

MAINSTREAMING OF HIV: ROLE OF LEADERSHIP

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from the high risk groups.

I focus on the issue of policy. We have a very good policy; however it is a bit old as it was formulated in 1997, and many things have changed since then. Many new things have been invented and many emerging new things have come in the field of HIV. So I think this is the high time to really think about reviewing the policies of existing issues of HIV so that we can address the new issues in this document. At the same time, some other policies, like in relation to drugs, some of the policies are very much conflicting with the policy of AIDS. So, to really balance the policy we have to formulate some new laws.

After a few weeks there will be a new government and there will be the opportunity to formulate new laws, which will be able to protect human rights of people, like for example the drug users or the sex workers and also the people living with HIV. So I believe our leaders who are currently leading the HIV issues, they will certainly think about reviewing the policy and formulate laws to protect rights of those people.

And about mainstreaming, we do also need to think about the allocation of the budget from the revenue sector. Though we have 100 million dollars to work with HIV, but really the allocation from the government revenue is not sufficient. So if tomorrow the donors stop the fund or if tomorrow we don't get the funds timely from the donor agencies, what will happen to our HIV program? I believe for mainstreaming, our leaders will take the initiative to do proper surveys and analyze them and after that they will certainly do the planning and really do the Mainstreaming in different sectors according to their goals, visions and missions.

M.S. Mukti

Muktoakhash-B (MAB)

I am not sure what will happen after December, but all the work we have been doing with so many people, with the masses, these programs will go downhill even if we take a single day off. All the achievements in preventing HIV will come crumbling down. Therefore I would request that there is also a leadership even in that sector so that there is not a single day gap. And another thing I want to mention is that if we want to take everyone towards the prevention of HIV, then we need to work with them directly. Because I know that I am HIV positive, but what should I do? What should I do for someone else who is HIV positive? What kind of advocacy is required and what kind of preparation should one take? Make sure that everyone knows the answers to it.

Dr. Zaman Ara

UNFPA

In response to Parveen Rashid's comments, I would like to mention that in fact as per policy and strategy of Bangladesh mainstreaming has been going on since 2003. With the support of UNFPA and UNAIDS, the government of Bangladesh has started mainstreaming and we have focal points in the ministries, but the question is: whether it goes for implementation or not?

We can see that there is a large gap between policy and implementation. The ministry of health is the lead agency of mainstreaming so I think there is a scope for the ministry of health to monitor or assess how far the other ministries are progressing in mainstreaming.

And in response to Mr Haq and what he said about drug users and if I can relate to his concern in his presentation where we can see that mainstreaming can address both indirect and direct causes of HIV infection. So, he is talking about direct cause but if we mainstream, then we can also highlight the underlying causes of IDUs, because there is the technical reason for drug use and several other things so if we mainstream I think it will solve many problems.

Saleh Ahmed

Bondhu Social Welfare society

The issue of MSM and transvestites in Bangladesh don't get proper attention. According to a government survey done in 2004, the lowest level of msn population is 40,000 and highest level is 1, 50,000 and we are only covering 17 to 19 percent of that population. But we know for low privilege countries we need to have at least 60 percent coverage if we want to see prevention of HIV amongst any high risk population.

There other issues like coordination, multi-sectoral approach and coordination among the ministries. Our field workers are regularly harassed in the fields by law enforcers. I think it should be strongly addressed the coordination between the ministries so that we have a proper and appropriate program in the country.

Dr. Tasnim Azim

ICDDR,B

I would actually like to stress on what Saleh has just said and what Dr Mozammel was saying earlier that is extremely important-

to bring in other ministries particularly the ministry of home, the ministry of law etc so that the activities going on in the fields are not hampered. We need to look at these issues and how we can mainstream all our activities. HIV brings out a lot of issues within our health system, gaps in our health systems, for example, transfusions, lack of precautions, these things should be addressed.

And another big issue that I think Mukti didn't stress on but I am sure Habiba will, is care and support of those who are HIV positive in all hospitals. They should have access to services like any other patient does. That's about HIV positive people but what about HIV negative people who are still very much at risk, such as sex workers, msm, hijras? Can they go to a hospital and have access to health services like anyone else? No that's not possible, so let us keep that in mind as well.

Mughdho Mim Mahjab

DU Student

It was correctly pointed out that the business community should be incorporated in HIV / AIDS program but what about the educational institutions? Like schools, colleges and universities? I am a student of Dhaka University; I want to bring this perspective because from my school level to my college level and now in the university, I have never been taught about the HIV/AIDS by my teachers. On the other hand, what I have learnt from UNFPA, I am trying to promote this amongst my friends.

The customers of sex workers are mostly students who don't clearly know about HIV and who are at risk of getting infected. That's why I want to know how could the educational institutions be included in the mainstreaming of HIV/AIDS?

MaHFuzur Rahman

UNESCO

I thank the government for the mainstreaming as well as leadership initiatives. Leadership has come from the government to mainstream HIV/AIDS in the education sector but it is only in case of formal education.

In our non-formal policy framework approved by the government in 2006 and in the national plan of action we didn't find anything related to the issue of HIV/AIDS prevention.

We recently worked for the curriculum and material development for formal education as this issue will be mainstreamed in the education policy as well as in the curriculum.

Dr Farhana Haque

IUB

We are talking about the population at high risk which includes drug users, sex workers and clients and msm and transvestites including the migrated population as well. But we are not thinking about their partners, what happens to their spouses, their wives as well as their other sexual partners? If my spouse is involved in all these things, me, despite of no behavioral problem, might become a victim of the situation. Do our drivers know about HIV? Did we ever take an initiative to tell the maids of our houses about HIV? So what we can do even within our premises and even within our jurisdiction, we can tell all others around us who don't know about HIV/AIDS, that's the responsibility we should take even at the household level, and even at the individual level.

And my next concern is, as there are certain laws which conflict with the prevention and treatment programs of AIDS, who is entitled to change all these laws? And what can we actually do to change the attitude of these people?

Avro Saha

UNAIDS

Basically, there have been some discussions going on based on spousal transmission. As you know UNAIDS started a study particularly focusing on spousal transmission and we will certainly be coming up with some findings. With regard to the maids/house helps you have talked about, already the initiative has been started here in Bangladesh. Some organisations have already started working on these issues. The bottom line is we are talking about mainstreaming because as you know we cannot do everything alone so every sector needs to be involved into it and that's why we are talking about mainstreaming. So I would rather emphasize on proper documentation of whatever activities is being done here.

ZagLul Ahmed Chowdhury

BSS

The issue is certainly of importance and significance. Hence this particular issue must reach the people for whom it is been made. And as far as Bangladesh is concerned, bulk of the people live in the country side. And unless they become aware about the sensitivities, about the complex nature of this problem, I think that the main objective will fall much short of what we



want to achieve. So I very strongly feel that media must be much more involved with the whole. I have noted with concern that the laws that we have are not sufficient or adequate, maybe not fully responding to the requirement.

We are going to parliament hopefully very soon and probably the parliament will formulate necessary laws. But before that I think those distinguished people, who will make up the parliament, should be made aware of the real situation.

The manifestos of big political parties or small political parties, don't throw much light on health sector issues let alone HIV and AIDS. So there is a need. I must say that there is a colossal lack of ideas and knowledge on part of the people who are supposed to make the laws in the coming days.

Dr. Farhana Haque

We know about surveillance data prepared by ICDDR,B investing millions of dollars but who actually owns it? If you go to ICDDR,B for this data set, they say it is owned by the NASP; if we go to the NASP they say it belongs to the ICDDR,B. So it's not just the ICDDR,B who is entitled or is it the ICDDR,B and the NASP or is it that the data set needs to be hidden - not to be made available to others?

Dr. Tasnim Azim

There are two questions on surveillance. One I need to clarify to you that when The Daily Star published the surveillance data that was in 2006, after that there have been more surveillance rounds but those data are yet to be cleared and those data have not been disseminated.

About the data, it belongs to the government. And if NASP says it belongs to the ICDDR,B, that is not correct and anyway the surveillance was not done by ICDDR,B, it was helped by ICDDR,B.

Habiba Akhter

Ashar Alo Society

In Bangladesh, except for the IDUs, many migrant workers and their wives and children are HIV infected.

For this reason, we see the involvement of so many different ministries such as, manpower, children and women affairs and so on working to prevent the spread of HIV. If we can mainstream HIV and our health sector for HIV treatment there is medicine coming from global funds support and other donor support groups.

In order to sustain this, the national health budget needs to include this issue because it's a question of sustainability. In foreign countries where it is included in the national health budget, there is sustainability and continuation. So, I request the government to look into how the national budget can include this treatment for ensuring a long term care and support.

Mughdho Mim Mahjab

I just wanted to mention one thing that our students, especially between 15-25 years of age, are not very vocal about AIDS or HIV, they feel shy talking about it or about condoms, so the shyness should be removed from them.

SayedA Bilkis Bani

DU Student

Students know about HIV and they know about AIDS, but they don't know the differ-

ence between HIV and AIDS. They don't know about the treatment or how it happens, or how we can remove it, they don't know about that. We are students of Dhaka University but we are still shy and don't know how this disease can be treated. So what about those young people in the rural areas? What happens there?

Dr. M Ziya Uddin

NASP

Expansion of health service is going on in 28 hospitals in cooperation with public and private organizations. We are basically talking and listening about mainstreaming, possibly now it's time to act. The other point is of course mainstreaming that involves all its actors, but I am missing some key actors. I would like to see someone from key ministries, like home, like Law, like women and child Affairs, basically, those who are working in HIV program.

Abul Kalam Azad

You will find that the family planning activities started in the 1950s and yet still it is very difficult to talk about it in the villages. You know the areas of Sylhet and Chittagong are hard to reach. The lowest performing area has been Sylhet. The culture hasn't allowed it for 50 years. We could not reach the target group for the family planning. My congratulations to those who have been able to develop a curriculum, they use the words very carefully and they didn't just end with the slogan "to live you must know", they also explained what it is that you must know. This will take time but the things the youngsters have mentioned, that university students don't know much about it either, I am scared. They should know it by now because these past 5-7 years, tremendous activities with the youth, especially in schools, colleges and universities have been going on.

What will happen after 31 December is my question too. But what is important? Is it the needle exchange or is it providing condoms? The main thing is motivation which is the permanent thing. If we give proper motivation and knowledge then obviously the drug users will stop one day. Even if they take drugs they won't exchange the needle. So I believe that all players will give attention to this issue of motivation.

Since the policy was formulated in 1997 we have already passed 10 years so this is the time to evaluate, to revisit this policy. I commit to revisit this policy within a very short time. We should work with people living with HIV/AIDS. Coordination is very important and I am to confess that the coordination mechanism is not very efficient. Care and support is an important area. MDGS says that within 2015 we will stop the rate of HIV infection and we are to reverse the action and activities. I believe with all efforts from GO and NGO, we will be able to do it. What about the educational institutions? We have to rescue the teacher from lowering his face. This is our responsibility again. Lack of data is another important aspect. Research work on HIV/AIDS should be increased.

Law is not sufficient in this way that yes law was sufficient before the AIDS but this is a new arena for the government to think. Though prohibited by law but we are providing needle and syringe to drug users. So how

to bring these two illegal activities and its intervention closer is a challenge for the govt.

Pornchai Suchitta

Bangladesh has a big challenge ahead; a population of 150 million is a big challenge. To keep the prevalence low, you have lots of work to do; I think you need to focus on the preventative side which would help you because you have less work on treatment and care. If your preventive measure is successful, I think, you have less work on treatment and care. I think you need more people to advocate on HIV/AIDS prevention. Use your leading personalities, whether in music, sports, film because young people listen to them. Many countries have done that, and I think you will be more successful in preventive measures. Make use of them. Lots of suggestions have been made and I hope that you will carry it forward and we hope to see more action on the suggestions that have been made today.

RECOMMENDATIONS

- There should not be any interruption in providing the services, especially needle exchange program and condom promotion, especially in epidemic areas in the country.
- Prevention is very important but as a low prevalent country we should be more focused on target and prevention and that will certainly include direct services and other care support directly linked with prevention.
- Revitalize the activities of needle exchange program.
- Form a forum of key actors who after certain intervals, may be quarterly, or six monthly, could discuss and see the progress.
- Better coordination between the ministry of health and ministry of home affairs.
- Treatment budget including ART to be included in the national health budget.
- All the ministries like the ministry of health, manpower, women and children, should play an active role in prevention and treatment support.
- Do something effective for the youth.
- Ministry of family planning should be involved with the issue and should design new strategies to address the issue and provide clear messages.
- Proper stock taking of what's going on at the roots has to be done.
- Proper allocation at the highest level for mainstreaming.
- Capacity building of the self-help groups.
- Disseminate messages directly through commercial films and drama
- Organize meetings and roundtables at upazila headquarters with school students of higher classes and local leaders including religious leaders.
- Make data sources open to initiate and promote research.
- Revise the laws which contradict or conflict with the existing programs.
- Motivate the judiciary and the law implementing agencies.
- Research work on HIV/AIDS should be increased.