PREVENTION OF HIV IN BANGLADESH

PARTICIPANTS



Dr. K K Ezazul Haque



Dr. Halidah Khandaker



ABM Kamrul Hasan



Dr.Ishrat Jahan



The Baily Star

Dr. Abdul Waheed



Leo Kenny



M A Siddiqui



Cdre (Rtd.)



Saleh Ahmed

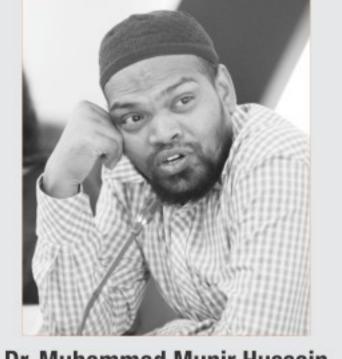


Dr. Tajuddin Oyeware





Dr. Samir Kumar Howlader



Dr. Muhammad Munir Hussain



Shashish Shami Kamal



Nurul Amin Chowdhury

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Dr. Ishrat Jahan, Programme Manager, Adolescent and Reproductive Health, DGFP

DGFP can do a lot in terms of providing integrated services. We have large number of field level workers. We can employ them in integrated services. In our country women only

come to hospital when it is an urgent issue. From the gender perspective it can be said that sometimes they are not allowed to come. When they come to our service centres we screen them and make them aware about HIV issues.

I have doubts about the quality of knowledge of our service providers on HIV. So training for the field workers on HIV is urgently needed.

DGFP provide some SRH services to adolescents. In different districts we conduct awareness campaign on this issue. We are also talking about preventing child marriage and adolescent pregnancy. We need to add some information about HIV and high risk behaviour with SRH. Now we are reviewing our adolescent reproductive health strategy. We have already finalized reproductive health action plan. We will disseminate the action plan soon. In the new action plan we have committed to do more about adolescent reproductive health.

In our reproductive health programs we should include the HIV issue. In our family planning centres we should have some diagnosis facility for women who are at risk, for example women who have husbands living abroad or addicted or open to high risk behaviour. It is important because there is a risk of vertical transmission of HIV from mother to child.

My next point is safe blood transfusion. In delivery section, when any emergency situation arises we need lot of blood. That's why it is very important to screen blood properly in delivery centres. Otherwise it can cause HIV infection to both mother and child.

We have to promote only condom. We have to inform people about the dual use of condom: family planning and prevent HIV and STD.

We should focus more on men. If they are aware then it becomes easy for his spouse to maintain a safe sexual and reproductive health. So men should be incorporated in our campaign.

Dr. Abdul Waheed, Line Director, NASP

How human resource for health and HIV prevention should be linked is an important question. In our national strategy it is clearly explained. But we are not implementing it. So we have to think how to implement it.

We are doing different things in different ways. For example, DGFP and DGHS are doing things according to their own plans. But there should be a linkage at some point. That point should be at the service level.

Leo Kenny, Country Director, UNAIDS

It is widely recognized that we can get better results by avoiding parallel health system. It needs to be

done not only in terms of SRH and HIV but also in range of services such as TB, MCH etc. In this age countries can not afford not to do it because it means efficient use of resources is not being made. By 2015, we should achieve the desired progress in linkage issue.

Improvement of linkage between HIV and sexual reproductive health is very important. If a country does not make enough progress it is because of the following reasons: your analysis of the service delivery is flawed; you are not doing enough to ensure linkage between the service systems to promote maternal health and health of children; weak health systems and lack of an entry point to address sexual and gender based violence; you are not doing enough to ensure linkage among MDG 3,4,5 and 6.

We are not harnessing the opportunity of using the HIV entry point to address the MCH issues, we need to harmonize the funding of HIV and SRH; we are not strengthening capacity of our service providers to link between SRH and HIV.

There are also some legal barriers to this integration effort. That happens to key population like transgender, sex workers, people injecting drugs, men having sex with men and adolescent population who do not have access to health services.

We must do more to address stigma and discrimination, including removal of punitive laws and policies that block access to services of those people who are most at risk.

Dr. K.K Ezazul Haque I want to quote some lines from the 2010 ANGUS Report: "Response to HIV in Bangladesh is provided through multiple funders and multiple implementers. Lack of smooth coordination among player is a major hindrance to providing quality services. In Bangladesh multiple ministries need to be involved to ensure key services. This is not carried out effectively. Roles and responsibilities of designated focul points in 16 ministries need to be clarified and reactivated." This is very important. We have 16 HIV focal points in 16 ministries. If we can activate the integration process will be smoother.

M A Siddiqui, Columnist

Education is an important means to disseminate HIV information. Our education curriculum should include comprehensive reproductive health education.

We can talk about SRH in forums but not in our families. We should come out of such stigma.

Dr. Halidah Khandaker

want to tell our parents to take courage and talk to your children about SRH and HIV issues. When we first went for campaign in schools, the headmaster asked us only to take science students. I had to fight with them to make them understand that the student from Arts background would also be a man or women. So take courage and be careful.

Saleh Ahmed , ED, Bondhu Social Welfare Society

Among the transgender community we only provide condom and STI services. But we are not able provide them other SRH services. So they remain vulnerable. There is also an important issue of access for the transgender community.

Providing SRH services can not be separated from the livelihood issue. Our transgender community has very little access to formal job market. That's why they have to opt for risky professions for earning livelihood. It makes them more vulnerable to HIV/ AIDS.

When we talk about genderbased violence we do not count the transgender. They are also victims of different kind of violence. There should be strong punitive measures in case of violence against transgender and feminine male.

There is a large group of man having sex with man. Most of them start practicing this risky behaviour at the adolescent age. According to our government policy they are considered children and we cannot promote condom among children. But adolescents come to our centres and we are providing them condoms but we cannot register their name. So in policy formulation we have to also consider these issues.

Dr. Tajuddin Oyeware, Chief, HIV/AIDS, Unicef

Every child has a right to survive. Meaning that when it is born, it has the right to born free of HIV. Within that framework we look at the issue of HIV. We have to explore opportunities that bring about efficiency of investment and effectiveness of intervention. And to do that integration and linkage is central. If we go about doing parallel programme we will not achieve anything. It will be expensive. There will be lot of duplication and wastages. We do not have any other options than to push hard for integration and linkages. For that we need to do something at policy level. UNICEF unequivocally supports linkages between SRH and HIV.

I want to focus on two important groups: adolescents and pregnant mothers. They are the continuum of cares. At the pre-pregnant period, what does the girl need? She needs good reproductive health and to be free of HIV. She needs HIV counseling and testing. And how do you implement HIV counseling and testing if you do not integrate SRH and HIV counseling? When one visits a SRH expert he or she can ask for HIV testing. Even to prevent the transmission of HIV from the mother to the child, contraceptive is critical .When a mother decides not to be a pregnant, a child cannot be infected. The important topic about which we do not talk much is that when a mother is HIV positive she needs access to family planning method to delay pregnancy or not to be pregnant at all.

When a mother is pregnant, the matter of integration comes again. MCH service providers can easily provide HIV testing and counseling services. It is the best place to do that.

Bangladesh has made massive progress in cutting down the rate of under-five mortality. We have to integrate early infection diagnosis for the infants at the point of neonatal care.

Bangladesh has all the ingredients to do a successful integration but we need to join them together. 2014 is the best time to do that because at that time we will do the midterm review of National HIV/AIDS strategy . At that time, midterm review of the National Health Population Sector Wide Programme will also be held. So we have a great opportunity to link all these together.

Ali Reza, OIC, UNIC

Awareness requires dissemination of proper information. It leads to understanding. Understanding leads to awareness. Awareness leads to actions. And positive actions lead to change. And this change makes the desired goal of a nation. Since the young generation is the agent of change we have to talk about our youths when we talk about any integration. We have to know the need of reproductive health services of the young population. We mostly focus upon vulnerable groups. But there are large number of young groups who are out of the counting but equally vulnerable to HIV infection.

We want other daily newspapers to come forward like The Daily Star in holding discussion on HIV issues and make our citizens aware. Among the TV channel only the state run BTV shows HIV related programmes. There are many channels in our country that do everything except showing any programme on HIV. We urge them to allow some slots for dissemination of HIV information. Mainstream radio channels as well as community radio channels

should also join the campaign. In many cases, educated people, even doctors, are not aware about AIDS infection. I know someone whose wife got infected during delivery of her child. One of her relatives donated her blood during emergency delivery operation. The blood screening system was poor. So she got infected. In many renowned hospitals in the country blood screening is not properly done. We should also emphasise on this issue.

I would urge to observe International AIDS Day in all educational institutions. Our schools should teach students about SRH and HIV. The students will further disseminate the message..

Dr. K.K Ezazul Haque UNFPA have recently started a radio

ad on HIV in Dhaka FM. It is a 30 seconds slot and will be aired 60 times in 24 hours for 40 days.

Dr. Samir Kumar Howlader, National Programme Officer, IOM

Linkage at the service level is not possible without linkage at the strategic and policy level. Mostly we do some sporadic work of integration at the field level that in the long run fails to sustain due to lack of proper policies of integration at the national level. Integration will bear good results

if we consider the vulnerability of the migrant workers. They are termed emerging vulnerable population in the third national strategic plan. We did some sporadic work for migrant workers to prevent HIV infection like pre-departure orientation and linkages to service providers after they are back. But we do not have any policy for their spouses. This is an important area of integration. If we integrate SRH with HIV, then the spouses who stay back in the home country can access the SRH services as well as HIV consultation.

Why do we not include unmarried young people? We only work for married couple. We should focus on unmarried young people.

When we talk about multiministerial involvement we know that there are 16 ministries that are involved in the committee on HIV and HIV focal points are there. I do not know if Ministry of Expatriate Welfare and Overseas Development is involved there. If they are not involved then nothing can be done successfully for the migrants.

Dr. K.K Ezazul Haque

It is really a challenge to follow up HIV issues of an immigrant from country of origin to country of destination. We have to address the challenge seriously.

Dr. Muhammad Munir Hussain, Project Manager, Plan International Bangladesh We are overburdened with policies and strategies. I want to emphasise on mainstreaming, both internally and externally. Different ministries have different policies. We have to know if there is something about HIV. Then we have to coordinate those policies with the national HIV policy.

We have incorporated HIV issues in our secondary school curriculum. In 2012, we have also incorporated different SRH issues in the curriculum of secondary school. Now, it is not just about small family. In the curriculum, we have discussed adolescent reproductive health and family planning issues, in details. But we need to train our school teachers so that they can teach these things in a studentfriendly way.

Shashish Shami Kamal, Youth Member, UNFPA Youth Group To reach the critical youth popula-

tion we have to involve the youths themselves in our campaign. Then it will be easier to reach young people and create a lasting impact upon them. When I was a member of an anti-smoking group, we undertook an anti-smoking campaign and involved some of the smokers. It worked like a miracle. They motivated others not to smoke and some of them broke the bad habit.

We need more research on men and masculinity. Masculinity is socially constructed. Masculinity breeds some negative ideals that attract young boys. Young people are curious about everything

under the sun and get involved in various harmful practices just out of curiosity and manipulated by different patriarchal constructions of manhood. It may be injecting drugs, having multiple partners and so on, which make them vulnerable to HIV and STDs. So we have to work on the idea of masculinity and fight out wrong notions of manhood. We need to understand the young man, his ideas and his curiosity and reach them with information about HIV and SRH in ingenuous ways. The masculinity issue should also be included in the HIV research paradigm.

Another important issue is using ICT in dissemination of information about HIV. We can also make communication channels so that one can get HIV and SRH service related information over phone or via internet without disclosing his or her identity.

Dr. K.K Ezazul Haque

We need to work more on leadership issue to raise the voices of young people. We want to see youth-friendly programs and services . DGFP has already introduced some adolescent friendly services

Cdre (Rtd.) Nurul Amin Chowdhury, Programme Advisor, RTM International

Our strategy should be sensitive to our social reality. In village areas, it is still difficult to talk about HIV. We have to reach them in innovative ways and help get rid of the social stigma about HIV. We have to provide HIV related information and SRH services in an integration package so that people can also understand linkage between HIV and SRH and do not shy away from the services.

Dr. Ishrat Jahan

We are not providing contraceptive to unmarried adolescents. But there are large numbers of unmarried adolescents who are involved in sexual activities. They are high-risk group. We do not even register their names; even there is no column in the register book for unmarried adolescents. This is an important area to work on. To provide them contraceptives we have to change our policy. Our policies are solely focused on married couples. We should change our perception and incorporate unmarried adolescents in our services.

Dr. K.K Ezazul Haque UNFPA has strong mandate to

work on integration of HIV and SRH issues. We are trying our best to do so. We are providing training to service providers to build their capacity on delivering integrated services. We are also providing technical assistance to NASP. UNFPA has closely worked with the government to formulate a communication strategy for integrated services. We have learnt a lot from today's roundtable. We will incorporate your recommendations and work together for creating an effective linkage between HIV and SRH.