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**Asia and Pacific**

**Bangladesh**

**COUNTRY:**

Bangladesh

**Name of the National AIDS Committee Officer in charge:**

DR. S.M. Mustafa Anower, Line Director, National AIDS/STD Programme

**Postal address:**

Niketon, gulshan 1

**Tel:**

880-2-8829720

**Fax:**

880-2-8829720

**E-mail:**

stdaids@dekko.net.bd

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:	Organisation	National AIDS/STD Programme (NASP), Directorate General of Health Services, Ministry of Health and Family Welfare
:	Name/Position	Dr. S.M. Mustafa Anower, Line director, NASP & Safe Blood Transfusion Programme
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	National AIDS/STD Programme (NASP), Directorate General of Health Services, Ministry of Health and Family Welfare
:	Name/Position	Dr. Hanif Uddin, Deputy Programme Manager, NASP

:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.V
:	Organisation	Save the Children-USA
:	Name/Position	Dr. Nizam Uddin Ahmed, Director, HIV/AIDS Sector and South Asia Program Manager
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	HASAB
:	Name/Position	Dr. Nazneen Akhter, Exewcutive Director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Bangladesh Women Health Coalition (BWHC)
:	Name/Position	Dr. Julia Ahmed, Deputy Executive Director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Ashar Alo Society
:	Name/Position	Ms. Habia Akhter, Executive Director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Mukto Akash Bangladesh
:	Name/Position	Ms. Mukti, Executive Director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	ICDDR,B
:	Name/Position	Dr. Tasnim Azim, Scientist
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.III / B.IV
:	Organisation	The Bangladesh Observer
:	Name/Position	Mr. Iqbal Sobhan Chowdhury, Chief News
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II
:	Organisation	Durjoy Nari Sangha
:	Name/Position	Ms. Momtaz Begum, President

:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II
:	Organisation	UNAIDS
:	Name/Position	Dan Odallo, Country Coordinator
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	UNAIDS
:	Name/Position	Mr. Mahboob A Rahman, M&E Advisor
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	UNAIDS
:	Name/Position	Dr. Lazeena Muna, ..... Advisor
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	UNODC
:	Name/Position	Dr. Mozammel Hoque, HIV Advisor
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time
Position:	Full time/Part time	Full time

**1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?**

Yes

**IF YES, period covered:**

2004-2010

**1.1 How long has the country had a multisectoral strategy/action framework?**

2

**1.2 Which sectors are included in the multisectoral strategy/action framework with a specific HIV budget for their activities?**

Health:	<b>Strategy/Action framework</b>	Yes
Health:	<b>Earmarked budget</b>	Yes
Education:	<b>Strategy/Action framework</b>	Yes
Education:	<b>Earmarked budget</b>	No
Labour:	<b>Strategy/Action framework</b>	Yes
Labour:	<b>Earmarked budget</b>	No
Transportation:	<b>Strategy/Action framework</b>	No
Transportation:	<b>Earmarked budget</b>	No
Military/Police:	<b>Strategy/Action framework</b>	Yes
Military/Police:	<b>Earmarked budget</b>	No
Women:	<b>Strategy/Action framework</b>	Yes
Women:	<b>Earmarked budget</b>	No
Young people:	<b>Strategy/Action framework</b>	Yes
Young people:	<b>Earmarked budget</b>	No
Agriculture:	<b>Strategy/Action framework</b>	No
Agriculture:	<b>Earmarked budget</b>	No
Finance:	<b>Strategy/Action framework</b>	Yes
Finance:	<b>Earmarked budget</b>	No
Human Resources:	<b>Strategy/Action framework</b>	No
Human Resources:	<b>Earmarked budget</b>	No
Justice:	<b>Strategy/Action framework</b>	No
Justice:	<b>Earmarked budget</b>	No
Minerals and Energy:	<b>Strategy/Action framework</b>	No
Minerals and Energy:	<b>Earmarked budget</b>	No
Planning:	<b>Strategy/Action framework</b>	Yes
Planning:	<b>Earmarked budget</b>	No
Public Works:	<b>Strategy/Action framework</b>	No
Public Works:	<b>Earmarked budget</b>	No
Tourism:	<b>Strategy/Action framework</b>	No
Tourism:	<b>Earmarked budget</b>	No
Trade and Industry:	<b>Strategy/Action framework</b>	No
Trade and Industry:	<b>Earmarked budget</b>	No
Other*::	<b>Strategy/Action framework</b>	Yes
Other*::	<b>Earmarked budget</b>	No

**IF NO earmarked budget, how is the money allocated?**

They carry out AIDS prevention and control activities through existing core administrative structure.

**1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?**

a. Women and girls:	Yes
b. Young women/young men:	Yes
c. Specific vulnerable sub-populations:	Yes
d. Orphans and other vulnerable children:	Yes
e. Workplace:	Yes
f. Schools:	Yes
g. Prisons:	Yes
h. HIV, AIDS and poverty:	No
i. Human rights protection:	Yes
j. Involvement of people living with HIV:	Yes
k. Addressing stigma and discrimination:	Yes
l. Gender empowerment and/or gender equality:	No

**1.4 Were target populations identified through a process of a needs assessment or needs analysis?**

Yes

**IF YES, when was this needs assessment /analysis conducted? Year:**

2004

**IF NO, how were target populations identified?**

N/A

**1.5 What are the target populations in the country?**

Women & men, youths aged 15-24 years old, female sex workers (brothel, street and hotel-based), men having sex with men, hijra, mobile populations: external migrants and their families, border crossing people, transport worker & garment workers.

**1.6 Does the multisectoral strategy/action framework include an operational plan?**

Yes

**1.7 Does the multisectoral strategy/action framework or operational plan include:**

a. Formal programme goals? :	Yes
b. Clear targets and/or milestones? :	Yes
c. Detailed budget of costs per programmatic area? :	Yes
d. Indications of funding sources?:	Yes
e. Monitoring and Evaluation framework? :	Yes

**1.8 Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy/action framework?**

Active involvement

**IF active involvement, briefly explain how this was done:**

Civil society was actively involved in the development of strategic plan. First a large consultative meeting was held with all stakeholder including representative from PLHIV, sex workers' organizations, MSM, IDUs, NGOs working with HIV, human rights organizations. Different working groups were formed to work on 5 thematic areas. Then compiled information was shared and agreed in a large meeting involving all stakeholders including PLHIV.

**1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?**

Yes

**1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?**

Yes, some partners

**IF SOME or NO, briefly explain**

The Operational Plan of National Strategic Plan still need to be approved and disseminated which may serve as a tool for other partners to align their support in the national response. However, NASP is gradually taking leadership in this aspect so that under different mechanism, projects support is arranged as per national priority.

**2. Has the country integrated HIV and AIDS into its general development plans such as:  
a) National Development Plans,  
b) Common Country Assessments/United Nations Development Assistance Framework,  
c) Poverty Reduction Strategy Papers,  
d) Sector Wide Approach?**

Yes

**2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?**

a) National Development Plans:

b) Common Country Assessments/United Nations Development Assistance Framework:

c) Poverty Reduction Strategy Papers:

d) Sector Wide Approach:

## 2.2 IF YES, which policy areas below are included in these development plans?

HIV Prevention:	<b>Development Plans</b>	a) / b) / c) / d)
Antiretroviral therapy:	<b>Development Plans</b>	b) / d)
Care and support (including social security or other schemes):	<b>Development Plans</b>	b) / d)
AIDS impact alleviation:	<b>Development Plans</b>	b) / d)
Reduction of <b>income</b> inequalities as they relate to HIV prevention/ treatment, care and /or support:	<b>Development Plans</b>	d)
Reduction of stigma and discrimination:	<b>Development Plans</b>	d)
Women's economic empowerment (e.g. access to credit, access to land, training):	<b>Development Plans</b>	c) / d)

## 3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

No

## 4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?

Yes

### 4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?

Behavioural change communication:	Yes
Condom provision :	Yes
HIV testing and counselling(*):	Yes
STI services :	Yes
Treatment:	Yes
Care and support :	Yes

### (\*If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken? <br>

#### Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:

No comprehensive program available for all uniformed services; Services are available only for peacekeeping forces. Bangladesh is a major contributor to the United Nations Peacekeeping Forces in the countries where there are high prevalence of HIV in the peacekeeping forces and among general population. Since 1989, Bangladesh Armed Forces has undertaken intensive IEC program to the Bangladeshi peacekeeping forces to reduce the risk of HIV transmission. After their return, they are tested for HIV regularly and this initiative was recognized by UNAIDS as one of the best practices.

## 5. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

No

### 5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?

No

**5.2 Have the estimates of the size of the main target population sub-groups been updated?**

No

**5.3 Are there reliable estimates and projected future needs of the number of adults and children requiring antiretroviral therapy?**

No

**5.4 Is HIV and AIDS programme coverage being monitored?**

Yes

**(a) IF YES, is coverage monitored by sex (male, female)?**

No

**(b) IF YES, is coverage monitored by population sub-groups?**

Yes

**IF YES, which population sub-groups?**

Injecting Drug Users, Brothel Sex Workers, Street Sex Workers, MSM, bridging population (truckers, rickshaw-pullers etc). However, the estimation was done by conducting survey which did not cover the whole population and the estimation might not be robust.

**(c) IF YES, is coverage monitored by geographical area?**

No

**5.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?**

No

**Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?**

2007:	8
2005:	8

**Comments on progress made in strategy planning efforts since 2005:**

The following strategy documents were prepared since 2005.

- National AHIV and AIDS Communication Strategy 2005-2010;
- National ART guidelines 2006;
- National STI management guidelines 2006;
- National AIDS M&E framework 2006-2010;
- Harm reduction strategy for drug users 2006-2010;
- Training module for health managers on HIV/AIDS 2006;
- Handbook on HIV/AIDS prevention;
- National baseline survey of youth and adolescents in Bangladesh 2006;
- TOT manual for School and college teachers and facilitation guides;
- TOT manual on mainstreaming HIV/AIDS for NGOs and 5 key ministries.

**1. Do high officials speak publicly and favourably about AIDS efforts in major domestic fora at least twice a year?**

President/Head of government : No  
Other high officials : Yes  
Other officials in regions and/or districts : Yes

**2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?**

Yes

**2.1 IF YES, when was it created? Year:**

1985

**2.2 IF YES, who is the Chair?**

Name: Major General (Retd) Dr. ASM Matiur Rahman  
Title/Function: Advisor, Ministry of Health and Family Welfare

**2.3 IF YES, does it:**

have terms of reference? : Yes  
have active Government leadership and participation? : Yes  
have a defined membership?: Yes  
include civil society representatives? (\*): Yes  
include people living with HIV?: Yes  
include the private sector?: Yes  
have an action plan?: Yes  
have a functional Secretariat? : No  
meet at least quarterly?: No  
review actions on policy decisions regularly?: No  
actively promote policy decisions?: Yes  
provide opportunity for civil society to influence decision-making?: Yes  
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: Yes

**(\* If it does include civil society representatives, what percentage?**

20

**3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/ programmes?**

Yes

**3.1 IF YES, does it include?**

Terms of reference :	Yes
Defined membership :	Yes
Action plan :	Yes
Functional Secretariat :	Yes
Regular meetings (*):	Yes

**(\*If it does include regular meetings, what is the frequency of the meetings:**

Quarterly

**IF YES, What are the main achievements?**

The following documents were developed with the technical guidance of the committee:

National AHIV and AIDS Communication Strategy 2005-2010;  
National ART guidelines 2006;  
National STI management guidelines 2006;  
National AIDS M&E framework 2006-2010;  
Harm reduction strategy for drug users 2006-2010;  
Training module for health managers on HIV/AIDS 2006;  
Handbook on HIV/AIDS prevention;  
National baseline survey of youth and adolescents in Bangladesh 2006;  
TOT manual for School and college teachers and facilitation guides;  
TOT manual on mainstreaming HIV/AIDS for NGOs and 5 key ministries.

**IF YES, What are the main challenges for the work of this body?**

NASP is playing the role of promoting interaction between government, people living with HIV, civil society and others. However, limited human resource capacity is the main challenge to function NASP properly. It needs restructuring, more staff and a capacity development plan for a sustained response.

**5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?**

Information on priority needs and services :	Yes
Technical guidance/materials:	Yes
Drugs/supplies procurement and distribution :	Yes
Coordination with other implementing partners :	Yes
Capacity-building :	Yes

**6. Has the country reviewed national policies and legislation to determine which, if any, are inconsistent with the National AIDS Control policies?**

No

**Overall, how would you rate the political support for the HIV and AIDS programmes in 2007 and in 2005?**

2007: 9

2005: 9

**Comments on progress made in political support since 2005:**

National AIDS/STD Program (NASP) unit has recently been strengthened by hiring some personnel and it is now more confident to manage, coordinate and monitor HIV/AIDS program efficiently. But it still needs more staff and training for the development of staff.

**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?**

Yes

**1.1 IF YES, what key messages are explicitly promoted?**

Be sexually abstinent:

Delay sexual debut:

Be faithful:

Reduce the number of sexual partners:

Use condoms consistently:

Engage in safe(r) sex:

Avoid commercial sex:

Abstain from injecting drugs:

Use clean needles and syringes:

Fight against violence against women:

Greater acceptance and involvement of people living with HIV:

Greater involvement of men in reproductive health programmes:

**1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?**

Yes

**2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?**

Yes

**2.1 Is HIV education part of the curriculum in**

primary schools? : No

secondary schools? : Yes

teacher training? : Yes

**2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?**

Yes

### 2.3 Does the country have an HIV education strategy for out-of-school young people?

No

### 3. Does the country have a policy or strategy to promote information, education and communication (IEC) and other preventive health interventions for vulnerable sub-populations?

Yes

#### 3.1 IF YES, which sub-populations and what elements of HIV prevention do the policy/strategy address?

Targeted information on risk reduction and HIV education:	IDU
Targeted information on risk reduction and HIV education:	MSM
Targeted information on risk reduction and HIV education:	Sex workers
Targeted information on risk reduction and HIV education:	Clients of sex workers
Targeted information on risk reduction and HIV education:	Other sub-populations (*)
Stigma & discrimination reduction:	IDU
Stigma & discrimination reduction:	MSM
Stigma & discrimination reduction:	Sex workers
Stigma & discrimination reduction:	Clients of sex workers
Condom promotion:	IDU
Condom promotion:	MSM
Condom promotion:	Sex workers
Condom promotion:	Clients of sex workers
Condom promotion:	Other sub-populations (*)
HIV testing & counselling:	IDU
HIV testing & counselling:	MSM
HIV testing & counselling:	Sex workers
HIV testing & counselling:	Clients of sex workers
Reproductive health, including STI prevention & treatment:	IDU
Reproductive health, including STI prevention & treatment:	MSM
Reproductive health, including STI prevention & treatment:	Sex workers
Reproductive health, including STI prevention & treatment:	Other sub-populations (*)
Vulnerability reduction (e.g. income generation):	Sex workers
Needle & syringe exchange:	IDU

**(\*If Other sub-populations, indicate which sub-populations**

Transport workers, rickshaw-pullers, garment workers etc.  
Drug substitution therapy is at the pilot stage

**Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?**

2007:	6
2005:	6

**Comments on progress made in policy efforts in support of HIV prevention since 2005:**

The following policy documents were developed with involvement of civil society:

National AHIV and AIDS Communication Strategy 2005-2010;  
National ART guidelines 2006;  
National STI management guidelines 2006;  
National AIDS M&E framework 2006-2010;  
Harm reduction strategy for drug users 2006-2010;  
Training module for health managers on HIV/AIDS 2006;  
Handbook on HIV/AIDS prevention;  
National baseline survey of youth and adolescents in Bangladesh 2006;  
TOT manual for School and college teachers and facilitation guides;  
TOT manual on mainstreaming HIV/AIDS for NGOs and 5 key ministries.

**4. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?**

Yes

**IF NO, how are HIV prevention programmes being scaled-up?:**

Bangladesh is a low prevalence country and HIV infection is mostly confined to most-at-risk populations (MARP). So, instead of identifying districts or geographical area, it focuses on MARP and young people. HIV prevention program is being scaled up among MARP and young population in the country. However, awareness program on HIV covers the whole population through print and electronic media.

**IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts\* in need?**

Blood safety:	<b>The activity is available in</b>	<b>some</b> districts* in need
Universal precautions in health care settings:	<b>The activity is available in</b>	<b>some</b> districts* in need
Prevention of mother-to-child transmission of HIV:	<b>The activity is available in</b>	N/A
IEC on risk reduction:	<b>The activity is available in</b>	<b>most</b> districts* in need
IEC on stigma and discrimination reduction:	<b>The activity is available in</b>	<b>most</b> districts* in need
Condom promotion:	<b>The activity is available in</b>	<b>most</b> districts* in need
HIV testing & counselling:	<b>The activity is available in</b>	<b>some</b> districts* in need
Harm reduction for injecting drug users:	<b>The activity is available in</b>	<b>most</b> districts* in need
Risk reduction for men who have sex with men:	<b>The activity is available in</b>	<b>some</b> districts* in need
Risk reduction for sex workers:	<b>The activity is available in</b>	<b>most</b> districts* in need
Programmes for other vulnerable subpopulations:	<b>The activity is available in</b>	<b>some</b> districts* in need
Reproductive health services including STI prevention & treatment:	<b>The activity is available in</b>	<b>most</b> districts* in need
School-based AIDS education for young people:	<b>The activity is available in</b>	<b>some</b> districts* in need
Programmes for out-of-school young people:	<b>The activity is available in</b>	N/A
HIV prevention in the workplace:	<b>The activity is available in</b>	N/A

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?**

2007:	6
2005:	6
2007:	5
2005:	4

**Comments on progress made in the implementation of HIV prevention programmes since 2005:**

Prevention programme coverage of most at risk populations remains a strong focus in Bangladesh. Major HIV projects are designed to prevent HIV among at risk groups. In addition to WB/DFID funded HAPP project, GFATM funded HIV Prevention Program covers young people and the the sixth round proposal also includes additional resources for increasing the quality and coverage of targeted interventions.

**1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).**

Yes

**1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?**

Yes

**2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?**

No

**IF NO, how are HIV and AIDS treatment, care and support services being scaled-up?**

Treatment, care and support services are limited to the PLHA who voluntarily come for services. There are only a few organizations (3 or 4) based in Dhaka that are providing limited services. The organizations lack funds for treatment, care and support services to the AIDS cases. No treatment for Pediatric AIDS cases are available in the country. Treatment for opportunistic infections and nutritional care support are also inadequate. There is an urgent need to rapidly scale-up treatment and making drugs available at affordable price.

**IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts\* in need?**

Antiretroviral therapy:	<b>The service is available in</b>	<b>some</b> districts* in need
Nutritional care:	<b>The service is available in</b>	N/A
Paediatric AIDS treatment:	<b>The service is available in</b>	N/A
Sexually transmitted infection management:	<b>The service is available in</b>	<b>most</b> districts* in need
Psychosocial support for people living with HIV and their families:	<b>The service is available in</b>	<b>some</b> districts* in need
Home-based care:	<b>The service is available in</b>	N/A
Palliative care and treatment of common HIV-related infections:	<b>The service is available in</b>	N/A
HIV testing and counselling for TB patients:	<b>The service is available in</b>	N/A
TB screening for HIV-infected people:	<b>The service is available in</b>	N/A
TB preventive therapy for HIV-infected people:	<b>The service is available in</b>	N/A
TB infection control in HIV treatment and care facilities:	<b>The service is available in</b>	N/A
Cotrimoxazole prophylaxis in HIV-infected people:	<b>The service is available in</b>	N/A
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	<b>The service is available in</b>	N/A
HIV treatment services in the workplace or treatment referral systems through the workplace:	<b>The service is available in</b>	N/A
Antiretroviral therapy:	<b>The service is available in</b>	<b>some</b> districts* in need
Nutritional care:	<b>The service is available in</b>	N/A
Paediatric AIDS treatment:	<b>The service is available in</b>	N/A
Sexually transmitted infection management:	<b>The service is available in</b>	<b>most</b> districts* in need
Psychosocial support for people living with HIV and their families:	<b>The service is available in</b>	<b>some</b> districts* in need
Home-based care:	<b>The service is available in</b>	N/A
Palliative care and treatment of common HIV-related infections:	<b>The service is available in</b>	N/A

HIV testing and counselling for TB patients:	<b>The service is available in</b>	N/A
TB screening for HIV-infected people:	<b>The service is available in</b>	N/A
TB preventive therapy for HIV-infected people:	<b>The service is available in</b>	N/A
TB infection control in HIV treatment and care facilities:	<b>The service is available in</b>	N/A
Cotrimoxazole prophylaxis in HIV-infected people:	<b>The service is available in</b>	N/A
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	<b>The service is available in</b>	N/A
HIV treatment services in the workplace or treatment referral systems through the workplace:	<b>The service is available in</b>	N/A
HIV care and support in the workplace (including alternative working arrangements):	<b>The service is available in</b>	N/A

**3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?**

Yes

**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral drugs, condoms, and substitution drugs?**

No

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?**

2007:	5
2005:	4

**Comments on progress made since 2005:**

The progress on this agenda is relatively slow as treatment coverage has not improved and in the absence of a national treatment programme initiatives are largely private and thus expensive.  
The following documents were developed since 2005:

- National ART guidelines 2006 developed;
- Counseling guidelines development is in progress;
- More NGOs are providing ART since 2005;
- 2 local pharmaceutical companies are manufacturing first line medicines for AIDS treatment;
- Donor support for ART has increased;

**5. Does the country have a policy or strategy to address the additional HIV- or AIDS-related needs of orphans and other vulnerable children (OVC)?**

Yes

**5.1 IF YES, is there an operational definition for OVC in the country?**

No

**5.2 IF YES, does the country have a national action plan specifically for OVC?**

No

**5.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?**

No

**Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?**

2007: 0

2005: 0

**Comments on progress made in efforts to meet the needs of OVC since 2005:**

Orphans and OVC is not priority target sub-population in Bangladesh given low HIV prevalence and estimated number of PLHIV is below 10,000.

**1. Does the country have one national Monitoring and Evaluation (M&E) plan?**

Yes

**IF YES, Years covered:**

2006-2010

**1.1. IF YES, was the M&E plan endorsed by key partners in M&E?**

Yes

**1.2. IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?**

Yes

**1.3. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?**

Yes, but only some partners

**2. Does the Monitoring and Evaluation plan include?**

a data collection and analysis strategy : Yes

behavioural surveillance : Yes

HIV surveillance : Yes

a well-defined standardized set of indicators : Yes

guidelines on tools for data collection : Yes

a strategy for assessing quality and accuracy of data : Yes

a data dissemination and use strategy : Yes

**3. Is there a budget for the M&E plan?**

Yes

**3.1 IF YES, has funding been secured?**

No

**4. Is there a functional M&E Unit or Department?**

In Progress

**IF NO, what are the main obstacles to establishing a functional M&E Unit/Department?**

NASP as low staff strength and as such a separate M&E unit not yet created although a Deputy Programme Manager is in charge to look after M&E issues in addition to other number of priority areas.

**4.1 IF YES, is the M&E Unit/Department based**

in the NAC (or equivalent)? :

Yes

**4.2 IF YES, how many and what type of permanent and temporary professional staff are working in the M&E Unit/Department? <br><br>**

**Number of permanent staff:**

0

**Number of temporary staff:**

1

**4.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit/Department for review and consideration in the country's national reports?**

Yes

**IF YES, does this mechanism work? What are the major challenges?**

This mechanism does not work well because of lack of human resources in the M&E unit in NASP. NASP collects information from various partners but due to lack of capacity these are not compiled and shared with the partners.

Besides, lack of coordination among donor, NASP, implementing agencies and other stakeholders and lack of measurement methods and tools for program monitoring and evaluation are the major challenges.

**4.4 IF YES, to what degree do UN, bi-laterals, and other institutions share their M&E results?**

2

**5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

Yes, but meets irregularly

**IF YES, Date last meeting:**

February 20, 2007

**5.1 Does it include representation from civil society, including people living with HIV?**

Yes

**IF YES, describe the role of civil society representatives and people living with HIV in the working group**

The M&E Working Group does not have any representation from people living with HIV. The committee meets irregularly to discuss on priority issues such as UNGASS reporting, M&E framework development, capacity building issues.

**6. Does the M&E Unit/Department manage a central national database?**

No

**6.3 Is there a functional Health Information System (HIS)?**

National level : Yes

Sub-national level (\*): Yes

**(\*If there is a functional sub-national HIS, at what level(s) does it function?**

HIS is available at all level from Ward level to Union to Upazila, District and Division.

**6.4 Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?**

Yes

**7. To what extent are M&E data used in planning and implementation?**

2

**What are examples of data use?**

Targeted interventions are developed and based on data obtained from monitoring and surveys. However, data sources are limited and quality is another dimension that restricts further use of data.

**What are the main challenges to data use?**

Lack of population-based data, human resources, training required for data analysis and use, and monitoring tools and guidelines are the main challenges for data collection and use.

**8. In the last year, was training in M&E conducted**

At national level? : Yes

At national level? : IF YES, Number of individuals trained: 50

At sub-national level? : No

Including civil society? : Yes

**Overall, how would you rate the M&E efforts of the AIDS programme in 2007 and in 2005?**

2007: 5

2005: 4

**Comments on progress made in M&E since 2005:**

National AIDS M&E Framework and Operational Plan with, budget, broad activities and time frame for 2006-2010 has been developed. M&E TWG provided necessary support in gathering HIV related data for UNGASS reporting.

**1. Does the country have laws and regulations that protect people living with HIV against discrimination? (such as general non-discrimination provisions or provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)**

No

**1.1 IF YES, specify:**

In general, the constitution protects the rights of people.

**2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?**

No

**3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?**

Yes

**3.1 IF YES, for which sub-populations?**

IDU: Yes

MSM: Yes

Sex Workers: Yes

**IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:**

MSM and drug use are criminal actions according to the law of the land and one cannot legally promote condom and needle for them. In the same way, as prostitution is not allowed, condom promotion for sex workers cannot be legal.

**4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?**

Yes

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations?**

No

**IF YES, briefly describe this mechanism**

Unofficial and anecdotal evidence of violation of human rights and cases of discrimination reported by various marginal groups.

**6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?**

Yes

**IF YES, describe some examples**

Government has involved most-at-risk populations (MARP) in government high level fora on HIV, e.g., CCM, TC-NAC. They also take part in implementation of national HIV programme such as HAPP, GFATM funded projects.

**7. Does the country have a policy of free services for the following:**

HIV prevention services :

Yes

**IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:**

Targeted interventions are offered free of services including condom, needle/syringes, health education, etc. The experience of treatment and care are limited.

**8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?**

Yes

**9. Does the country have a policy to ensure equal access for most-at-risk populations to prevention, treatment, care and support?**

Yes

**9.1 Are there differences in approaches for different most-at-risk populations?**

No

**10. Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?**

Yes

**11. Does the country have a policy to ensure that AIDS research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?**

Yes

**IF YES, describe the effectiveness of this review committee**

Given HIV research is limited within mostly surveillance. However, the Medical Research Council provides approval for conducting such HIV surveys in the country. Overall the procedure is mostly unknown and the effectiveness is under question.

**12. Does the country have the following human rights monitoring and enforcement mechanisms?**

- Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: No

- Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment: No

- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: Yes

**IF YES, on any of the above questions, describe some examples:**

National indicators include the indicator for reduction of HIV-related stigma and discrimination e.g., percentage of population expressing accepting attitudes towards PLHIV.

**13. Have members of the judiciary (including labour courts/employment tribunals) been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?**

No

**14. Are the following legal support services available in the country?**

Legal aid systems for HIV and AIDS casework: No

Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: No

Programmes to educate, raise awareness among people living with HIV concerning their rights: No

**15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?**

Yes

**IF YES, what types of programmes?**

Media : Yes

School education : No

Personalities regularly speaking out : Yes

**Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?**

2007: 4

2005: 4

**Comments on progress made in promoting and protecting human rights in relation to HIV and AIDS since 2005:**

Bangladesh Garments Manufacturing Exporting Association (BGMEA) provided training to garment workers on HIV/AIDS. World AIDS Day is observed each year to make people aware of HIV and AIDS.

**Overall, how would you rate the effort to enforce the existing policies, laws and regulations in relation to human rights and HIV and AIDS in 2007 and in 2005?**

2007: 4

2005: 4

**Comments on progress made in enforcing existing policies, laws and regulations in relation to human rights and HIV and AIDS since 2005:**

No review was done of the existing laws.

**1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national policy formulation?**

3

**2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on AIDS or for the current activity plan (e.g. attending planning meetings and reviewing drafts)**

4

**3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included**

a. in both the National Strategic plans and national reports?: 3

b. in the national budget?: 3

**4. Has the country included civil society in a National Review of the National Strategic Plan?**

Yes

**IF YES, when was the Review conducted? Year:**

2004

**5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?**

3

**List the types of organizations representing civil society in HIV and AIDS efforts:**

Sex Workers' organization, Networks of people living with HIV/AIDS, faith based organization, AIDS service organization, community based organizations, human rights organization, organization of vulnerable sub-populations: Sex workers, MSM, IDU.

## 6. To what extent is civil society able to access

a. adequate financial support to implement its HIV activities?:	3
b. adequate technical support to implement its HIV activities?:	2

### Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?

2007:	7
2005:	7

### Comments on progress made in increasing civil society participation since 2005:

Civil society actively participated in the development and revision of National Strategic Plan 2004-2010; development of National HIV and AIDS Communication Strategy 2005-2010. About 400 NGOs are working on HIV and AIDS. Civil society is providing prevention services at most-at-risk populations such as brothel, MSM, IDUs and other hard to reach populations which are hard to reach for the government.

### 1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?

Yes

### IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts in need?

Blood safety:	<b>The service is available in</b>	<b>some</b> districts* in need
Universal precautions in health care settings:	<b>The service is available in</b>	<b>some</b> districts* in need
Prevention of mother-to-child transmission of HIV:	<b>The service is available in</b>	N/A
IEC on risk reduction:	<b>The service is available in</b>	<b>most</b> districts* in need
IEC on stigma and discrimination reduction:	<b>The service is available in</b>	<b>most</b> districts* in need
Condom promotion:	<b>The service is available in</b>	<b>most</b> districts* in need
HIV testing & counselling:	<b>The service is available in</b>	<b>some</b> districts* in need
Harm reduction for injecting drug users:	<b>The service is available in</b>	<b>most</b> districts* in need
Risk reduction for men who have sex with men:	<b>The service is available in</b>	<b>some</b> districts* in need
Risk reduction for sex workers:	<b>The service is available in</b>	<b>most</b> districts* in need
Programmes for other vulnerable sub-populations:	<b>The service is available in</b>	<b>some</b> districts* in need
Reproductive health services including STI prevention & treatment:	<b>The service is available in</b>	<b>all</b> districts* in need
School-based AIDS education for young people:	<b>The service is available in</b>	<b>some</b> districts* in need
Programmes for out-of-school young people:	<b>The service is available in</b>	N/A
HIV prevention in the workplace:	<b>The service is available in</b>	N/A

**1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?**

Yes

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?**

2007: 3

2005: 2

**Comments on progress made in the implementation of HIV treatment, care and support services since 2005:**

More people living with AIDS have been receiving treatment, care and support services since 2005 but still the coverage is insignificant. PLHIV having difficulty in accessing ARV from the local market. The cost of treatment in Bangladesh living standard is very high.

**2. What percentage of the following HIV programmes or services is estimated to be provided by civil society?**

Prevention for youth : 51-75%

Prevention for IDU : 51-75%

Prevention for MSM : 51-75%

Prevention for sex workers : 51-75%

Counselling and Testing : 51-75%

Clinical services (OI/ART)\* : <25%

Home-based care : <25%

Programmes for OVC\*\* : <25%

**3. Does the country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)?**

Yes

**3.1 IF YES, is there an operational definition for OVC in the country?**

No

**3.2 IF YES, does the country have a national action plan specifically for OVC?**

No

**3.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?**

No

**Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?**

2007: 1

2005: 1

**Comments on progress made since 2005:**

Orphans and OVC is not a problem in Bangladesh which is why orphans and OVC are not taken as priority target sub-populations in Bangladesh.

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