

PREVENTION OF HIV IN BANGLADESH



UNFPA and The Daily Star jointly organized a roundtable on 'Prevention of HIV in Bangladesh' recently. Below we publish a summary of the discussions -- Editor

Dr. K.K Ezazul Haque, UNFPA

Today's roundtable is part of our continuous advocacy in relation to HIV and SRH (Sexual and Reproductive Health). There is a key theme in the title: policy strategic plan and integration between human health and HIV. A question might be raised that why are we embarking on this issue? First, if we can integrate SRH and HIV, it will ensure the financial sustainability of the programme in relation to SRH and HIV. Secondly, integration will increase the coverage of the programme in terms of geographic and per capita coverage. It will improve quality of services and reduce stigma discriminations in relation to HIV and SRH. These are the main purposes of integration of SRH and HIV. Let me give some examples of possible integration of HIV and SRH:

1. Transmission from mother to child is one of the ways of HIV transmission. If we consider maternal health and do integration of maternal health and HIV, there would be less risk of HIV transmission from mother to child. For example, if a mother is found HIV positive, she would be counseled for ARV and special services to reduce the risk of transmission. That is one justification for integration of HIV and maternal health.
2. Second example is of dual protection. Condom is used as a dual protection method: family planning and prevention of HTI and HIV. If we consider our programme area in relation to family planning and HIV, my understanding and experience say that these two programs are being implemented in a vertical fashion. HIV programme and family planning programme are doing the same condom promotion programme but in an incoherent manner. If we can integrate the HIV with the reproductive health, the large number of field workers of family planning programme can easily disseminate the little message about HIV in a short period of time to a large group of population.
3. If we can integrate the migration issue with the HIV, this can also reduce the risk of transmission as the person can take extra precaution during his stay outside the country.
4. The fourth is very common but not much talked about: the child marriage issue in relation to

HIV. In a child marriage, the girl does not have any negotiation skill with her sexual partner. This can also increase the risk of transmission. We need to think how the child marriage issue can be related to HIV to prevent further transmission.

5. Fifth one is gender based violence and violence in general. For instance, gender discrimination and gender inequality actually disempower female counter part and she does not have any negotiation power over sex. If there is social and economical empowerment, the female counterpart will have a definite say for safe sex practice.

These are the justifications why we have invited you. We want to have your insights regarding why we need such integration of HIV with the reproductive health. Please allow me to read the Toto Policy statement regarding this issue:

1. To device a national program,
2. To prevent and contain the spread of HIV infection as a part of Bangladesh's health system,
3. To involve all the government sectors and relevant government/non-government organizations to the fullest extent possible in planning, implementation of such program in conformity with global strategy.

So, we have a strong justification why we need integration of HIV and SRH.

Integration of HIV and SRH is very much related to our National AIDS STD Programme (NASP) which is endorsed by the Ministry of Health and Family Welfare. In the third objective it says, "To strengthen the coordination mechanism and management capacity at different levels to ensure an effective multi-sector HIV response".

In the strategies and plans of the same document, it says that the multi-sector engagement of the HIV epidemic is very complex. It is felt across the society involving individuals, families, sectors and institutions. It, therefore, goes beyond the domain of the health sectors and an effective response to it must be multi-sectoral. So, if I again refer back to the title, we have a very strong ground and documented justification in relation to policy document and strategic plan. It clearly asks for integration of HIV and reproductive health program. Despite clear policy guidance and our commitment, we are still doing the HIV and reproductive health

programmes in a discrete fashion.

It is also important to integrate our funds for HIV and SRH. If a donor only funds for HIV then it is really difficult for the implementing agency to go beyond the donor's mandate. So our donors have to be aware of the issue of integration. Without administrative and financial integration support, implementation of integrated programmes cannot be successful.

Though we have large fund being provided for HIV, still there are gaps. To fill the gaps, we can integrate the services of the other sectors. For example, we can integrate health, education, gender, population and so on. I agree, this is a low prevalent country and unlike Africa and the other high prevalent countries, the integration is not so important. But we need to integrate HIV and SRH to continue the low prevalence effectively. And the integration programme should be mainstreamed.

Dr. Halidah Khandaker, Executive Director, Confidential Approach to AIDS Prevention (CAAP)

In 1995/96, AIDS Committee developed a strategy. There was an indication for integration of HIV/AIDS with STD (Sexually Transmitted Diseases) prevention. Although there was no mention of MCH (Maternal and Child Health), STD was one of the features. The strategy had four objectives:

1. Prevention of transmission of HIV;
2. Reduce the impact of HIV infection;
3. Prevention of STD;
4. Management of STD.

I do not know how it was separated again and why it did not work. From the observation, age and experience with many departments of obstetric gynecology, STD and HIV infection I can say integration has many good sides, especially for women. Because, if a woman gets chance to get all the services from one place, for her it becomes beneficial to come and take the services. As you know, women are always neglected and they hardly get any chance to come to hospital or come to take other services, except during delivery or pregnancy. About that also I am very doubtful because most of the deliveries are being done at home than in the center. So, in that case, when a woman gets chance to

have MCH services, she can get the services of STD also. And if she can also get the services of detection for HIV also, then she can get three or four services from one place. That will reduce her husband's burden to bring her to the hospital repeatedly. It will also reduce the cost of healthcare.

As HIV and STD spread almost by the same method of sexual transmission, the prevention is also the same. For instance, a woman can ask her husband to use condom to have less children. So, then she will have good health and will have a reduced chance of getting HIV infection from her husband or vice versa. Condom promotion can help this. This is not only beneficial for women, but for men also, because they are the ones who will be providing the sustenance for their wives and children.

I want to urge our authorities to integrate HIV especially with MCH. Because when a woman cannot get the chance to detect if she is positive or negative, she can come to the MCH centre. She will have some blood test and during that time she can have the HIV test also. So, that becomes very easy for her to get to know the status. And when she knows the status, she can get the chance of having the condom; have fewer children and less infection.

She may not be infected at all, or the child may not be infected at all. You can make conditions like "I have told you before." And the other thing is that it is man's responsibility to spare or reduce the chance of infection, i.e. by using condom. So HIV should be integrated with family planning also. And my idea is to integrate the three services: HIV, STD and Family Planning. Only one condom can save many lives. So, why will men be reluctant?

I am not a feminist. I am a mother, a wife and I love my husband and my children. I love my family and I wanted to be a house-wife which I do love. Still, this is true that men have to realize. I may not ask my husband whether he is having affair with other lady but I should have the courage to speak it out some other way. If the husband becomes responsible then I will tell him that, "I do not care how many women you are having affairs with; but when you have affairs with me then please use the condom." I think, the men here would agree with me.

Dr. K.K Ezazul Haque

There is some confusion about the integration issue. One clinic is doing the STI (sexually transmitted infections) services and they are also providing the HIV services. They say that they are doing integration. We are not here to discuss that issue actually; we are saying the integration in relation to the mainstream and linkage.

Since we do not have policy, strategic, management, administrative and financial support for the integration programme from the centre level, it will be very sporadic and it will have minimal impact. That is why we are urging again that we need government support not only from the MOHFW but also from all other relevant ministries.

If we consider maternal health, we do not need to implement the integration issue in all the maternal health clinics in the same way. What is required is that we have to select the area, the population group and who are at risk – then only we can specifically counsel them in a maternal health setting and find the risk of transmission from their body to the coming child. That is the main purpose.

ABM Kamrul Hasan, Programme Coordinator, UNODC

We have a policy document on HIV/AIDS, which was officially endorsed perhaps 20 years back in 1997. The journey started in around 1994/95. At that time most of the Asian countries did not have any policy regarding HIV/AIDS. Later on, we prepared the strategic document -- National HIV/AIDS Strategy. In terms of policy and strategy, it was fantastic. The country was in a very good position. After 20 years, we have to re-think whether we should go back again to the policy, whether we should update, whether we should revise the policy or not. That is very important because the situation has changed in a multifarious way. We should be at per with the change.

At that time our focus was just to combat HIV. We did not realise its relation with other health issues. If you go through the policy, it will say everywhere that, the other reproductive health issue was not considered very much. For example, we only focused upon the injecting drug users, but not about other injecting forms and other drugs. We did not address how the young generation was induced with the illicit drugs and

what is the relation between reproductive health and HIV. That time these issues were not discussed nor addressed. After 20 years it is very important to look back again to that policy.

When we talk about integration we have to consider the issue of human resource for health. Who are the main implementers of our health programmes? Each and every union has a union FWC (Family Welfare Center). In most unions we have the union sub centre. In Upazila, we have Upazila Health Centre. They are the main providers of reproductive health services. We have to integrate our HIV/AIDS programme with these mainstream providers of health and family planning services.

We have also facilitated community health service. If we go back to the policy and strategy, we must consider broader perspective rather than only focusing on HIV or STI. For example, child-marriage, adolescent-pregnancy, illicit drugs taken by young generation are really pertinent issues related to reproductive health, which make individuals vulnerable to HIV/STI. HIV or STI infection is the outcome of many issues. All we need to do is to address all the pertinent issues so that we can cut the HIV infection or STI occurrences. It is our goal. We should provide more adolescent friendly health services because they often think that they don't require any healthcare.

Our SRH and family planning programmes are very much focused on married couple. There is a large section of unmarried man and women who also need SRH and family planning services.

We have to incorporate some life skill programmes in our SRH and HIV policies. It is important for the young and adolescents.

Dr. K.K Ezazul Haque

MDG and ICPD policy documents are very relevant to this linkage issue. I want to quote from the ICPD document: "information, education and counseling for responsible sexual behaviour and effective transmission of sexually transmitted diseases including HIV should become integral component to all SRH services". We are a signatory to the ICPD Programme of Action. So we are obliged to formulate and implement programmes in an integrated way.