

Speech on

HIV AIDS

Report on the progress of the Midterm review of the Asia and Pacific Ministerial Declaration on Population and Development and the Regional Framework for Action on HIV and AIDS beyond 2015

Distinguish Delegates, Respected Guests, representatives from UN Organizations, other development Partners, NGOs INGOs other stakeholders.....Good Morning/Afternoon.

We are delighted to have you here to participate in this meeting/events/program.

Dear Friends,

In Bangladesh the first HIV case was detected in 1989, since then HIV prevalence remains <0.01% among the general population and 3.9% among all Key Populations (KPs) as per 2015-2016 surveillance. HIV prevalence has crossed 5% in male and female People who Inject Drug in Dhaka, with 22% HIV prevalence in Dhaka city. Thus, Bangladesh cannot be categorized as a low HIV prevalence country for Key Populations, rather it has reached to a “concentrated” HIV epidemic. Estimated number of People Living with HIV is about 13,000 as of 2017 and cumulative identified cases 5586 (M-3781, F-1805), cumulative death 924 (M-686, F-238) and alive 4662 (M-3095, F-1567) among the identified cases 3265 are in Anti-retroviral (ARV) treatment as of August, 2018.

, The Global Fund is supporting to prevent HIV among the key population in the country through two principal recipients.

As per Asia Pacific Regional Framework for action on HIV and AIDS beyond 2015 few significant achievement described below in Bangladesh context;

Pillar 1: Continuing national reviews and multi-sectoral consultations on legal and policy barriers

Initiative taken:

- A total of six laws were reviewed and the recommendations were sent by the Ministry of Health and Family Welfare to the National Law Commission (Ministry of Law, Justice and Parliamentary Affairs) and the Security Services Division (Ministry of Home Affairs) for necessary further proceedings.

- A draft Anti-discriminatory Act has been developed and is in next level to processes with the National Human Rights Commission.
- These processes were jointly facilitated by the AIDS/STD Programme, National Human Rights Commission and UNAIDS through the Inter-Ministerial Steering Committee (IMSC).

Current Status of Law Review: Policy changes are pending as further work with the National Law Commission and the Security Services Division to review the technical issues of the recommendations on 6 laws and policies from their end and develop overall suggestions on behalf of the National Law Commission will be needed.

Milestone: The Bangladesh Police, sent a formal memo to all the police stations of Dhaka city to ensure that the HIV prevention program is not affected in case of providing services to the people who inject drugs.

Pillar 2: National stakeholder consultations to promote access to affordable medicines, diagnostics and vaccines

Initiative Taken:

- The Antiretroviral (ARV) drugs are providing by government free of cost since 2012. *Within the government health system, which has increased cost efficiency since management costs previously allocated to Community Support Organizations (CSOs) is now not required.* Within the government system drug adherence is well maintained
- 6 Antiretroviral Therapy (ART) centre established in October 2017 across the country based on geographical presence of the People Living with HIV (PLHIV) to ensure door step services
- To increase the case detection diagnostic/lab facilities expanded in 23 districts government hospital recently. ASP also planning to ensure viral load testing using GeneXpert machine through 6 ART centres

Situation: About 84% identified PLHIV enrolled into ART services as of August 2018 Report.

Milestone: Expanded HIV testing services in 23 priority district of the country

Pillar 3: Evidence-based national HIV investment cases and sustainability plans

Initiative Taken:

- Based on the investment case report, ASP prioritized the district where HIV programme need to be conducted

- Key Population programs are emphasising its intervention in the 23 prioritized districts
- For sustainability of the program ASP established its ART and HTC center in the government facility where additional cost is not required
- KP coverage are low in the country yet, that need to be increased

Situation: 6 ART center and 23 HTC center has been mainstreamed in the government health system.

Fast Track Strategy of the UNITED NATIONS: 90-90-90 treatment targets by 2020 to end AIDS by 2030

The government of Bangladesh is committed to achieve fast track strategy belonging with United Nations. In this arena we build up the National strategic plan for 2018-2022, HIV/AIDS, STDs preventions program, treatment, coordination and capacity building programs are running in Medical college hospitals and districts level hospitals and HIV/AIDS eliminating program are running with Go- NGO's And CSO's .

Our HIV prevention strategy for KPs is Peer education and drop in center (DIC) based services. The GFATM was supported to adopt the AIDS/STD information in Secondary and Higher secondary Curriculum. We have saved about @5-28 babies from HIV as per global trend of prevention of mothers to child transfer. We established ART center in 23 priority districts, ICT based approach to communicate hidden and hard to reach MSM & Hijra. Locally 3ARV drugs are produce rest of ARV drugs are produced out of 15 items, PLHIV can now avail services from Tertiary Hospitals 'We are now starting Integrated service with Tv program in our DOT Centre with Collaboration with NTP(NIDCH) AND BRAC on Pilot basis; also offered to Rohingya Community in Cox's Bazar District.

Current influx of FDM started in 25 august, 2017 and 1.2 million FDMN are living in cox's Bazar. ASP started its HIV intervention in district and subdistricts level in this area Since April 2018 WHO providing HR support for strengthening the ASP support.

Now Bangladesh Achievement: Till to date 60% cases has been detected (first 90), 84% under ART (second 90), 0 % is virally suppressed (third 90). Due availability of the reagent viral load test not done in this year.

There are many challenges for HIV/AIDS response in Bangladesh

HIV testing services (18,2% -29%) for KP's are very inadequate for general populations, ART coverage increase (84%0 but viral load of PLHIV comparing to 90-90-90 targets. Low coverage of

OST service Global Fund Reduced funding for HIV. Public Health system s yet to be more responsive.

Way forward towards a holistic approach

- **Focusing geographically**
- **Scaling up** HIV testing and treatment
- Universal **access to ART** and integrated public health
- Ensuring sufficient supply of **ARV Drugs**
- Reaffirming the **law and policy** to address stigma and discrimination

Dear Colleagues,

We cannot lose a sense of urgency, because despite all the progress we have made, HIV remains among the most pressing and urgent of global challenges, So it is time for a generation of leaders to step forward.

It is time for us to step up to make sure no young person feels any shame in asking for an HIV test.

It is time for us to step up and acknowledge that stigma and discrimination still act as the greatest barrier to us defeating this disease once and for all.

In helping young people to fight HIV we would not just be ending this epidemic, we would change the direction of history for an entire generation.

I thank the organizer for supporting this program organization. All of your support will structure global efforts and actions to support the progress on global and national commitments across the Decade.

I Thank you all