

Short Communication

Confronting HIV and AIDS in Bangladesh

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Accepted 04 March, 2011

The world continues to fight HIV, as global leaders have pledged to work towards gaining universal access to HIV and AIDS treatment, prevention and care, thereby recognizing these as fundamental human rights. According to one source, millions of people are continually infected with HIV every year, while less than half of those in need of antiretroviral therapy are receiving it, and too many do not have access to adequate care services. The theme for the second year running of World AIDS Day celebration is “Universal Access and Human Rights”, which demonstrates an increasing clamour to gain access to HIV treatment services. Thus, there is need for a greater commitment around the world, if the aim of gaining universal access to HIV services is to be accomplished.

Key words: Human immunodeficiency virus/acquired immunodeficiency syndrome, universal access and human rights, treatment, prevention.

INTRODUCTION

Let us commit ourselves to the promotion, protection and declaration of human rights in its entirety and establish the right to health as an essential human right. We also need to intensify the call for effective addressing of all socio-economic, cultural and ecological determinants of poor health. The protection of human rights is essential in combating the effects of the HIV epidemic. UNAIDS comments that violations against human rights fuel the spread of HIV, putting marginalized groups, such as injection drug users, men who have sex with men and commercial sex workers, at a higher risk of HIV infection (UNAIDS, 2010). New infections can be prevented by respecting the human rights of an individual to enable people having HIV live freely from stigmatization and discrimination. According to AFAIDS, “Action and commitment should not only rest on this special day, but should be a continuous process. World AIDS Day should be a day that we are re-invigorating our energies and commitment to continue the fight against HIV” (AFAIDS, 2010).

According to UNAIDS, an estimated 33 million people are living with HIV (UN, 2010), which show a 20% drop in HIV prevalence in the last decade, and more than two-thirds are living with it in sub-Saharan Africa. We reflect, yet again, on the progress made towards global commitments to fight the HIV epidemic. Sadly, only 5.2 million people, out of the estimated 15 million who need drugs, have access to treatment (UNAIDS, 2010),

although stigma discrimination and human rights violations against persons living with HIV still exist (MSH, 2010).

CURRENT SITUATION IN BANGLADESH

It is recognized that HIV and AIDS pose unprecedented public health, economic and social challenges for the most productive age range of the society that is infected. Bangladesh has an estimated 20,000 to 40,000 people who inject drugs, and is now considered as a high-risk country for HIV/AIDS infection. UNAIDS mentioned that in Bangladesh, 23% of the total populations are young people. These young people have limited knowledge about HIV/AIDS because of societal barrier. In a recent study, it was revealed that by the age of 21, one-third of the unmarried Bangladeshi youths became sexually active and among them, less than 30% used condom for their most recent sexual encounter (Mahmood, 2007). Although the country has a low HIV prevalence rate, all the factors that may contribute to the rapid spread of infections leading to an epidemic are present here. These factors include environmental degradation (global warming), poverty, illiteracy, ignorance, proximity, malnutrition, unemployment, slum housing, family fragility, physical and sexual abuse, high prevalence of STIs, sharing injectable equipment, high-risk behavior, lack of

awareness and knowledge (lack of proper communication strategy), very mobile populations, stigmatization and discrimination of those infected and affected, conservative social attitudes and being surrounded by countries that have higher HIV prevalence rates. For example, sharing injectable equipment increases the HIV risk as exemplified in more than one IDU cluster in Dhaka, where 11.5% of HIV positive cases have been diagnosed recently (Daily Star, 2010).

Also, there is sufficient evidence of high rates of HIV transmission to wives from their migrant husbands after their return from abroad. More than 80% of the diagnosed HIV positive people are migrant Bangladeshi workers and their wives (Southasia, 2008). Other documented proofs, include unsafe practice in health service, unprotected sexual practices, increasing number of homosexuality and low patronage of condoms. According to a NASP study, most of the men in the study population do not use condom in their commercial sex encounters. Likewise, female sex workers report the lowest use of condom in the region [only 0 to 12% of the different groups of sex workers recorded that they use condom with new clients] (Daily Star, 2010).

Statistics

According to official Bangladeshi reports, quoted by the Health Minister on World AIDS Day 2010, 231 people were diagnosed with AIDS, while 37 of them died a year ago in the country. Furthermore, the Minister noted that 343 HIV positive patients were diagnosed last year and the total number of AIDS patients in the country stood at 850. Overall, a cumulative total of 2088 cases of HIV and AIDS have been confirmed and reported (Bangladesh Business News, 2010), and it has progressed from 1,207 in 2007 and 1,495 in 2008 to 1,745 in 2009. However, the number of undetected cases is believed to be much higher.

RECOMMENDATION

HIV and AIDS policies and strategies need to be implemented, monitored and evaluated at different levels, involving both public and private actors. This will guide policymakers, researchers and practitioners, who are involved in HIV and AIDS activities to respond timely and efficiently in controlling the spread of this deadly disease. The government should make an effort to set up safe blood transfusion centres across the country, including adopting the national policy on HIV and AIDS, which was approved in 1997 under the leadership of the then Chairman, Late General M. R. Choudhury. All must be involved in the HIV and AIDS awareness campaign, in promoting, protecting and respecting human rights, and thereby ending stigma and discrimination. There should

also be meetings, seminars, and workshops for the people living with HIV and AIDS (youth, women, and lesbians, gays, bisexuals and transgenders) to discuss these issues within the global, national and local context (in other words, to allow them gain universal access). Moreover, there is need to stress the importance of providing proper care and treatment for the people living with HIV and AIDS and a more urgent need to provide coverage of antiretroviral therapy for HIV infected people.

NGOs and civil society organizations, along with the government and individuals should work together in order to ensure universal coverage. We need to change our society through public policy researches, public awareness, increasing funding and community education, and formulating the national HIV/AIDS communication strategy. Therefore, we should continue to fight this emotional scourge and bring dignity and respect to our causes and for the sake of humanity. Greater efforts must be made in promotion of human rights and universal access to healthcare. The UN Secretary-General, Ban Ki-moon, sums these up as follow:

"Three decades into this crisis, we should set our sights on achieving the 'three zeros' - zero new HIV infections, zero discrimination and zero AIDS-related deaths."

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