

WORLD AIDS DAY

HIV/AIDS: Bangladesh at high risk?

2.5 million new infections and 2.1 million deaths in world in 2007

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BA NGLADESH is a low HIV prevalence country with several well-documented at-risk groups, the most prominent of which is brothel-based sex workers and injecting drug users. Although prevalence rate is remaining low in the country, it is surrounded by nations with much higher prevalence rates and with its own at-risk population. Bangladesh has been identified as one of the five countries where HIV/AIDS infections are rising in the Asia-Pacific region. It was revealed at the 8th International Congress on HIV/AIDS in Asia and the Pacific held in Colombo, on August 19-23, 2007. The outbreak of HIV in neighbouring countries, cross borders and steady rise of STIs make Bangladesh a high-risk zone for HIV/AIDS prevalence.

Today's low level of HIV infection in our country does not guarantee low prevalence tomorrow. Experience teaches us that early epidemics do not show their magnitude at the beginning. This is good news that our government, donors, and large numbers of NGOs have begun serious investment in both research and prevention interventions. But it also

requires efforts of care and support for the people living with HIV/AIDS. It is difficult to capture such a large range of activities with one or just a few indicators. However, a set of well-established health care indicators may help to identify general strengths and weaknesses of health systems. The scale of the HIV/AIDS epidemic has exceeded all expectations since its identification in 1981. As the spread of HIV has been greater than predicted, its severe impact on social, capital, population structure and economic growth has been apprehended.

High risk factors
Behavioral risk factors for HIV/AIDS in Bangladesh are in a danger situation. Besides that there are potential bio-medical risk factors including: (i) an unregulated blood supply system in which blood used in transfusions is not screened for HIV and is donated primarily by professional donors; (ii) unsterile injections in non-formal and formal health-care settings; and (iii) a high prevalence in high-risk groups of other sexually transmitted diseases, which may function as co-factors for HIV transmission, particularly if chronically untreated. Bangladesh behavioral surveil-

Responding to HIV/AIDS on a scale commensurate with the epidemic is a global imperative, and the tools for an effective response are inevitable. Detection and treatment of individuals with STIs is an important part of an HIV control strategy. Clinical services offering STI care are an important access point for people at high risk for both STIs and HIV. Nothing less than a sustained social mobilisation is necessary to combat one of the most serious crises facing the world community today.

lance survey (BSS) reports on several high-risk factors: (a) large number of men buying sex than in other countries in Asia, (b) low levels of knowledge about HIV/AIDS, (c) low perception of personal risk among vulnerable populations, and (d) low condom use rates among sex workers.

Knowledge and behaviour
Information on knowledge and on the level and intensity of risk behaviours related to HIV/AIDS is essential in identifying populations at most risk for HIV infection and in better understanding the dynamics of the epidemic. The indicators on knowledge and misconceptions are an important prerequisite for prevention programmes to focus on increasing people's knowledge about sexual transmission, and, to overcome the misconceptions that act as a disincentive to behaviour change. Indicators on sexual behav-

iour and the promotion of safer sexual behavior are at the core of HIV/AIDS programmes, particularly with young people who are embarking on their sexual lives, and who are more amenable to behavioral change than adults. Overall denial and apparent confusion about their own risk of acquiring an HIV infection increased among brothel sex workers, with a rise in the "don't know" response from about 25% to 40%. It is not likely that knowledge percentage was scant, it is far more likely that increased insecurity regarding the future maintenance of their residences and livelihoods diminished their capacity to insist on condom use.

STD/STI situation
The predominant mode of transmission of both HIV and other STD/STIs is sexual intercourse. Measures for preventing sexual transmission of HIV and STIs are

the same, as are the target audiences for interventions. In addition, strong evidence supports several biological mechanisms through which STIs facilitate HIV transmission by increasing both HIV infectiousness and HIV susceptibility in Bangladesh. In the 2004-05, the Sentinel Surveillance mentioned that syphilis rates were high among hijras (20%) and varied from 6 percent to 16 percent among brothel based female sex workers. A declining trend of syphilis was however observed at many of the city brothels.

Epidemiological situation
The first case of HIV infection was detected in Bangladesh in 1989; by the end of December 2006 the official number of reported cases of HIV was 874 with 240 cases of AIDS of which 109 had died. Bangladesh as a nation has a low prevalence of HIV but risk behav-

iours are sufficient enough for continued HIV transmission among groups at higher risk and to its general population. Bangladesh has an established second generation HIV surveillance system. This system consists of a sero-surveillance component (implemented by ICDDR,B for the Government of Bangladesh, using World Bank/DFID funding) and a behavioral surveillance component (executed by Family Health International, funded by USAID). The data indicate that HIV prevalence rates among the most vulnerable population groups and some bridging population groups (mainly male clients of sex workers) have remained at <1% with the highest prevalence in injecting drug users with an average of 4.9 percent. But WHO/UNAIDS estimates that there are more than 13,000 HIV/AIDS cases in

Bangladesh. According to the report - 2004 of UNICEF, there are 310 children under 14 now live with HIV and almost 2000 children lost their parents due to HIV/AIDS in the country.

Criminalisation of HIV transmission

Several countries have recently introduced laws to criminalise HIV transmission, or exposing another person to the virus. A number of jurisdictions have used general laws against serious bodily harm in cases where someone is accused of knowingly transmitting HIV or willingly exposing others to HIV transmission. Subject of controversy, these measures are sparking debate and concern among policymakers, legal and public health professionals, international organisations and civil society, on whether criminal law is applicable in such cases and if such application is accomplishing or damaging public health goals such as universal access to HIV prevention, treatment, care and support. Addressing these issues, UNAIDS brought together a range of stakeholders in Geneva for a three-day international consultation (31 Oct - 2 Nov 2007) to discuss the appar-

ent trend of criminalisation of HIV transmission in the context of national responses.

Conclusion

Responding to HIV/AIDS on a scale commensurate with the epidemic is a global imperative, and the tools for an effective response are inevitable. Detection and treatment of individuals with STIs is an important part of an HIV control strategy. Clinical services offering STI care are an important access point for people at high risk for both STIs and HIV. Identifying people with STIs allows for not only the benefit of treating the STI, but for prevention education, HIV testing, identifying HIV-infected persons in need of care, and partner notification for STIs or HIV infection. Nothing less than a sustained social mobilisation is necessary to combat one of the most serious crises facing the world community today. As the chair of the Technical Committee of the National AIDS Committee said, a poor country Bangladesh has to opt for preventive measures rather than depend on costly drugs or future vaccines.

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Leadership is a must to combat the scourge

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WORLD AIDS Day is a day to celebrate a shared hope that we can thrash the global AIDS pandemic and that we can make AIDS history.

According to AFAIDS, 2007,

UNAIDS estimates there are nearly 40 million people living with HIV, including 2.3 million children. During 2006 some 4.3 million people became newly infected with the virus. Around half of all people who become infected with HIV become so before they are 25 and are killed

We need to change our society through public policy research, public awareness, increased funding, and community education. Above all Bangladesh should immediately translate its HIV/AIDS policies into action to benefit the people and for that reason we need strong and an effective leadership. We the inhabitants of this planet are to work hard together to control this scourge.

by AIDS before they are 35. Around 95 percent of the people with HIV/AIDS live in developing nations.

Bangladesh has been recognised as one of the five countries in Asia, where HIV/AIDS infections are increasing according to 8th International Congress on AIDS in Asia and the Pacific (ICAAP8) 2007 in Colombo.

Bangladesh is a country of 150 million. Although Bangladesh is a low prevalence country for HIV/AIDS, all the factors that may allow rapid spread of infection leading to an epidemic are present here. These factors include poverty, illiteracy, ignorance, proximity, malnutrition, unemployment, slum housing, family fragility, physical and sexual abuse, high prevalence of STIs, sharing injecting equipment, high-risk behaviour, lack of awareness

and knowledge (lack of proper communication strategy), very mobile populations, human trafficking into prostitution, stigmatisation of those infected, conservative social attitudes, and being surrounded by countries that have a higher prevalence.

Sharing injecting equipment increases the HIV risk. In addition increased number of migrant workers (there is evidence of HIV transmission to wives from their husbands after their return from abroad), unsafe practice in health service, unsafe sex practice, low lack of voluntary blood donors and dependence on professional blood sellers further increase the risk.

Our current situation

According to government statistics, a cumulative total of 874 cases of HIV/AIDS had been confirmed and reported as of 31st December 2006. A total of 240 AIDS cases were detected so far of which 109 had already died.

A government survey found that out of 216 new HIV positive cases identified in 2006, unemployed people were on top of the list at 39.35 per cent followed by housewives at 21.29 per cent and businessmen at 10.18 per cent.

Injecting drug users (IDU) in Dhaka are at high risk of HIV/AIDS, according to new study by ICDDR,B. HIV prevalence in Dhaka has dramatically risen to 7 percent from 1.7 percent in last six years. Sharing of injection equipment is common in most IDU surveyed. The IDU are not isolated as they have sex partners, both commercial and non-commercial, they rarely use condoms and some sell blood. IDU are also mobile traveling from one city to another and sharing injection equipment in different cities. Mobility is a major factor that increases the risk of acquiring and spreading HIV infection among the non-drug users.

The adolescent and youth are also vulnerable to HIV/AIDS. A survey among adolescents and young people (15-24 years) in 2005 revealed that only one out of 3 males in urban and 1 out of 4 in rural areas had correct knowledge of HIV/AIDS. Nearly 59 per cent of married women and 42 per cent of men of 15-54 age group have no knowledge as how to avoid HIV.

Future priorities

Mandatory testing for HIV infection is common in many countries before traveling and those returning from countries with high HIV/AIDS prevalence. Bangladesh should follow these norms. To prevent a major epidemic, Bangladesh needs to address HIV/AIDS using a multi-pronged strategy: first, formulating the national HIV/AIDS communication strategy; secondly, concentrating on groups most vulnerable to the infection;



A group of injecting drug users

thirdly, working with the general population (community mobilisation and community supports); and fourthly, care and support to those already infected and affected by HIV/AIDS have to be provided (voluntary counseling). Dissemination and advocacy can also play a big role.

We need to change our society through public policy research, public awareness, increased funding, and community education. Above all Bangladesh should immediately translate its

HIV/AIDS policies into action to benefit the people and for that reason we need strong and an effective leadership. Otherwise HIV/AIDS will destroy the economic growth of the country. We the inhabitants of this planet are to work hard together to control this scourge because 'to conquer AIDS any where, it must be conquered everywhere'. Late J. Mann

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Devolution of power: Some suggestions

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LATELY, much discussion is taking place, as it should, on how to carry out devolution of power from the national government in the capital by strengthening the roles and authority of local government. This is, perhaps, the outcome of a belated reckoning by the nation that too much power concentrated in too few hands in Dhaka bred unbridled malfeasance within the higher echelons of the government.

After having for 25 years a powerful President's Secretariat succeeded by an even more powerful Prime Minister's Office arrogating the entire authority to decide all major (and often minor) governmental matters, the nation today confronts a governance crisis of critical nature. These particular offices were not only instrumental in over-centralising power at the top tier of the administration, they have severely undermined the authority of Ministries expected to function expeditiously once decisions were made at the Cabinet level.

Under this regime of centralised governance, authority and freedom of action of the subordinate departments and their parastatals were either usurped or reduced to insignificance, especially in the area of personnel and financial management.

In the ongoing discussion for strengthening local government, several ideas concerning levels and nature of delegation have emerged. However, despite different ideas

there is a consensus on the urgent need for deconcentrating power (call it decentralisation or devolution of power) from the national government in capital Dhaka. Eminent thinkers and experts have proposed various modalities and forms for such decentralisation. Some have suggested strengthening local government at both Union and Upazila levels; others have proposed introduction of representative type of administration at District level.

While the proposal for strengthening and upgrading representative bodies at Union and Upazila levels merit consideration, it should be understood that the scope for an upgraded or expanded role for these bodies is very limited. A meaningful devolution demands a greater and more effective role for local government at a higher level. My proposal is that we consider the division as the appropriate level for assigning such role and authority.

Currently, there are six divisions in the country. I suggest that all 17 districts as existed before 1968 be reincarnated and upgraded as divisions each comprising the current districts within their former boundaries. Some smaller erstwhile districts such as Kushtia, Bogra, Jessore etc. may qualify to be grouped with others to provide a more manageable number, say, 10-12 divisions.

Second, each division will have an elected council having 10-15 Councillors (depending on their population size), with an elected Commissioner (if you may, Governor) as its head.

A decentralisation/devolution scheme is intended to bring the administration nearer to the populace as well as to render it more accountable and transparent to the people that it serves. The suggested measures may appear to be too radical for immediate implementation. That is why these will have to be gone into more detail and refined by experts. The other objective of the scheme is to make the city of Dhaka less crowded and at the same time facilitate the proposed Divisional Headquarters to grow into cities providing modern amenities and facilities for their residents.

Commissioners (or Governors) and Councillors will be elected directly by popular vote or can be elected by members of Union Councils within respective divisions. The Councils will be elected for 4/5 years. The Commissioners will be given the status of State Minister of the national government in Dhaka and enjoy all the perks attendant to this position. In addition to the elected Councillors the national government will have the prerogative of nominating a maximum of three Councillors from amongst eminent local personalities who will exercise no vote but can participate in the Council's deliberations.

Third, as regards Budget of a Divisional Council, a formula will be devised to transfer at least 50 per cent of the national government's revenues to the Divisional Councils. It will be based on the size of population and the need for economic development of the respective division and reviewed periodically, say every 4-5 years. The Councils can also be vested with the power to raise additional revenues through imposition of excise duty, octroi, cess, etc., as

they may find politically expedient and administratively feasible.

Lastly, it is suggested that the following functions be assigned to a Divisional Council:

(i) **Local law and order:** All law and order matters excluding those relating to national security and inter-divisional crimes for which the enforcement agencies concerned of the national government i.e. police and others will continue to function throughout the country. All executive magistrates up to the level of district magistrates will be placed under the control of Divisional Council. Similarly, all police functionaries up to the level of district Police Superintendent will be brought under the Divisional Council's authority.

(ii) **Education:** Primary, Secondary and Higher Secondary education (including Madrasah education) will be managed by respective Divisional Council. To this end, all public sector schools and Madrasah along with their personnel, infrastructural and logistic support will be placed at the disposal of the respective Divisional Council.

(iii) **Health care:** Health care

services provided by thana/upazila health complexes and public hospitals at district and lower levels will be brought under Divisional Council's control and management. Doctors and other personnel will be appointed and transferred within their jurisdiction by the respective Divisional Council who shall also be responsible for the physical facilities.

(iv) **Agriculture:** Extension including fisheries, livestock and forestry (except National Reserve Forests) will be managed by respective Divisional Council. However, the research activities relating to these fields will remain the national government's responsibility.

(v) **Buildings and road communication:** Development and maintenance of public sector buildings, roads, bridges, irrigation canals within the Division will be under the management of Divisional Councils. However, national highways and those major roads connecting two or more Divisional headquarters and also the buildings owned by agencies of national government will remain outside their jurisdiction. Similarly, Water Development Board will remain

responsible for river embankment protection and major irrigation projects. Divisional Councils will appoint engineers and other personnel concerned with all these activities under their care.

(vi) **Civil and criminal courts:** All courts, civil or criminal subordinate to the Supreme Court but located within respective Divisions will continue to be under the authority of the Supreme Court. However, it is not fair for a nation more so for its judicial system to require litigants to travel hundreds of kilometres to seek dispensation of justice from the sole seat of the High Court Division in Dhaka. The milling crowds in the corridors of the High Court building eloquently testify to the crying need for change. All concerned should realise the sufferings being inflicted on the litigants by the existing arrangement and agree to initiate necessary constitutional amendment to enable establishment of a Bench of High Court in each Division.

(vii) **Human resource management:** There will be a Principal Officer to head the Secretariat of each Divisional Council administration. He will have the rank of

Additional Secretary and will be posted by the national government. Obviously, there will have to be a cadre of superior officers under the employment of the national government who shall ordinarily serve in its ministries and agencies but will also be seconded to senior positions in the Divisional Council administration.

(viii) **Political heads:** Divisional Councillors will elect/select from amongst themselves persons to be the political chief of a Branch of the Divisional Council Secretariat concerned with the relevant functions described above. Each such Branch will have necessary manpower appointed by the Divisional Council, but senior positions may be manned by officers placed by the national government.

(ix) **City Corporation/Municipalities:** These will continue to function under their existing charter or as may be modified by the national government in keeping with the emergence of elected Divisional Councils.

(x) **Personnel management:** For appointment to various senior positions within the Division, a nation-wide selection will be made by the National Public Service Commission. Once selected, the recruits will be assigned to the Division of their choice wherein they will work throughout their career unless they voluntarily get transferred to other Divisions or are brought by the national government to serve in its Ministries and agencies.

(xi) **Public accountability:** For ensuring financial accountability

and transparency in the administration of Divisional Council and below, the Auditor General's Office and the Anti-Corruption Commission will retain their existing jurisdiction and exercise authority in the same manner and with the same force as they apply to agencies and functionaries of the national government.

The above is a rough outline of a decentralisation/devolution scheme intended to bring the administration nearer to the populace as well as to render it more accountable and transparent to the people that it serves. The suggested measures may appear to be too radical for immediate implementation. That is why these will have to be gone into more detail and refined by experts. The other objective of the scheme is to make the city of Dhaka less crowded and at the same time facilitate the proposed Divisional Headquarters to grow into cities providing modern amenities and facilities for their residents. Private and public universities, colleges and schools, will either be upgraded or newly established. Private clinics and hospitals will be set up by entrepreneurs. Conductive environment for setting up industries and commercial offices in predetermined zones will be created, which, in turn, will encourage establishment of good hotels, restaurants, shopping malls and other urban amenities to make these cities much more attractive and liveable than what they are today.

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