Age Distribution	Number of Cases
15-19 years	11
19-24 years	46

Table 3: New Cases among Adolescent and Youth: 2018

⁹ Behavioral and Serological Surveillance amongst Key Populations at Risk of HIV in Selected Areas of Bangladesh. 2015-16. ASP, IEDCR & icddr'b;

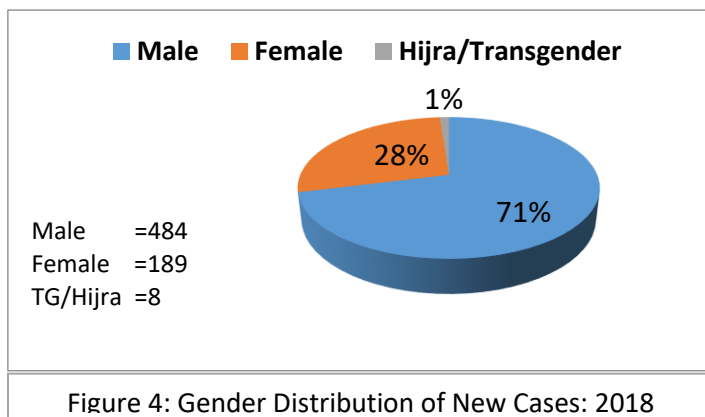
¹⁰ UNFPA. How our future depends on a girl at this decisive age; State of World Population.2016.

¹¹ ASP &UNAIDS.Regional Support Team (Asia & Pacific).National HIV estimates & Projections using Spectrum.2018

¹² National HMIS .Program Data.2018

Women and Girls

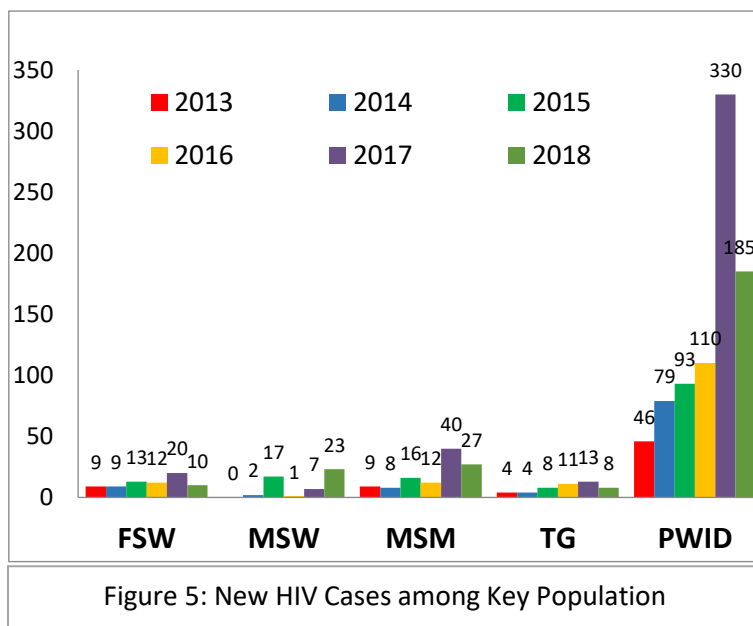
In Bangladesh, about 28% of the detected PLHIV in 2018 were women.¹³ The estimated number of women and girls living with HIV was 4,785 in 2018, among them, 107 were adolescent girls (age 10 to 19 years).¹² TG/Hijra constituted about 1% of the new cases.¹³



Key Populations

In Bangladesh in 2017, 29.5% FSW, 36.5% MSW, 10.6% MSM, 26.8% PWID and 35.1% TG knew their HIV status. As per behavioral surveillance, 2015-16, prevention intervention coverage among FSW was 10.9%, MSW 18.6%, TG 33.3%, MSM 4.4%, and PWID 27.8%. The HIV prevalence in certain districts under surveillance was 0.2%, 0.6%, 0.2%, 1.4% and 18.1% (male and female combined) among FSW, MSW, MSM, TG and PWID respectively. In some areas of Dhaka the prevalence among PWID was 27.3% & in other areas 8.9%.¹³

In Dhaka in 2016, percentage of condom use in their most recent sexual intercourse among FSW (hotel based) was 81.7% and 76.4% among street-based FSW. It was 53.5%, 54.0%, 50.7% and 43.2% among MSW, MSM, TG sex workers and all TG respectively. Among PWID (male) it was 28.7%.¹⁴ Every year new HIV case reporting presents a significant number of KPs; in 2018, FSW were 10, MSW were 23, MSM were 27, TG were 8 and PWID were 185 among the reported new infections.¹⁵ New infections among PWID are increasing in recent years.



Though most of the cases are concentrated in Dhaka, new cases are emerging in other districts such as Narayanganj, Barisal, Mymensingh etc.

¹³ Behavioral and Serological Surveillance amongst Key Populations at Risk of HIV in Selected Areas of Bangladesh. 2015-16. ASP, IEDCR & icddr'b

¹⁴ Behavioral and Serological Surveillance amongst Key Populations at Risk of HIV in Selected Areas of Bangladesh. 2015-16. ASP, IEDCR & icddr'b

¹⁵ National HMIS .Program Data.2013-2018

The patterns of behaviors among KPs boost the spread of HIV infection in Bangladesh. From recent behavioral surveillances it was found that about 53.1% male PWID shared needles/ syringes during last week and about 31.2% male PWID visited FSW in the last one year.¹⁶ Although 55% of the male PWID reported the use of condoms during their last sex with sex workers,

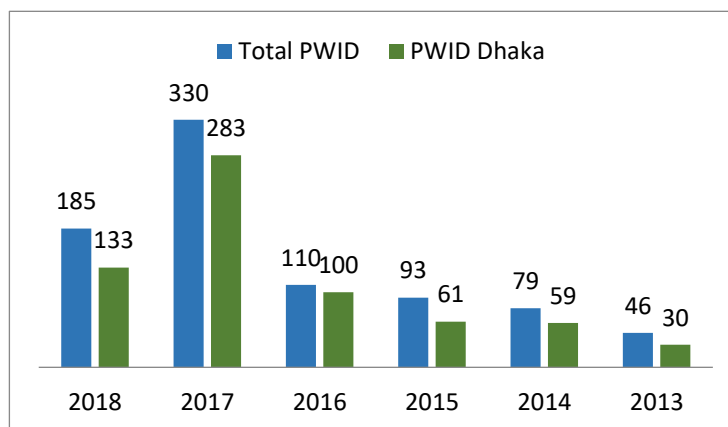


Figure 6: New Cases among PWID in Dhaka

condom use with their regular partners or spouses was reported at 23.5%.¹⁷

Selling sex to procure drugs is quite common in many parts of Bangladesh. Evidence shows that some female drug users in Bangladesh turn to sex work out of financial necessity to support their addiction. The overlap between sex work and drug use is among the most dangerous conditions for rapid spread of HIV and other sexually transmitted infections (STIs) and increase the risk for transmission to the general population. Women who are involved in commercial sex are very often dependent on their partners for the procurement and use of drugs.

There are well-documented reports of risk behaviors among MSM in Bangladesh. A behavioral survey conducted among MSM indicated that 46.2% of MSM reported using condoms in the last anal sex in the last six months with any partner and 48.6% with non-commercial partners.¹⁷ Moreover, 27.7% of the respondents bought sex from FSW and another 90.8% purchased sex services from MSW. The survey also found that nearly 41.3% of MSM reported at least one symptom of STI in the past one year. Moreover, the same behavioral survey revealed that 43.8% of hijra sex workers, 40.2% of Badhai Hijra and 50.2% of FSW reported use of condoms during last anal sex with any partner in the last twelve months. About 96.9% hijra sex workers sold sex to new/casual partners in the last one week and in Dhaka it was 98.7%. The survey also found that nearly 53.8% Hijras and 63.8% FSWs reported any symptom of STI in the past one year. On average, overall 65.2% PWID and sex wise, 64.6% of male PWID and 73.8% of female PWID shared needle/syringe during last week in 2017.¹⁸

All these risk behaviors among KPs have been contributing to the continued HIV transmission among key population groups. The percentage of FSW reporting condom use during last sex act with any client was

¹⁶ Behavioral and Serological Surveillance amongst Key Populations at Risk of HIV in Selected Areas of Bangladesh. 2015-16. ASP, IEDCR & icddr'b

¹⁷ End Line Report on Continuation of the Prioritized HIV Prevention Services among Key Population in Bangladesh. December 2017. ASP & Global Fund.

¹⁸ End Line Report on Continuation of the Prioritized HIV Prevention Services among Key Population in Bangladesh. December 2017. ASP & Global Fund.

80.0% among brothel based FSW in 2016.¹⁹ About 46.5% of the hotel based FSW reported condom use during last sex act with any client and 50.4% of the street based FSW in 2017 reported condom use during last sex with any client.¹⁹ 46.2% MSM and 46.1% MSW reporting use of condoms during the last anal sex was in 2017.¹⁹

1.3 4th Health, Population and Nutrition Sector Programme

The development of the 4th HPNSP was guided by Bangladesh's vision 2021 (transforming the country from a developing into a middle-income country) and the 7th Five Year Plan (FYP) of the government and the implementation period is from January, 2017- June, 2022. The 4th HPNSP had been designed to incorporate appropriate strategies and activities for focused improvements in increasing access to and quality of health care and improving equity along with financial protection in order to meaningfully realize the objectives of universal health coverage (UHC) by 2030. The three major components of strategic priorities include:

1. Governance and Stewardship;
2. Health Systems Strengthening;
3. Provision of Quality Services;

Link of 4th HPNSP to the SDGs: Out of the 17 SDGs, SDG 3 specifically relates to good health and well-being, while several SDGs have bearing on the determinants of health like improvements in hunger, food security and nutrition (SDG 2), inclusive and equitable quality education (SDG 4), water and sanitation (SDG 6), environments (SDG 11 & 16), reducing inequality (SDG 10), gender equity and empowerment of women and girls (SDG 5), etc. SDG 3 aims - among others - to achieve UHC, and provide access to safe and effective medicines and vaccines for all.

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

Tuberculosis-Leprosy & AIDS/STD Programme (TB-L & ASP) is one of the 29 Operational Plans (OP) under the 4th HPNSP. Under this OP which is being implemented from January, 2017- June, 2022, the goal is to minimize the spread of HIV and the impact of AIDS on the individual, family, community, and society, working towards ending AIDS in Bangladesh by 2030. The purposes of the OP related to ASP include:

1. To detect 90% of the estimated PLHIV through HIV Testing and Counselling (HTC) by 2020 and sustained the detection to 2022;
2. To ensure ART among 90% of the detected PLHIV by 2020 and sustained to 2022;
3. To gain viral suppression among 90% PLHIV who are on ART by 2020 and sustained to 2022;
4. To establish and to strengthen coordination with different ministries and stakeholders for effective use of resources (mobilization);
5. To implement services to prevent new HIV infections by increasing program coverage and case detection;

¹⁹ Behavioral and Serological Surveillance amongst Key Populations at Risk of HIV in Selected Areas of Bangladesh. 2015-16. ASP, IEDCR & icddr'b

Priority Activities for AIDS/STD Program (ASP) identified in the OP:

Table 4: Priority Activities for AIDS/STD Program identified in the OP

Priority Activities	
Detection of Left Over Cases;	HIV prevention Services for migrants population;
STI and HIV prevention Service Package for female sex workers (FSW) and their client;	Continuation of HIV text teaching through the formal and non-formal educational institutions;
STI and HIV prevention Service Package for Men Who have Sex with Men (MSM)/ Male Sex Workers (MSW)/ TG (Transgender) and their clients;	Mass media campaign;
Harm reduction Service package for male and female PWID (in geographically prioritized districts) and Opioid Substitution Therapy (OST);	Care support and treatment for the PLHIV;
Drafting, updating and approval of the strategy, guideline, Standard Operating Procedure (SOP) and Information, Education and Communication (IEC) material;	Training of district and upazila level managers, field health workers, Community Health Care Provider (CHCP) and Medical Health Volunteer (MHV);
Awareness in the community on HIV in terms of alleviating the stigma, promotion of health seeking behavior for diagnosis and management of HIV;	Referral to District HIV Testing and Counseling centers (DHTC) through Community Clinics (CC);
Detection of new cases among Migrants;	Research, survey and assessment;
Functional HIV Testing and Counseling (HTC) Center;	One Stop HIV Management Centre;

1.5 4th National Strategic Plan for HIV and AIDS Response, 2018-2022

The National Strategic Plan (NSP) for HIV and AIDS Response 2018-2022 has been developed in alignment with 4th HNPS, 2017-2022 as well as other national, regional and global commitments, mainly the 2016 Political Declaration to end AIDS by 2030. The goal of the 4th 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.

The strategy framework of the strategic plan articulates several strategies under four broad program objectives. In addition, several ‘fast track’ approaches are set to guide the national response to HIV and AIDS to achieve the global targets on ‘Ending AIDS by 2030’ and treatment target of ‘90-90-90’ by 2020 focusing on prioritized districts based on proportion of key populations and HIV case detection. The four program objectives include:

Table 5: 4th NSP Programme Objectives

Sl.	Programme Objectives
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;

2. Role of AIDS/STD Programme

2.1 Evolution of NASP/ NASC/ ASP

The National AIDS Committee (NAC) was formulated in 1985, four years before the first case of HIV was detected (1989). In 1997, the National Policy on HIV and STD and the first National Strategic Plan for AIDS prevention and control was developed. Bangladesh was the first country in the region to adopt a comprehensive policy on HIV/AIDS. Simultaneously, Bangladesh AIDS Prevention and Control Programme (BAPCP) were established in 1997 which was renamed later as National AIDS/STD Control Programme (NASP) as a separate wing of DGHS. In 2013, it became a regular body of DGHS as National AIDS/STD Control (NASC) with approved organogram and was renamed as AIDS/STD Programme (ASP) in 2018.

2.2 Specific Role of ASP

Bangladesh as a member state of the UN is a signatory of the 2016 Political Declaration to end AIDS, thus, a major mandate of the ASP as the nodal body for the national response is to lead and coordinate the response engaging relevant government departments and ministries, UN agencies and civil society and also performs the stewardship role and implementing the program under the guidance of DGHS in Bangladesh. ASP is implementing HIV/AIDS programs through a coalition of three functionaries:

1. National AIDS Committee (NAC);
2. Ministry of Health and Family welfare (MoHFW);
3. Directorate General of Health Services (DGHS);

The major roles of ASP include:

Strategic direction	Management and coordination
Prevention programs	Treatment, care & support for PLHIV
Monitoring & evaluation of programs	

ASP also has existing collaboration and working partnerships with other government and non-government entities and authorities that include:

Table 6: List of ASP’s Partnership Government and Non-Government Entities

Government and Non-Government Entities	
16 relevant Government Ministries	National Tuberculosis Control Programme (NTP)
Department of Narcotics Control (DNC)	Bangabandhu Sheikh Mujib Medical University (BSMMU)
Bureau of Manpower, Employment and Training (BMET)	Bangladesh Overseas Employment and Services Limited (BOESL)
Directorate of Secondary and Higher Education (DSHE)	Different Medical College Hospitals
District Hospitals	United Nations (UN) agencies
International NGOs	National NGOs
Journalists- Health Reporters Forum	Community Networks
Community Based Organizations (CBOs)	Other Civil Society Organizations (CSOs) etc.

2.3 Engagement of Ministries, Development Partners and Civil Society

Other Ministries/ Departments

ASP has been jointly working with Department of Narcotics Control to prevent HIV among the PWID. Also in partnership with ASP, BMET and BOESL are providing pre departure education on HIV/ AIDS for the overseas migrants through their training centers. ASP also has established close collaboration with GAMCA for HIV, TB and other communicable disease detection. Department of Education is also continuing the HIV curriculum from the class vi-xii. Under the leadership of MoHFW and UNAIDS, ASP has been working with MoLJPA, NHRC and other ministries in reviewing laws and policies. ASP also has active partnership with Ministry of Information and Bangladesh Television.

The World Bank

The World Bank has been a long-standing partner and supporting the AIDS response over the years since 2004 (HAPP, HATI, HAIS). Currently, it is supporting the implementation of service packages related to KP interventions under the prevention initiatives stated in the Operational plan (OP) of TB-L & ASP. Approximately 38% of the total OP budget is supported by the World Bank.

United Nations (UN) Agencies

UN agencies support the government especially ASP in the implementation of various HIV/AIDS prevention programs; 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, research etc. Major UN agencies including UNAIDS, UNICEF, UNFPA and WHO work round the year on the above mentioned issues based on their division of labor. IOM and UNHCR are also working HIV related issues among FDMN in Cox’s Bazar.

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. Previously two PR (Save The Children and icddr,b) were responsible to ensure the services under Rolling Continuation Channel (RCC) Phase II which had ended in November, 2015. From December, 2015 to November, 2017 the GF had approved the New Funding Model (NFM) proposal where ASP became one of the PR for the NFM. Recently, the Global Fund approved Funding Request (FR) from December, 2017 to November, 2020. ASP's main role under this grant is to create enabling environment; capacity building for effective HIV/AIDS response and monitoring of the program activities.

International NGOs

The three frontline international NGOs working in the AIDS response are icddr'b, Save the Children and CARE-Bangladesh. They play pivotal role in the implementation of the service package for KP interventions and other activities.

National NGOs and CSOs

In 2018, ASP had engaged with several national level NGOs including Bandhu Social Welfare Society (BSWS), Light House (LH), Manusher Jonno Foundation (MJF) etc. which have contributed in the areas of human rights, violence, KP prevention interventions, advocacy initiatives etc. These joint initiatives had helped to enhance the outreach at community level and highlight the pressing issues related to key populations.

Community Based Organizations, Networks and Forums

ASP partners with CSOs including the Community Forum, STI/AIDS Network, Network of PLHIV (NOP+), Sex Workers Network (SWN), Network of People who Use Drugs (NPUD) etc. for community system strengthening; build their capacity so that they can raise their voice at different forums; address human rights and social justice; increasing coverage of prevention intervention and case detection; strengthen access to treatment, care and support services; sexual and reproductive health (SRH) issues thereby engaging the community to end AIDS by 2030. ASP has regular working relationship with all these community organizations so that they can be engaged in the initiatives taken especially those which are directly connected to community people.

3. Major Initiatives/ Activities Implemented in 2018 (January- December)

3.1 HIV/AIDS Prevention Programme

ASP, Save the Children and icddr,b are the three Principal Recipients (PRs) to implement 'Funding Request' (FR) grant of the Global Fund. This is the most recent grant of the Global Fund as part of their continuous HIV grant sanctions in different rounds, channel and model in Bangladesh since 2004. FR grant aims to implement a high-impact & cost-effective intervention with the consideration of districts prioritization, the epidemiological trend and other contextual factors.

Save the Children

Save The Children, in a leading role in the national HIV and AIDS response in Bangladesh, has managed five HIV grants of the global fund in two modalities- Management Agency (March 2004 - Nov 2009) and Principal Recipient (December 2009-Nov 2020). Under the current grant (FR), at the onset, a programmatic mapping on FSWs and PWID was conducted that resulted in revisiting of district wise population coverage to set effective reaching strategies.

Table 7: Coverage and Area of the interventions for FSWs and PWID

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

In 2018, a total of 10,136 PWID and 20,892 FSWs were reached with HIV prevention programs through defined package of services in 14 districts (PWID in 6 districts and FSWs in 12 Districts). To achieve the global 90-90-90 targets, Save the Children introduced different approaches for expanding HIV testing services.

Table 8: The number of HIV testing and HIV positive identification by population in 2018

Key populations	# HIV test done	HIV positive identified
PWID	8,632	209
Partner	1,073	7
FSWs	13,075	11
Partner	1,371	4
Total	24,151	231

Till December 2018, among the current and previously identified HIV positive PWID, FSWs and their partners, total 507 have received ART.

In 2018, total 2,411,191 syringe and needles were distributed among 9,524 PWID. Moreover, total 437,991 condoms were distributed among them.

In the reporting year, total 12,008,296 condoms (free of cost- 4,106,167 and social marketing- 7,902,129) were distributed among 20,892 FSWs (street, residence and hotel) to reduce the transmission of HIV among them and also their clients. Methadone maintenance treatment has been used to reduce their withdrawal symptoms and cravings for opioids. In this reporting year, total 740 PWID have received methadone from three OST centers in Dhaka managed by PR: Save the Children.

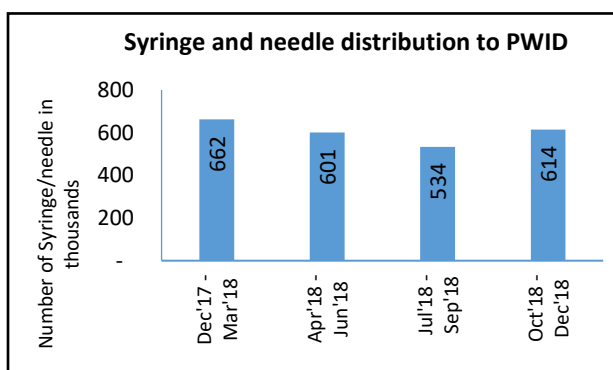


Figure 7: Distribution of Syringe and needle to PWID by quarter

STI screening is one of the parts of routine Health Screening Initiative, which ultimately have an impact on identification of new STI cases. 15,571 new STI cases among PWID and FSWs have been managed through DIC based and satellite sessions in the field.

Achievements

- In response to the 90-90-90 global target, initiatives were taken to provide more HIV testing services (HTS) cascading at the community settings through satellite sessions conducted by lay providers.
- In 2018, an 'In-Depth review of the PWID intervention to identify strategies for quality HIV/AIDS services and increased coverage' was conducted. As per recommendations, activities/strategies were revised and budgeted for addressing gaps of service delivery.
- A micro-planning guideline was developed to strengthen outreach services for PWID and FSW Interventions in 2018. Besides, a separate initiative was taken to strengthen case management for HIV positive PWID. 'Voucher scheme' and satellite sessions were initiated for hard-to-reach FSWs.
- The national framework for differentiated care for people living with HIV was developed for the period of 2018-2022 in collaboration with AIDS/STD Program (ASP) through a consultative process with relevant stakeholders.
- Initiatives had been taken for improving health and social well-being of 1,000 adolescent female sex workers enhancing access to essential services in the selected DICs in Dhaka, Chattogram and Sylhet City Corporation.

- Interim budget had been arranged to procure cartridge for GeneXpert machines to do viral load testing and testing will start very soon.
- Technical assistance to Ukhiya and Teknaf UHCs had been provided to strengthen HTS services and participated in the “Emergency STI/HIV and AIDS responses among the Rohingya” initiated by ASP.
- Programmatic mapping of key populations (PWID & FSW) of the HIV/AIDS program had been conducted in selected districts in Bangladesh.
- Rapid assessment on condom demand and supply among female sex worker (FSW) was conducted in selected districts under the HIV program funded by the Global Fund grant.
- Rapid audience assessment was conducted to identify differentiated needs of IEC/BCC for improving comprehensive knowledge about HIV among female sex workers (FSWs) and people who inject drugs (PWID).
- Assessment of knowledge, attitude and practice of caseworkers was conducted regarding treatment, care & support services of HIV/AIDS program in Bangladesh.
- Five abstracts were accepted and presented at 22nd International AIDS Conference, Amsterdam, Netherlands from 23-27 July 2018.
- Three abstracts were accepted at 26th Harm Reduction International Conference (HR19), Porto, Portugal 28 April - 1 May 2019.

Case Study

Shirajul Islam (40 year) was trying hard to stay awake. In between yawning, he was scratching his scruffy beard, not knowing what to say. It was Wednesday; 2:00pm to be exact. He looked tired. Though opened his mouth but words just did not seem to come out.

“I was... I was in prison for a year for carrying drugs,” he finally said in between stuttering. “I left my wife and daughter in 2008; I don’t know where they are. I mostly spent my nights on footpaths,” Shirajul said. He slowly raised his arm towards his worn-out shirt. He left his hand there as if he forgot what he was planning to do or say.

Shirajul has been taking drugs for a long time. He could talk very little about his life, that too with coherence. Though it’s quite impossible to say how it started, Shirajul said that his addiction was a result of peer pressure. As the addiction became worse, he was injecting drugs and soon started sharing needles with other addicts living on the streets.

A few months back, an outreach worker from a drop in centre (DIC) operated by Save the Children spotted him, brought to the DIC, and got his blood tested. All the years of injecting drugs took a toll on him. His blood test came out HIV positive. He now takes anti-retroviral therapy (ART) suggested by the physician at the centre to control the virus. At the same time, to control his addiction, he takes oral substitution therapy (OST) from there. (Name of the HIV-positive individual mentioned here has been changed).



Shirajul is receiving ART from caseworker

Major Achievements in Cross Cutting Issue

- ASP, Sex Workers Network of Bangladesh, Save the Children and Light House jointly organized advocacy meeting with the National Human Rights Commission (NHRC) on 8th November 2018 to promote Rights and Respects for FSWs and integration with social safety net.
- Organized advocacy meeting with the Department of Social Services (DSS), Ministry of Social Welfare on 25th June 2018 to find ways to remove procedural barriers for getting NID of FSWs so that they could enrol into NSSS.
- Supported Light House and Sex Worker’s Network to organize leadership training on prevention for GBV for the leaders of 23 community-based organizations on 16 September 2018.
- In collaboration with UNAIDS and CARE Bangladesh, organized three orientation sessions with law enforcing agency to sensitize their members for HIV prevention program with PWID.
- Observed ‘International Day against Drug Abuse and Illicit Trafficking’ on 26th June 2018 with a call “listening to children and youth is the first step to help them grow healthy and safe’.
- Observed the world AIDS day 2018 with the global slogan, ‘Know your status’ along with ASP participating in national rally, commemoration and exhibition on 1st December 2018 at Krishibid Institute Bangladesh (KIB).

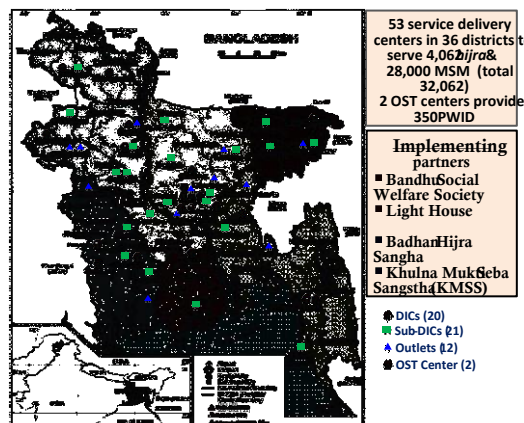


ASP team visiting Save the Children’s booth during World AIDS day 2018

icddr,b

icddr,b has been providing HIV prevention services to 28,000 males who have sex with males (MSM) [including male sex workers (MSW)] and 4,062 transgender women (*hijra*) by establishing 53 service centers (Fig 1) [i.e., Drop-in Centers (DICs), Sub-Drop in Centers (sub-DICs) and Outlets] across Bangladesh. Services were being provided in 23 priority districts and 13 low priority districts based on the concentration of KPs, the concentration of PLHIV and HIV vulnerabilities (NASP and UNAIDS, 2017). The intervention included behaviour change communication (BCC) sessions (i.e., group session and one-on-one session) carried out by the peer educators and peer associates at outreach level including distribution of BCC materials, condoms and lubricants.

Health education sessions were also being conducted in a group at DICs and Sub-DICs.



Through this programme, community-based HIV Testing Services (HTS) was being conducted for beneficiaries. Annually, 58% of MSM and 60% of *hijra* are being tested under HTS. Syndromic management of STIs were being provided by the trained Medical Assistants through clinic sessions in the DICs, sub-DICs and Outlets, and complicated STI cases were being referred to the Government health facilities through accompanied referral approach and the provision of etiological management of

complicated STI cases has been introduced. Moreover, verbal TB screening of the beneficiaries attending the clinic sessions, referral of presumptive TB cases and subsequent follow-up for treatment adherence has also been practiced. Needs of HIV prevention services of young/adolescent MSM has also been addressed. Moreover, considering the vulnerability, an approach of referral of female partner of MSM for SRH services has started during this period. Attention has also been given to substance-using MSM and *hijra*.

Achievements as per Programmatic Performance Indicators (December 2017 to December 2018)

Achievement of major indicators such as reaching MSM and *hijra* with condoms and lubricants and BCC and HIV testing is close to 100% or above. Thus, programmatic performance rating is 'A1' based on the assessment of the Global Fund.

Global Fund project of icddr,b has also been monitored by CCM oversight committee. As part of regular monitoring, they conduct field visit to DIC regularly and icddr,b always gives emphasis to respond to the recommendations from this committee. As a nodal body of HIV, ASP also conducts visit to HIV intervention area of project and provide feedback to improve the service quality.

Care and Support Services for HIV Positive Sexual Minority



Coordination meeting with ASP and other stakeholders of care and support services

Considering importance of achieving fast track targets (known as the 90-90-90 targets) by 2020 under national HIV response, icddr,b enhanced HTS as well as other activities related to care, support and treatment services for People Living with HIV (PLHIV) among sexual minority group, under current grant of the Global Fund project. Currently, 22 teams are providing HTS services in 53 service centers. To enhance patient navigation, five Peer Navigators have been deployed in five major divisional cities to ensure linkage of HIV positive clients to clinical and social services along with ongoing follow-up and support for ART adherence, patient empowerment etc. Coordination with ASP, PLHIV network and other relevant stakeholders has been maintained by icddr,b through bi-annual coordination meetings. Viral load testing for PLHIV is going to start from 1st quarter of 2019 under the Global Fund grant considering its importance in monitoring of treatment for PLHIV.

Opioid Substitution Therapy (OST) Project for PWID

As a pioneer in the field of Opioid Substitution Therapy (OST), icddr,b has been continuing its role as an implementer and technical-assistance providing organization of OST for PWID in Bangladesh since 2010. Currently, it is implementing two OST clinics with around 350 PWID. Recently, Global Fund approved to open another OST clinic for 150 PWID. Besides, it has been providing technical support to Save the Children and CARE Bangladesh to implement their OST project. An operational guideline on OST also has been developed under the guidance of ASP and DNC, which is now being followed by all the field staff of the OST clinics. OST programme has showed good treatment retention rates (85%) among the OST clients, which was achieved through optimal OST services and treatment environment, vigorous field activity and collaborative efforts between the programme stakeholders.

Innovations in the Intervention

The Global Fund project of icddr,b brought some innovations for providing HIV prevention services in the funding cycle of December 2017 to November 2020 period. Some major innovations are described below in brief:

- Applying ICT based approach to provide IEC/BCC to hidden and hard to reach MSM and *hijra* since 2018, which include website and mobile app, voice sms for MSM and *hijra* to create awareness, online self-risk assessment for HIV and STI etc.
- Tab-based real-time data entry from SDPs for HTS, OST, STIs& TB from August 2019.

Research to Actions: Outcome of Research Activities conducted by icddr,b

Findings from research conducted by icddr,b has been utilized in developing and improving national policy guidelines and other documents. Few examples are given below:

- Based on the findings of a study (Khanam R. et al., 2016) on antibiotic resistance of STIs, the National guideline of STIs is now under the process of revision.
- Based on work of icddr,b on OST an Operational Guideline for Methadone Maintenance Treatment (MMT) services in Bangladesh has been published as a Government Document with the support of the AIDS and STD Programme (ASP) & Department of Narcotics Control (DNC).
- The last HIV serological and behavioural surveillance was conducted by icddr,b among PWID, FSW, MSM, MSW and *hijra* in Dhaka, Hili and some selected districts in Bangladesh. The data from the HIV surveillance highlighted that the epidemic of HIV has reached to a critical level among male and female PWID in Dhaka. It was also used in a modeling exercise to forecast prevalence of HIV among KPs in Bangladesh using AIDS Epidemic Model (AEM) (NASP and UNAIDS, 2017). The results of AEM was used in segregating total 64 districts into three epidemic regions. Such as, Dhaka, 22 priority and remaining 41 districts. Findings of AIDS Epidemic Model (AEM) exercise have also been used for revising the National Strategic Plan of HIV and AIDS 2018-2022 and new grant application for the period of three years (December 2017-November 2020) to the Global Fund. The results of AEM were also used to strengthen the HIV prevention programme for PWID in Dhaka city.
- Findings from the HCV pilot study, conducted among PWID in Dhaka city identified several facilitators and barriers to adherence with Direct Acting Antiviral (DAA) and suggested that close follow up, counseling of family members, raising awareness amongst PWID regarding HCV and in the surrounding community facilitates adherence.

List of Ongoing Research Studies

- Understanding the culture of injecting drug use and analyzing harm reduction intervention operating for PWID in Dhaka city: An ethnographic study- ongoing
- A study to develop and test a community-based tuberculosis (TB) screening intervention to increase TB referral and case detection among sexual minority people in Dhaka city – Ongoing
- Understanding concurrent use of psychoactive substance among the clients of Methadone Maintenance Treatment (MMT) clinics in Dhaka, Bangladesh- In IRB and planned to be conducted in 2019
- Prevalence of HIV, risk behaviours and vulnerabilities among spouse and other female sex partners of HIV positive male PWID in Dhaka city- will be submitted to IRB in March 2019

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

icddr,b is operating its activities under the Global Fund within the framework of implementation science since the inception in 2010. Implementation science has allowed to enhance quality of HIV prevention services through mainly two major approaches: i) participatory monitoring and evaluation (PM&E); and

ii) operations research. icddr,b operates PM&E through deploying M&E officers in field sites who closely work with program participants and NGO and CBO partners. They provide supportive supervision, understand the implementation challenges sitting with program implementers. The challenges, which are more complex and require systematic investigation are then researched through the framework of intervention or operations research.

Human Rights: A Major Cross-cutting Achievement

ASP, icddr,b and UNAIDS jointly organized a workshop on 27th June 2018 at icddr,b. Representatives from all relevant GO and NGO stake holders including DNC, ASP, UN agencies, implementing agencies working in the field of HIV and AIDS attended the event.

Outcome of the workshop was to propose a joint advocacy forum 'National Task Force (NTF)' to deal human rights issues in KP intervention, consisting all relevant GO-NGO stakeholders. The NTF will sit semi-annually to review the human rights situation, legal and other barriers of HIV intervention and it also will combine all the previous efforts of NGOs in regard to human rights.



Workshop at icddr,b on Human Rights in June 2018

Coordination with GoB Stakeholders in HIV Intervention Area



Visit to Khulna DIC by Line Director, ASP in October 2018

Since the beginning of the HIV intervention under Global Fund Project, icddr,b and its partner NGOs (PNGOs), including Bandhu and Light House, have been maintaining good coordination with Civil Surgeon (CS) and other offices located at the intervention districts. PNGOs regularly attend the monthly meetings that take place in the CS office and DC office and share their progress and challenges and accordingly seek support from GO and NGO stakeholders. Recently, ASP conducted workshops in the CS office of 23 priority districts where PNGOs attended and presented their activities.

3.2 HIV Case Detection and Screening

ASP conducted an advocacy workshop on HIV testing, reporting to the national database and referral linkage with Gulf Authorized Medical Centre Association (GAMCA) on 7 August 2018 in the conference room of GAMCA with 30 participants. The objective of the workshop was to build partnership with GAMCA for increasing HIV case detection. GAMCA has a large number of member medical centers where medical examinations are done for the migrant workers to the middle-eastern countries. They had agreed to refer the HIV cases to ART centers (accompanied referral) and regularly report to ASP.

The workshop identified and agreed on some important recommendations which will be implemented under joint initiatives. They are given below:

- A hotline between ASP and GAMCA will be established.

- Whenever any HIV patient is detected in any GAMCA clinic, he/she will be sent to ART center of ASP to bring him/her under free treatment, care and support.

- Effective campaign for removing HIV and AIDS related stigma and discrimination will be prioritized. The patient and the sample will be sent separately after the screening test to avoid fleeing away of detected patients.



- Due to a good number of missing cases of HIV (76%), there is a gap between estimated number and actual number of identified cases. GAMCA member clinics would be vital to identify the missing cases as they deal with migrant workers. Therefore, GAMCA and ASP will nominate one focal person each and inform each other who will maintain the regular correspondence.

- The ASP will provide kits and other logistics for free HIV tests at GAMCA clinics to accelerate HIV detection process.
- Similar workshops on HIV/AIDS are recommended to be held with Chittagong and Sylhet based GAMCA Clinics in near future.
- Designated representatives from GAMCA clinics will be included in HIV/AIDS related training Programmes of ASP.

ASP collaborated with Safe Blood Transfusion Programme (SBTP) to enhance detection of new HIV cases in the country. SBTP has 99 blood transfusion centers around 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). ASP collected data on HIV to identify number of people screened and number HIV-positive detected. This data was published during the observance of World AIDS day, 2018.

ASP initiated a new collaboration for strengthening HIV Testing, Reporting and Referral with Mugda Medical College Hospital. In this regard, an advocacy workshop on 'Strengthening HIV Testing and Counseling Services' was organized on 15 July, 2018 at Mugda Medical College Hospital with 27 participants. The major discussion revolved around blood transfusion which is regarded as the most efficient mode of transfusion of infectious agents such as HIV; therefore, safe blood transfusion is extremely vital in reducing new HIV infection. As Mugda hospital is situated at a vulnerable locality for HIV in Dhaka, ASP and the hospital will jointly establish a new HIV/AIDS confirmatory center or ART center there in the hospital.

3.3 Comprehensive Prevention of Mother-to-Child Transmission of HIV Services

During 2013-16, under the framework of National HIV Response, AIDS/STD Programme (ASP) and UNICEF Bangladesh collaborated to establish comprehensive “Prevention of mother-to-child transmission (PMTCT)” interventions integrated with maternal, newborn and child health (MNCH) services in Bangabandhu Sheikh Mujib Medical University (BSMMU), Chittagong Medical College Hospital (CMCH), and Sylhet MAG Osmani Medical College Hospital (SOMCH) in 2013. The PMTCT intervention was one of the pioneer HIV intervention in public health system of Bangladesh under the tripartite initiative of ASP, UNICEF and respective medical college. Informed by country HIV epidemiology this intervention was geographical targeted.

Gaining significant experiences and expertise since 2013, PMTCT intervention was gradually expanded in Khulna Medical College Hospital (KMCH) in November 2017. One year later, satellite PMTCT services were started in one Maternal and Child Welfare Center (MCWC) in Khulna city. In September 2019, PMTCT services were launched in 250 Bed Cox’s Bazar District Sadar Hospital. One month later PMTCT services were integrated in Ukhiya Upazila Health Complex (UUHC). The PMTCT intervention in Cox’s Bazar has extended up to the selected health facilities in camp sites for making the services accessible to the forcibly displaced Myanmar national (FDMN).

In addition, PMTCT intervention was brought closer to the host community on pilot basis in geographically targeted area focusing migrant workers and their female spouses and children. Since September 2017, OKUP in Kanaighat upazila has started implementing this project through existing government health structure at various levels - from Union Health & Family Welfare Centre (UH&FWC) to Upazila Health Complex (UHC). This intervention has strong upward referral linkage with SOMCH for providing comprehensive PMTCT support and technical backstopping.

PMTCT services are offered for both host and FDMN population. Other than camp sites in Ukhiya, PMTCT services are delivered mostly through public health structures from primary to tertiary to specialized health care facilities in geographically targeted areas with the provision of upstream and downstream referral to create increased access to PMTCT and Syphilis treatment services for targeted population in defined geographical area through integrating with and strengthening of existing MNCH services in public health facilities. Major area of intervention include Dhaka, Chattogram, Sylhet and Khulna city, Cox’s Bazar districts, Ukhiya and Kanaighat upazila and adjoining areas.

Achievements

In 2018, a total of 23,069 pregnant women attending at first ANC have been tested for HIV in intervention health care facilities. HTS coverage at ANC was 91%. Throughout the year, 25,244 women visiting designated facilities at labor or delivery received HIV testing services and coverage was 62%. Of them, 12 women were newly identified with HIV infection- 4 and 8 women tested positive at ANC and after delivery respectively. Another 24 pregnant women with known HIV infection received treatment and care for PMTCT of HIV infection. Altogether, 36 women could access comprehensive PMTCT services in 2018. Regarding HIV status of the partners of these women, 21 were known HIV positive, 1 was known negative, 5 newly tested positive, 6 tested negative and 3 partners could not be reached.

Table 9: Type of Health Care Services

Type of health care services	Number
# of HIV-positive pregnant women	36
# of HIV-positive pregnant women received ART	28
# of HIV-exposed infants	30
# of HIV-exposed infants received ARV prophylaxis	29
# of infants received EID within 2 months	37
# of infants tested negative	33
# of infants tested positive	4
# of children tested for HIV antibody after 18 months	24
# of children tested HIV antibody negative	24
# of children tested antibody positive	0
# of children on exclusive breast feeding	24

During 2018, a total number of 2,118 pregnant women (migrant/non-migrant) and 2,338 returnee migrants and their spouses received HTS and PMTCT services through UHC and UH&FWCs. One pregnant woman was tested positive.

Table 10: Training and Orientation received by women, returnee migrants and their spouses

Training and orientation	Number (Individual/Session)
Individual orientation on of safe and informed migration, importance of ANC, basic information about HIV & AIDS, HTS, treatment facilities for HIV positive people	14,511
Orientation of potential migrant workers on HIV, SRH and safe migration	1,867
Community-based orientation sessions on SRH, ANC, HIV & AIDS, PMTCT for female spouses of migrant workers	50 (sessions)
Training of health and FP workers on HIV, PMTCT, SRH and migration and labor trafficking	92
Training on HIV testing and counseling for selective service providers of UHFWC and UHC under Kanaighat Upazila	20

Achievements in cross-cutting issues:

The achievements in few cross-cutting areas are as follows:

- Reduction of stigma and discrimination: Through intensive training, exposure in similar settings in home and abroad, spontaneous and gradual acceptance of a few selective leading health care professionals which motivated others, exposure to PLHIV and hearing positive voices etc. largely contributed in reduction of stigma and discrimination and creating an enabling environment

particularly in public hospitals. Also, PMTCT services have paved the way of transition and gradual integration of treatment, care and support services for PLHIV.

- Improvement of overall maternal and child health: PMTCT had contributed to increasing antenatal check-up during pregnancy, encouraging facility-based delivery, improving utilization of postnatal care, enhancing knowledge of mothers in regard to initiation of early breast feeding, timely complementary feeding and seeking health services for sick children at the soonest.
- Ensure human rights: PMTCT project had simultaneously created greater acceptance of various KPs to not only getting out-patient services but also hospitalization services. KPs are now able to enjoy their basic rights in getting health care services in limited scale.

3.4 Prevention Intervention among Brothel based Sex Workers

Light House in partnership with UNFPA, UNICEF, UNAIDS and NASC conducted a situation assessment at 11 brothels in the country in early 2018 to explore the real scenario of health services including GBV and human rights violation which revealed no such programs going-on at brothel settings. In addition, poor knowledge and myths on health behavior existed and brothels residents were found accepting unprotected sex willingly to earn more money. There were CBOs in all brothels but only 3-4 of them were found active as they run micro credit programs and the others were found non-functional and inactive. Safe MR and safe delivery were still conducted through traditional approach and in some cases, few sex workers were found going to private clinics.

Two Comprehensive Service Center (CSC) inside the Kandapara brothel in Tangail and Ganginarpar brothel in Mymensingh were established to reach FSWs and their children with essential health services which includes 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), antenatal and post-natal care, FP counseling, safe MR, institutional delivery, etc. Besides building CBO capacity was also initiated so that in the long run the program can sustain while the project gets phased out. Targeted stakeholders include adolescent sex workers (MARA aged 10-19), adult and active sex workers (aged 20-45 years) and old aged in-active sex workers (aged 45+ years and above) and the children. 740 brothel residents were targeted with essential services to address SRH, PMTCT, HIV and human rights issues of which 120 were Youth and adolescents sex workers; 470 were adult sex workers and 150 were old aged sex workers.

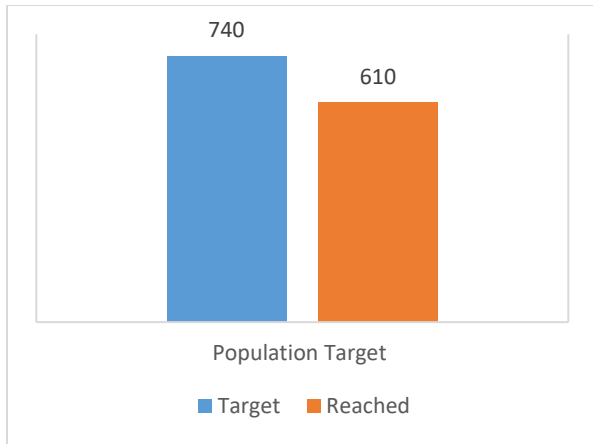


Figure 9: Target Vs Achievement

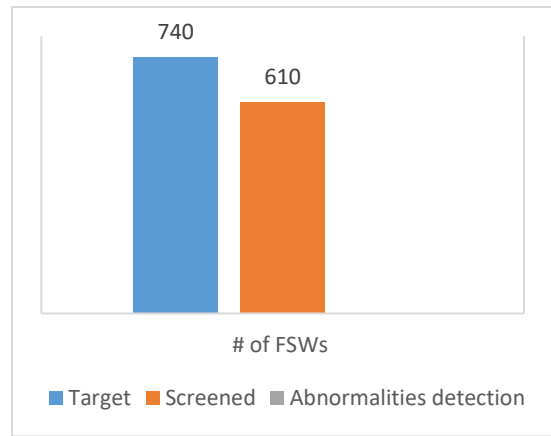


Figure 10: Clinical Services: Breast Cancer screening

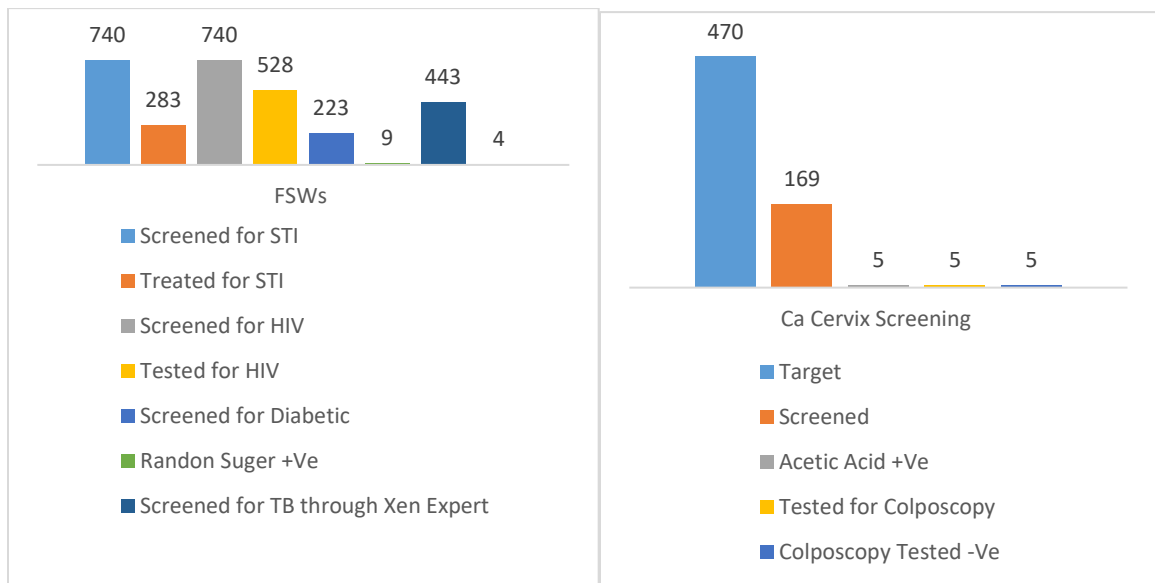


Figure 11: Clinical Services – Screening Vs management of STI, HTS, Diabetic, TB; Clinical Services - CA Cervix Screening

Table 11: The detailed achievements on prevention interventions among brothel based FSWs

No	Activities	Progress/Achievement
1	Provide life skills Education	150 adolescent sex workers received 3 day-long life skills trainings
2	Develop materials and conduct training of Change Agent/Peer Educators	2 day-long basic trainings were conducted for 12 (Myemsningh: 06, and Tangail: 06) Change Agents of Tangail and Mymensingh based CSCs.

3	Building organizational capacity of selected self-help group/CBO	A total of 22 different level of CBO cadres received training on peer education, project management, social marketing of health products, etc. received the skill building training.
4	Facilitate social marketing of condom and other health products through seed money	The 10 aged sex workers under the guidance of the CBOs were tasked with supplying condoms and other health products like sanitary napkin to 556 FSWs until December 2018.
5	Formation of age specific peer led groups	A total of 62 groups were formed, of which 8 for adolescents (10-19 years), 45 for adult/middle aged FSWs (10-45 years) and 9 for old aged sex workers (45+ years).
6	Organize education/discussion sessions	The 62 groups comprised of 589 female sex workers of both brothels attended a total of 237 education sessions until December, 2018 which included ways to prevent STI and HIV transmission, unwanted pregnancy, prevention of HIV from mother to child, importance of dual protection methodology, negotiation skill, breast screening skill etc.
7	Awareness education on health, HIV, PMTCT and SRH and development of IEC materials	The IEC/BCC materials (Brochure - PMTCT) and 200 Flash cards were developed to create mass awareness among sex workers. Besides, UNICEF provided IEC/BCC materials on HIV which was also distributed.
8	Screening of six monthly reproductive health/HIV/STI	A total of 610 FSWs were screened for STI, HIV during this reporting period.
9	Promote FP methods as dual protection	As part of promoting dual method, a total of 550 sex workers received family planning counselling and are using dual method.
10	Organize safe MR services	A total of 4 pregnant sex workers were provided access to safe MR services in collaboration with GO/NGO MR service facilities.
11	Organize two health camps to conduct Ca cervix screening through VIA test	In collaboration with Mymesningh and Tangail Medical College Hospitals, a total of 120 sex workers were brought under ca cervix screening. Besides, CSC referral service mechanisms were used for ca cervix screening of 49 FSWs using MCWC of family planning department. Out of the 169 FSWs screened for CA cervix, 5 were found acetic acid positive but no one tested positive.
12	Create awareness and develop skill on self-examination of breast cancer	A total of 610 FSWs received information and built skills on self-examination of breast cancer by the Medical Assistants and no abnormalities were detected during self-examination.
13	Conduct ANC, PNC services, Child	A total of 16 pregnant women were found within both brothels and all of them received ANC check-up and 6 received PNC

	Immunization, Post-partum Family Planning	services who gave birth until December 2018.
14	Ensure institutional delivery	5 institutional deliveries were ensured under both brothels until December 2018 of which 2 Sescrion section were done in private clinic and three normal delivery took place at GOB set up.
15	Initiate linking of HIV positive pregnant mothers and infants to ART centres and ensure services	One HIV positive was found who left the brothel and could not be linked with care, treatment and support services. The CBO leaders and CSC team tried a lot to identify her but failed.
16	Management of General Ailment	A total of 650 visited with general health complaints, of which, 126 were treated with medicines and the rest were managed through advice and referral until December, 2018.
17	TB screening, diagnosis and management	MoU was developed with the local NTP partners. This brought 433 under Xen expert, of which, 4 tested positive and are now receiving DOTs from NTP partners.
18	Promotion of condom and health products through social marketing	The project provided 199,400 condoms, 146 sanitary napkins, 549 ORS and 480 Paracetamol as part of social marketing of health products until December, 2018.
19	Condom Promotion	From July 2018 to December 2018, a total of 556 FSWs received condoms based on their sex frequency. The condom promotion was made under social marketing.
20	Diagnosis and Management of STIs	Medicines were procured and made available to the both CSCs. 283 FSWs received treatment and management of STI out of 610 FSWs who came for screening.
21	Capacity Building of Project Personnel-Clinical Service	A 5 day long training on clinical service including HTS for Medical Assistants was arranged. MAs also received practical training during health camp for VIA test.
22	Capacity Building of Project Personnel-Program and Finance Management	A 3 days long project management training was organized for the project personnel (19 participants) including project coordinator from June 27-29, 2018.

The project also added few activities as part of addressing cross cutting issues which includes (i) addressing GBV; (ii) advocacy to reduce stigma and discrimination; (iii) income generating activities.

Table 12: Progress/achievements on addressing cross-cutting issues

No.	Activities	Progress/Achievement
1	Development of IGA skills and entrepreneurship for social	20 brothel based FSWs received 1-month long skills building training on beautification, of which, 9 FSWs

	business	are working as on-call beautician.
2	Facilitate formation and operationalization of Rapid Squad to address different crisis	2 community squads comprised of brothel-based leaders, representatives of Sex Workers Network (SWN) and from the FSWs were formed. Until December 2018, the community Squad addressed 24 GBV cases.
3	Advocacy efforts	CBO leaders conducted 3 advocacy meetings with Department of Social Welfare and other local stakeholders on need basis joined by 90 participants.

3.5 Essential HIV Services for Adolescent Key Populations

Most At Risk Adolescents (MARA) are 10-19 years old at higher risk of HIV exposure due to unsafe sex work and, sex between males or with transgender, and injecting drug use. This group is in high risk of HIV infection and vulnerable to gender-based violence. In 2011, UNICEF Bangladesh supported national Government to conduct a national MARA size estimation, mapping and behavioral survey. The study found a significant size of MARA population and comprehensive knowledge of HIV prevention was less than 5%. Following up the MARA mapping study, UNICEF Bangladesh supported Government to develop HIV Risk Reduction Strategy for MARA and EVA. The strategy emphasizes four key strategic approaches: protective legislation and policy, knowledge-based programming and policy, participation and networking and comprehensive HIV and AIDS services. Based on the implementation of the strategy, UNICEF Bangladesh along with partners-initiated dialogue on age of consent for medical services, inclusion of MARA in the sero surveillance, peer-based HIV services and networking forum.

During 2018, UNICEF facilitated partnerships with APON, BSWs, YPSA and Save the Children to increase coverage of services for adolescent drug users who live in the street, adolescent girls involved in commercial sex work and adolescent Transgender and MSM. About 3,500 adolescent girls, TG and MSM were brought under service coverage in Dhaka, Khulna, Sylhet and Chattogram. Based on the National HIV Risk Reduction Strategy for Most At Risk Adolescents, the interventions focused on individual empowerment; access to services such as life skill education, psychosocial counseling, basic literacy, HTC, STI and TB screening, birth registration; and the establishment of a support network for adolescent drug users. In 2018, among the targeted adolescents; 41% received STI management, 52% received HIV counseling and testing, 33% were screened for TB and treated, and 26% received life skill education.

3.6 Treatment, Care and Support Services

HIV Testing and Counseling

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 first 90, AIDS/ STD Programme had taken various initiatives to expand its testing and counseling services to all 23 priority districts. In this reporting year, 25 HIV testing and counseling centers were established along with 6 old

centers for the general populations in the government medical college hospitals, districts/ sadars/ general hospitals which are as follows:

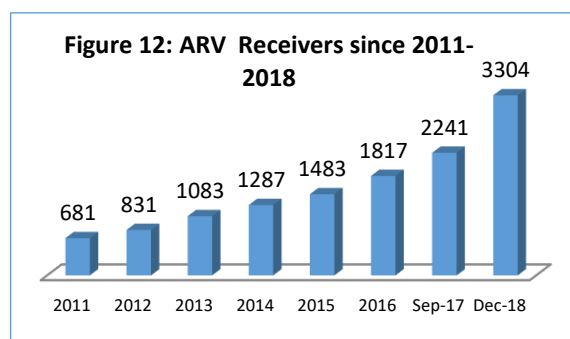
Table 13: List of hospitals with testing and counseling centers

SL	Name of the Hospital	HTC	HTC and ART
01	Chattogram Medical College Hospital		√
02	Cox'sBazar General Hospital		√
03	Cumilla Medical College Hospital		√
04	Chandpur Sadar Hospital	√	
05	PotuaKhali District Hospital	√	
06	Sher E Bangla Medical College Hospital	√	
07	Bangabandhu Sheikh Mujib Medical University Hospital		√
08	Mughda Medical College Hospital	√	
09	Infectious Disease Hospital, Mohakhali		√
10	Shahid Taj Uddin 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		√
16	Bagerhat District Hospital	√	
17	Jashore general hospital	√	
18	Satkhira General hospital	√	
19	Sylhet MAG Osmani Medical College Hospital		√
20	Moulavibazar General Hospital		√
21	Rajshahi Medical College Hospital	√	
22	Pabna General Hospital	√	
23	Shirajgong General Hospital	√	
24	Shahid Ziaur Rahman Medical College Hospital, Bogura		√
25	Dinajpur General Hospital		

For functioning of the above centers, ASP supplied relevant logistics including furniture, HIV testing reagents etc. and also provided training on the HIV testing and ART management for the hospital staff. Save the Children and UNICEF are supporting through human resources for ensuring follow up of the patients. Besides this, hospital Director, Superintendent attended several workshops/ meetings for smooth functioning of the HTC and ART center.

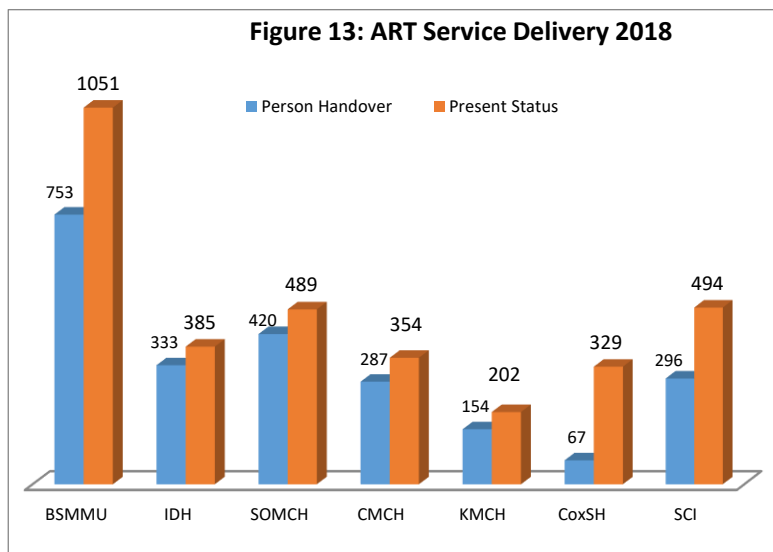
Treatment Care and Support for PLHIV

HIV treatment, care and support services were operationalized since 2005 in Bangladesh in collaboration with corporate sector and INGOs. Then it was expanded under the Global Fund through Save the Children up to 2012. Government of Bangladesh took over the procurement of Anti-retroviral drugs (ARV)



through central medical storage depot (CMSD) since 2012 under the Health Nutrition Population Sector Development Programme (HNPSDP). NASP also provided support to ensure treatment services through NGOs involvement up to 2017. Finally, AIDS/ STD Programme had taken over whole services of treatment care since October, 2017. Basically, five government hospitals provided ART services to the PLHIV who were transferred from NGO service centers.

The services include provision of ART, psychological counseling, management of opportunistic infections and nutritional support to PLHIV. ART is provided free of charge to 'identified' and eligible PLHIV across the country. As of December, 2018 there are 7 ART centers in public hospitals and 3 Comprehensive-DICs run by Care Bangladesh with support of Save the Children International in Dhaka City. Among the 7 hospitals, one is dedicated for Forcibly Displaced Myanmar Nationals (FDMN) in Ukhiya Upazila Health Complex. In this reporting period AIDS/ STD Programme and Save the Children jointly developed an ART differentiated service delivery guideline, based on this guideline ASP is already planning to establish new ART Center/ Refill Center in different geographical location considering the PLHIV concentration. To establish these centers in Bogura, Cumilla, Moulavibazar and Barisal, ASP started communication with the hospital management and prepared the list of the patients who will be transferred to those center. In this reporting period



from January to December, 2018, total 3,304 patients received ART services, among them 2106 are male and 1198 are female, of which 259 were FDMN. Hospital wise ART receiver's information is given in the graph;

A strong follow up mechanism had been established in the ART center, irregular patients were being contacted by peer counselor for ensuring their drugs. The peer counselor support had been provided by UNICEF Bangladesh. To ensure opportunistic infection management, PLHIVs were 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 were given holistic care at ART centres through a team who are committed and has a comprehensive understanding of the programme. Functions of ART centre were categorized as medical, psychological, social and programmatic as indicated below:

Medical Functions

1. Monitor, manage and follow up Pre ART patients;

2. Screen PLHIV for HIV-TB co-infection for early diagnosis of TB and appropriate linkages with the NTP;
3. Diagnose and treat Opportunistic Infections including primary and secondary prophylaxis as per the guidelines;
4. Provide baseline investigations and CD4 cell count;
5. Screen PLHIV for clinical eligibility and to initiate ART as per National ART guidelines;
6. Provide ART to eligible PLHIV and counsel them on 100% adherence to therapy for long term effectiveness of ART;
7. Monitor patients on ART and manage side-effects etc. (if any);
8. Facilitate easy access to specialist care as and when necessary;
9. Provide in-patient care as and when necessary;
10. 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;
11. Provide appropriate intervention for PPTCT as per the National guidelines on PPTCT (both technical and operational);

Psychological Functions

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

Programmatic Functions

1. Tracking of "On-ART" and "Pre ART" Lost to Follow Up cases in co-ordination with Governmental and Non-Governmental Organizations;
2. Work in close 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;
3. Assess the HIV status of spouse and children through HTC and link them to PMTCT services;
4. 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;



ASP is planning to ensure viral load testing using existing Genexpert machine. For this purpose, 10 samples were provided to microbiology of Bangabandhu Sheikh Mujib Medical University. In October, 2018 BSMMU certified that this machine can be used for viral load testing with the relevant cartridge. After receiving the certification, ASP requested to CMSD for procurement of the cartridge.

Capacity Development of Service Providers

Care and prevention activities are integrated with antiretroviral therapy at service delivery points. Capacity development of the hospital staff was an important initiative to ensure the quality treatment, care and support to the PLHIV in a friendly environment without discrimination and fear. ASP provided several training to the hospital staffs in different level who are directly involved with the delivery of HIV related services through Government hospitals. All the trainings took place in Dhaka. Following courses were arranged in the reporting period under the Global Fund support.

Table 14: List of courses for capacity development of service providers

Training course title	Number of Batch	Number of Participants Attended in the Training		
		Duration	GOB	Private / NGO
Master Trainers Training on HIV and AIDS	1 batch	5 days	21	5
Training on Clinical Services on ART & OIS Management and BCC	1 batch	4 days	24	2
Training on HIV Testing and Counseling for MT lab and Nurses	1 batch	5 days	24	0
Basic Training on Data Triangulation and Data Analysis Tools and Techniques and DHS2 for statistician and nurses	1 batch	4 days	24	1
Basic and Advance Course on Monitoring and Evaluation for health education officers	1 batch	3 days	25	0

A total of 126 health service providers received training on different aspects of HIV/ AIDS as per above table, among them 86 were male and 40 were female.



Pictures of the training sessions

Outcomes of the Training

- A significant number of health service providers from public health facility were trained to deliver ART, HTC services for the people;
- A positive environment had been created in public hospitals;

Coordination Meeting in Priority Districts at Civil Surgeon Office

The purpose of the coordination meetings in priority districts were to present existing HIV and AIDS situation and national response to prevention through providing treatment and care to the PLHIV. This workshop helped for sharing of the progress and developed the coordination to increase accountability of non- governmental organizations who are implementing HIV prevention activities in the respective area. 22 priority districts were covered by this day long workshop, detail is given below:

Table 15: List of Coordination Meeting in Priority Districts

SI	District	Date	Participants
01	Moulvibazer Civil Surgeon Office	April 23,2018	32
02	Sirajgonj Civil Surgeon Office	April 25,2018	23
03	Rajshahi Civil Surgeon Office	April 25,2018	27
04	Bogura Civil Surgeon Office	April 25,2018	30
05	Pabna Civil Surgeon Office	April 26,2018	31
06	Sylhet Civil Surgeon Office	May 8,2018	37
07	Cumilla Civil Surgeon Office	May 9,2018	34
08	Bagerhat Civil Surgeon Office	May 16, 2018	26
09	Khulna Civil Surgeon Office	May 20,2018	25
10	Gazipur Civil Surgeon Office	June 28,2018	29
11	Cox's Bazar Civil Surgeon Office	June 4,2018	39
12	Chandpur Civil Surgeon Office	July 24,2018	30
13	Narayangonj Civil Surgeon Office	August 13,2018	28
14	Mymensing Civil Surgeon Office	August 28,2018	30
15	Kishoregonj Civil Surgeon Office	August 28,2018	31
16	Munshigonj Civil Surgeon Office	September 4, 2018	30
17	Chattogram Civil Surgeon Office	September 10, 2018	26
18	Shatkhira Civil Surgeon Office	September 13, 2018	29
19	Dinajpur Civil Surgeon Office	September 13, 2018	37
20	Barishal Civil Surgeon Office	September 24, 2018	26
21	Jashore Civil Surgeon Office	September 24, 2018	28
22	Potuakhali Civil Surgeon Office	September 25, 2018	29

Outcomes

- Developed monitoring mechanism of HIV and AIDS prevention activities of NGOs through Civil Surgeon Office;
- Established accountability of NGO's 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;
- District Education Officer will take initiative to monitor the school education programme of HIV and AIDS related issue and NGOs (HIV SR/ SSR);



District Coordination Meetings

3.7 Strengthening Capacity and Coordination

ASP administered functioning of different committees/ sub committees on a regular basis throughout the year for effective national response. The following meetings were conducted in 2018:

Technical Committee of National AIDS Committee (TC-NAC):

ASP organized 2 TC-NAC meetings in 2018 with the aim to review and approve conducted surveys and guidelines including:

- End Line Survey on Continuation of the prioritized HIV prevention services among key populations in Bangladesh;
- National HIV/AIDS Disclosure Guideline;

Meetings of Technical Working Group for National Monitoring & Evaluation (M&E) and Strategic Information (SI) on HIV and AIDS:

ASP conducted the 15th and the 16th meetings of the Technical Working Group for National Monitoring & Evaluation (M&E) and Strategic Information (SI) on HIV and AIDS (one in earlier part and the other in later part) in 2018. These meetings were vital in reviewing progress of existing initiatives and providing future directions that include update on Spectrum Projections and GAM reporting; Endline Survey; HMIS; National AIDS M&E Plan 2018-2022; Stigma Index; Integrated Biological and Behavioral Surveillance (IBBS); Viral Load Test etc.; sharing of Annual Report Template and WAD, 2018 Data Collection Progress; conducting of STI Surveillance; update of Investment Case; development of National STI Strategy with Costed Action Plan etc.

ART and PMTCT Advisory Committee:

ASP conducted 3 meetings (in March, July and November) of the ART and PMTCT Advisory Committee in 2018. This committee is responsible with ART procurement, distribution, management and other related issues in the country which is comprised of representatives from relevant Government agencies and development partners. These meetings were crucial for discussing the current situation of ARV drugs and ART recipients; ARV stock status; WHO support regarding ARV; ARV drug procurement in CMSD;

preparation of ARV Procurement Plan for 2018-2019; calculation of ARV drugs for FDMN population; sharing experiences from the regional workshop on PrEP and HIVST and discussion on the draft action plan etc.

Engagement with Community Networks:

ASP engaged different community networks including Network of PLHIV (NOP+); Sex Workers Network (SWN); Network of People Who Use Drugs (NPUD); STI/AIDS Network; Community Forum etc. in various initiatives taken though out the year. ASP also ensured strong participation of community in all the relevant meetings, surveys, studies and other initiatives such as taken throughout the year.

Advocacy Workshops

As one of the strategies for HIV prevention, ASP launched several advocacy workshops throughout the year 2018. Objectives of those workshops were to build up better awareness and to create effective initiatives and forceful efforts for prevention of HIV/AIDS through targeted activities. Five higher level advocacy workshops were held during the reporting period, viz. (1) Dhaka Medical College Hospital, (2) Mugda Medical College Hospital, (3) GAMCA (GCC approved Medical Centers' Association), (4) Journalists (Members of Health Reporters), (5) BMET (Bureau of Manpower Employment and Training).

Table 16: Specific information on the ASP advocacy workshops

Sl. No.	Venue/ Organization	Date of Advocacy	Number of Participants
(1)	Blood Transfusion department of Dhaka Medical College Hospital	25.6.2018	27
(2)	Mugda Medical College Hospital	15.07.2018	27
(3)	GAMCA	07.8.2018	30
(4)	Journalists Health Reporters Forum at ASP	18.11.2018	27
(5)	Bureau of Manpower Employment and Training	10.12.2018	30
		Total	141

In all the meeting high officials from the relevant departments were present including DG, BMET; Hospital Directors and Chairman of GAMCA.

Outcomes

- Dhaka Medical College Hospital and Mugda Medical College and Hospital are in agreement to send their HIV testing report to ASP which they are conducting under blood transfusion. Furthermore, both the hospital managements will take initiative to introduce rapid test in their hospitals and refer all the positive cases to nearer facilities either to BSMMU or IDH, Mohakhali.
- There are 67 Medical centers under control of GAMCA who were sensitized about the role of national HIV programme. A good number of HIV patients are being detected in their regular routine test of potential migrants. After advocacy meeting, yearly report on HIV/AIDS is being sent to ASP.
- Journalists of Health Reporters Forum and ASP personals are working together on HIV/AIDS



prevention and in achieving 90-90-90 in priority targets in sensitizing general people by writing features in newspapers and by participating in TV talk shows on HIV/AIDS.

- As a follow up of above advocacy meeting at 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 all over Bangladesh. In addition, ASP developing flipchart and learning materials to use during lectures in TTCs, which is under process.

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

ASP had conducted and commenced several major surveys and studies in 2018 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



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) receiving HIV prevention interventions and made recommendations on how the services for KPs can be improved based on the findings of the survey.

Stigma Index

The PLHIV Network of Bangladesh conducted the 2nd National Stigma Index with support from UNAIDS, UNICEF, UNFPA and UNRCO in consultation with the TWG on M&E and Strategic Information. From the Stigma Index, various information on various indicators such as denial of health services, rejection from FP services, refused for SRH services because of HIV status, advice on not to have a child, coercion, and other forms of discriminatory attitudes from friends/neighbors, adult family members and healthcare providers was collected.

Commencement of Integrated Biological and Behavioral Surveillance (IBBS)

ASP had 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. had already been developed and shared with relevant experts and will be finalized after consensus among the experts. BSMMU will then submit the technical and financial proposal. A working committee and a technical advisory committee will be formed to guide and support the surveillance.

3.9 Other Activities

Programme Coordination Meetings

ASP conducted 2 programme coordination meetings (in June and November) with development partners and NGOs in 2018. The meetings mainly focused on dissemination findings of the End Line survey; update of the programme activities/ performance of PRs; updates of HIV response to FDMN; celebration of World AIDS Day-2018 etc. Issues around resource constraint, need for awareness building to improve knowledge on HIV/AIDS, effective monitoring and evaluation mechanism, favourable trade policy for procurement of drugs and machines, adopt findings of the End Line survey to improve the quality of the programme, planning and designing of different activities during the world AIDS day celebration were discussed and finalized in these meetings.

Campaigns

Celebration of World AIDS Day, 2018: As part of World AIDS Day (WAD), 2018 celebration on 01 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, 2018 was “Know your status”. 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 surgeon, 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 which aimed at addressing HIV/AIDS related confidentiality and disclosure issues in all relevant aspects and contexts. The development of this guideline was extremely necessary as disclosure of HIV status is a very sensitive matter and directly linked to privacy and confidentiality as human rights issue. This guideline will act as the first-hand tool to provide directions to protect HIV-related confidentiality and against associated discrimination for PLHIV, KPs and population in general.

Commencement of Review of Community Based HIV Testing Services (HTS) Guideline and



Development of National HTS Guideline

ASP had commenced the process of reviewing community based HIV Testing Services (HTS) guideline and development of National HTS Guideline in later part of the year. 3 subsequent meetings were held in this regard and a working committee was established engaging relevant experts from different organizations. It was decided that community based HTS guideline will be reviewed first and then the national HTS guideline will be developed. The working

committee members were assigned to work on the specific sessions of national HTS guideline in line with the WHO 2015 & 2016 HTS guideline. Both the guidelines will be very much specific and user friendly. The National HTS Guideline will be developed in English and the community based HTS guideline will be developed in Bangla and will be submitted to TC-NAC for approval.

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, antibiotic sensitivity, 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.

Commencement of National STI Strategy Development

The development of National STI Strategy with 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 have committed to provide necessary support to develop the strategy.

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

Violence in Rakhine State of Myanmar had driven an estimated 603,000 Rohingyas (reported as of 25 October, 2017) across the border into Cox's Bazar, Bangladesh. Including the new influx, total population from this community residing here is 1.0 to 1.2 million. As of December, 2018, a total of 151 PLHIV were identified. All the HIV cases are currently provided with ART. To prevent outbreak of infection, ASP initiated the 'STI/HIV and AIDS responses for the FDMN in Cox's Bazar'. So far, this had 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 (including drug adherence) to service receivers.

PITC for TB Positive Patients

The Rohingyas who are suspected for TB cases is tested for TB and TB positive cases has been further counseled for taking up the HTC by following the same pathway described above. Also, the identified PLHIV has been linked to DOTS centers for diagnosis and treatment. Till date from Jun 2018, total number of 229 {Bengali/Host 134 (M 62, F 68 MC 3 FC 4) and Rohingya 95 (M 32 F 51 MC 8 FC 4)} individuals had been tested. Out of them, total number of 81 {Bengali/Host 17 (M 4, F 3 MC 0 FC 0) and Rohingya 74 (M 23 F 44 MC 5 FC 3)} individuals had been identified as HIV positive.

Initiating ART and Monitoring of Adherence and Patient Follow-up (linking to Government Health Service Delivery Points at District and Upazilla)

All HIV positive Rohingya people have been ensured the initiation of ART. With increasing HTC services, access to ART services is must. Currently, ART services are available at Cox's Bazar District Hospital (i.e., Sadar Hospital), Another ART refill center has been established at Ukhiya UHC with support of WHO and IOM. Unstable cases are getting support from Cox's Bazar Sadar Hospital and stable cases are getting support from Ukhiya Health Complex.

Table 17: LAB Services during the Period

Name of the Month	Testing		Grand Total
	Bengali/Host Community	FDMN/Rohingya	
	Sub Total	Sub Total	
Jun-Dec, 18	103	76	179
Name of the Month	Positive Cases		Grand Total
	Bengali/Host Community	FDMN/Rohingya	
	Sub Total	Sub Total	
Jun-Dec, 18	5	61	66



Table 18: Total PLHIV up to February, 2019

	Adult	Children	Transgender	Total	Remarks
PLHIV (FDMN/ Rohingya)	273	45	1	319	
PLHIV (Host Community)	118	11	0	129	
Total	391	56	1	448	
ART Receivers (FDMN/ Rohingya)	237	40	0	277	
ART Receivers (Bengali/ Host Community)	66	06	0	72	
Total	303	46	0	349	
Total Death (FDMN/ Rohingya)	16	03	0	19	
Total Death (Bengali/ Host Community)	42	02	0	44	
Total	58	05	0	63	
PLHIV Pregnant Women: 04	FDMN/Rohingya: 04		Bengali/ Host Community: 00		At Present
TB Co-infection: 11	FDMN/Rohingya: 10 (M: 05; F: 05)		Bengali/ Host Community: 01 (M:01; F:00)		At Present

Training and Capacity Building for the Service Providers and Strengthen Coordination

Project staff and regular staff of the hospital had been trained on different aspect of HIV. Beside this, other service providers had also been trained to expand the HIV screening including:

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

Challenges:

- The local authorities provide limited time than expected time due to their multiple engagement for overall challenges;
- 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/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 giver/s support etc., providing ART and suggestions/prescriptions are not enough;
- Prescribing ART requires some essential investigations services (CBC, CxR, S. Creatinine, SGPT, Sputam, S for AfB) which are difficult to get for FDMN;

5. Major Challenges and Way Forward

In 2018, the ASP had 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 23 priority districts was initially extremely challenging in terms of human resource and logistics;
- Ensuring Development Partners' (DP) investment as their focus and priorities are shifting. Global Fund and other donor partners had already reduced their funding volume and it is on a declining trend. Therefore, ensuring donor commitment to end AIDS by 2030 needs to be pursued;
- In general, there is still lack of proper knowledge about HIV and this further contributes to the spread of the infection along with stigma and discrimination. Thus, media campaign needs to be rejuvenated;
- Implementing and monitoring prevention interventions among the key populations, including the MARA remains challenging. Despite this challenge, focus must be strengthened on scaling up targeted interventions;
- There is still no targeted intervention for migrants, even though the detected cases mainly consist of the migrant population in Bangladesh. Therefore, commencing comprehensive HIV response to migrant people is needed;
- Strengthening of referral system 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;
- Effective response to HIV requires multi-sectoral engagement which is difficult to organize and coordinate. Therefore, 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.

6. 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.

7. References

1. National HIV/AIDS Policy in Bangladesh. 1996. National AIDS/STD Programme, Ministry of Health and Family Welfare.
2. 4th Health, Population and Nutrition Sector Programme (4th HPNSP), Programme Implementation Plan: 01 January 2017- 30 June 2022. December 2016. Ministry of Health and Family Welfare.
3. 4th National Strategic Plan for HIV and AIDS Response 2018-2022. December 2016. National AIDS/STD Programme (NASP), Ministry of Health and Family Welfare.
4. 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.
5. 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.
6. 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
7. HIV and AIDS data hub for Asia Pacific. 2017. UNAIDS, UNICEF, WHO & ADB.
8. National HIV Estimates & Projections using Spectrum. 2018. ASP & UNAIDS Regional Support Team (Asia & Pacific).
9. UNAIDS Global AIDS Update. Ending AIDS: Progress towards the 90-90-90 Targets. 2017.
10. Global AIDS Monitoring Report. 2014, 2015, 2016, 2017. NASP& UNAIDS.
11. Program Data. 2015-2016, 2017-2018. National HMIS.
12. Global Tuberculosis Report. 2018. WHO.
13. 90-90-90 An Ambitious Treatment Target to Help End the AIDS Epidemic. UNAIDS. 2014.
14. 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.
15. End Line Report on Continuation of the Prioritized HIV Prevention Services among Key Population in Bangladesh. December 2017. ASP & Global Fund.
16. 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.
17. Behavioral and Serological Surveillance amongst Key Populations at Risk of HIV in Selected Areas of Bangladesh. 2015-16. ASP, IEDCR & icddr'b;
18. 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/>)
19. 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.
20. National HIV/AIDS Disclosure Guideline. April, 2018. AIDS/STD Programme, Directorate General of Health Services; Bandhu Social Welfare Society.

8. List of Figures and Tables

Figures

Figure 1: Reported New HIV and Death Cases per Year (1989-2018).

Figure 2: Geographic Distribution of New HIV Cases in Bangladesh.

Figure 3: New HIV Cases 2018: Marital Status.

Figure 4: Gender Distribution of New Cases: 2018.

Figure 5: New HIV Cases among Key Populations.

Figure 6: New Cases among PWID in Dhaka.

Figure 7: Distribution of Syringe and needle to PWID by quarter.

Figure 8: icddr,b: Location map of service delivery points.

Figure 9: Target vs. Achievement.

Figure 10: Clinical Services: Breast Cancer screening.

Figure 11: Clinical Services – Screening Vs management of STI, HTS, Diabetic, TB; CA Cervix Screening.

Figure 12: ARV Receivers since 2011-2018.

Figure 13: ART Service Delivery 2018.

Tables

Table 1: Age Distribution of New Cases: 2018.

Table 2: Migration Status of New Cases: 2018.

Table 3: New Cases among Youth: 2018.

Table 4: Priority Activities for AIDS/STD Program identified in the OP

Table 5: 4th NSP Programme Objectives.

Table 6: List of ASP's Partnership Government and Non-Government Entities

Table 7: Coverage and Area of the interventions for FSWs and PWID

Table 8: The number of HIV testing and HIV positive identification by population in 2018.

Table 9: Type of Health Care Services.

Table 10: Training and Orientation received by women, returnee migrants and their spouses

Table 11: The detailed achievements on prevention interventions among brothel based FSWs.

Table 12: Progress/achievements on addressing cross-cutting issues

Table 13: List of hospitals with testing and counseling centres

Table 14: List of courses for capacity development of service providers

Table 15: List of Coordination Meeting in Priority Districts.

Table 16: Specific information on the ASP advocacy workshops

Table 17: LAB Services during the period.

Table 18: Total PLHIV up to February, 2019.