National Human Rights Strategic Plan to Remove Human Rights-Related Barriers to HIV Services in Bangladesh (2024-2029)

October 2024

AIDS/ STD Programme
Directorate General of Health Services (DGHS)
Health Services Division,
Ministry of Health and Family Welfare (MoHFW)

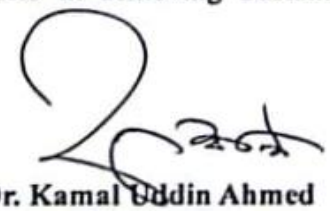
FOREWORD

Bangladesh is a low-prevalence country for HIV/AIDS in the region, while all the risk factors and vulnerability exist. Overall HIV prevalence is less than 0.01% among the general population; prevalence is higher among the Key Population (KP) from 0.2-4.1%, like People Who Inject Drugs (PWID), Female Sex Workers (FSW), Men having Sex with Men and Workers (MSM/MSW), and Transgender (TG). Since the middle of the 1990s, the Directorate General of Health Services (DGHS) under the Ministry of Health and Family Welfare (MoHFW), in collaboration with local, national, and international NGOs, has been implementing basic HIV prevention services for the KPs. Despite ongoing efforts by the Directorate General of Health Services (DGHS) and various NGOs since the mid-90s to implement basic HIV prevention services, significant prevalence persists among these groups, with growing concern regarding transmission to the general population, especially among returnee migrants.

In different program and survey reports of the AIDS/STD Programme, DGHS, it was identified that stigma and discrimination are one of the bottlenecks to ensure HIV services among the KPs, which is always impacting to achieve the national and global target. Stigma and discrimination significantly hinder HIV services in Bangladesh, manifesting as negative attitudes and unfair treatment towards the People Living with HIVs (PLHIV) and those perceived at risk. Key barriers include exclusion from social and healthcare services, gender-based violence, and punitive laws that criminalize behaviors linked to HIV. Considering the issues, the AIDS/STD Programme of DGHS conducted a rapid situation assessment to understand the significance of the several areas related to the human rights and barriers to HIV services. The assessment was conducted focusing on seven specific thematic areas, ranking each of the areas, and setting a baseline score. To improve the situation in those thematic areas, the AIDS/STD Programme and its partners took the initiative to develop a National Human Rights Strategic Plan to Remove Human Rights-Related Barriers to HIV Services.

The Five-Year Strategic Plan (2024-2029) will help to reduce stigma and discrimination by implementing various activities and enhancing knowledge among the health service providers, law enforcement agencies, and other relevant stakeholders. Due to low legal literacy, KPs and general people are always facing challenges in accessing justice while support and infrastructure are available across the country. It is expected to improve overall human rights concern and reduce stigma and discrimination through proper implementation of this strategy.

Special thanks are extended to all stakeholders involved in the development of this strategy, which is anticipated to support the DGHS and partners in achieving Sustainable Development Goal 3.3—ending AIDS by 2030.



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Chairman
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ACKNOWLEDGEMENT

Bangladesh has maintained a low national HIV prevalence of 0.01% in the general population; however, a concentrated epidemic has emerged among the country's key populations (KPs), especially among people who inject drugs (PWIDs). The HIV epidemic in Bangladesh is primarily concentrated among KPs, including female sex workers (FSWs), men who have sex with men (MSMs), men who sell sex (MSWs), PWIDs, and the transgender and hijra population. However, it is spreading among the general population day by day, despite ongoing HIV interventions. Various programmatic observations have identified human rights issues and stigma as major concerns. Program implementers are trying to address these human rights issues sporadically across the country, but the expected outcomes have not been satisfactory. Thus, the AIDS/STD Programme of the Directorate General of Health Services (DGHS) has taken the initiative to develop a National Human Rights Strategic Plan to remove human rights-related barriers to HIV services.

I am thankful to all stakeholders, especially the Working Committee Members, who closely worked with consultants and provided extensive support to finalize the strategy. Special thanks to the members of the Steering Committee, including the honorable Chairman of the NHRC, the Health Services Division of MoHFW, the BCCM Secretariat, BCCM members, UNRCO, and the PLHIV Network, who actively contributed to the development of this strategy. Their reviews, feedback, and comments enriched the strategy.

I express my gratitude to the Country Director of UNAIDS Bangladesh for her continuous support and thoughtful inputs in finalizing the strategy. I also acknowledge the efforts of lead consultant Ms. Sanaiyya Faheem Ansari and Costing consultant Mr. A. J. M. Zahir Uddin, who were supported by UNAIDS Bangladesh.

Finally, I sincerely thank the Global Fund for encouraging the AIDS/STD Programme to develop this strategy. The Global Fund provided strategic direction and support to align the country strategy with international standards. I hope, implementation of this strategy will help us reducing stigma discrimination towards AIDS and improve the human rights situation among the impacted population of HIV/ AIDS.

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AIDS/ STD Programme
Directorate General of Health Services (DGHS)
Health Services Division, Ministry of Health and Family Welfare

Reviewed by:
Steering Committee, led by National Human Rights Commission

Supported by:
UNAIDS Bangladesh

Consultants:

Sanaiyya Faheem Ansari, Lead Consultant
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October, 2024

ACCRONYMS

ASP	:	AIDS/STD Programme
CBOs	:	Community-Based Organizations
CLM		Community Led Monitoring
COC		Code of Conduct
DGHS	:	Directorate General of Health Services
DIC	:	Drop-In-Centre
DNC		Department of Narcotics Control
FSW	:	Female Sex Workers
GBV	:	Gender-Based Violence
JMM	:	Joint Monitoring Mission
KP	:	Key Populations
LEA		Law Enforcement Agencies
MIP		Management Implementation Plan
MOHA	:	Ministry of Home Affairs
MOLJPA	:	Ministry of Law, Justice and Parliamentary Affairs
MOSW	:	Ministry Of women and Children Affairs
MOWCA		Ministry of Social Welfare
MSM	:	Men who have Sex with Men
MSW	:	Male Sex Workers
NAC	:	National AIDS Committee
NGO	:	Nongovernmental Organizations
NHRC		National Human Rights Commission (NHRC)
NSP	:	National Strategic Plan
OST	:	Opioid Substitution Therapy
PLHIV	:	People Living with HIV
PWUD	:	People Who Use Drugs
PWID	:	People Who Inject Drugs
SEAH		Sexual Exploitation, Abuse and Harassment
SDGs	:	Sustainable Development Goals
SOGIE	:	Sexual Orientation and Gender Identity and Expressions
SRHR	:	Sexual and Reproductive Health and Rights
TOT	:	Training of Trainers
UN	:	United Nations
WHO	:	World Health Organization

EXECUTIVE SUMMARY

HIV-related stigma and discrimination pose significant barriers in achieving the goal of ending AIDS as a public health threat, while also impacting Sustainable Development Goals related to health and gender equality by 2030. To combat these issues, the Global Partnership for Action was established in 2018, bringing together key organizations, including GNP+ and UNAIDS, committing to eradicate stigma and discrimination. At the UN General Assembly in 2021, member states set a target to eliminate gender and HIV-related stigma by 2025, emphasizing the importance of equitable health services through achieving the 10-10-10 targets:

1. Less than 10% of countries have punitive legal and policy environments that deny access to justice.
2. Less than 10% of people living with HIV and key populations experience stigma and discrimination.
3. Less than 10% of women, girls, people living with HIV and key populations experience gender inequality and violence

The National Human Rights Commission of Bangladesh is spearheading efforts to integrate human rights into national AIDS strategies, ensuring that marginalized groups can claim their rights to healthcare without discrimination. Recent data and strategic plans position Bangladesh to strengthen its HIV response, highlighting the need for multi-sectoral collaboration and the protection of individuals' rights to foster an inclusive environment for all.

As of 2023, Bangladesh has 8,898 people living with HIV and 2,086 deaths, yielding an 18.13% death rate. While the national prevalence is low at 0.01%, The KPs are significantly affected, particularly PWUDs. The 2020 Integrated Biological and Behavioral Survey (IBBS) shows a 2.3% prevalence among KPs, with MSM at 1.5% (up fourfold since 2015) and transgender women at 1%. Female sex workers (FSWs) have a prevalence of 0.2%.

In Bangladesh, while there is no dedicated legal framework for HIV, constitutional principles uphold equality and non-discrimination. The government has enacted laws, such as the Rights and Protection of Persons with Disabilities Act (2013) and the proposed Anti-Discrimination Bill (2022), to safeguard rights of various marginalized groups, including the PLHIVs. The National AIDS Committee and the AIDS/STD Programme coordinate the response to HIV, emphasizing a rights-based approach. The National Strategic Plan (2024-2028) aims for zero new infections, zero AIDS-related deaths, and zero discrimination, focusing on access to services for key populations. Initiatives include training for healthcare providers, stigma reduction, and a comprehensive HIV Services Protocol to support environment for effective HIV management and alignment with the SDGs 2030.

Stigma, discrimination and gender inequality significantly hinder HIV services in Bangladesh, manifesting as negative attitudes and unfair treatment towards the PLHIVs and those perceived at risk. Key barriers include exclusion from social and healthcare services, gender-based violence, and punitive laws that criminalize behaviours linked to HIV. The hierarchical nature of healthcare, along with societal norms and misconceptions about HIV, exacerbates discrimination, particularly against women, transgender and MSM. Additionally, the legal ambiguity surrounding sex work and drug use complicates access to care and support. As a result, high-risk populations face multiple layers of marginalization, leading to increased vulnerability to HIV and poor health outcomes.

A comprehensive program to reduce human rights-related barriers to HIV services in Bangladesh emphasizes a human rights-based approach, ensuring equitable access to prevention, testing, treatment, and care for all individuals, particularly the marginalized groups. Key principles include

non-discrimination, empowerment, accountability, and equity along with enduring affordable, accessible and adequate services. The program aims to develop robust legal frameworks, reform healthcare systems to enhance cultural competence, engage communities in outreach, and implement effective monitoring and evaluation systems. By fostering partnerships among government, healthcare providers, and civil society, the initiative seeks to create a supportive environment that respects, protects, and fulfils the rights of the PLHIVs, ultimately reducing stigma and discrimination in healthcare settings. It is realized that comprehensive policies and guidelines must be developed and implemented. Key actions may include legal reforms, inclusive healthcare services, promoting social acceptance, engaging communities in decision-making, raising public awareness, improving inter-ministerial collaboration, and fostering accurate media engagement.

The National Monitoring Framework for Reducing Human Rights Barriers to HIV Services aims to evaluate programs addressing structural impediments to HIV care for vulnerable populations. Key recommendations include adopting a human rights-based approach, regular monitoring of laws and policies, comprehensive data collection, and stakeholder engagement. The framework emphasizes developing indicators to assess the impact of human rights initiatives, enhancing healthcare inclusivity, and fostering community involvement. Effective implementation requires flexible arrangements, integration with existing HIV and TB programs, and training for stakeholders to ensure relevance and effectiveness.

The Five-Year Strategic Plan (2024-2029) to combat HIV/AIDS includes the following elements:

Reduce Stigma and Discrimination: Legal reforms, public education, training modules, and community outreach to support key populations' rights.

Health Service Providers' Training: Enhance knowledge and action on human rights, ethics, and stigma reduction for health and legal professionals.

Law Enforcement Sensitization: Engage law enforcement agencies and lawmakers on human rights issues affecting HIV patients.

Legal Literacy: Develop and disseminate "Know Your Rights" resources for key populations.

Access to Justice: Build capacity for community paralegals and legal aid providers to assist key populations.

Policy Reform Monitoring: Identify and advocate for the revision of discriminatory laws affecting access to services.

Gender Norms Reduction: Engage traditional leaders to reduce gender inequality, harmful gender norms and gender-based violence and implement economic empowerment programs for the KPs.

Community Mobilization: Strengthen advocacy and awareness through community groups and support networks.

Prison Programs: Implement stigma reduction and human rights training in closed settings, like, the prisons.

Given the critical importance of a National Human Rights Strategy and its costed plan to end all forms of gender and HIV-related stigma and discrimination, as highlighted by interviewees, such a strategy has been developed. The interviewees stressed the need for confidentiality for people living with HIV (PLHIV) and recommended implementing strict protocols meaning to those used in TB control systems to ensure the protection of privacy.

This strategy was developed through consultations and discussions with the following:

1. **Female Sex Workers (FSWs) and CBOs Street Based Dhaka**
2. **Female Sex Workers (FSWs) and CBOs Brothel Based Jashore**
3. **Male Sex Workers (MSW) and CBOs**

4. **People Who Use Drugs (PWUD) - Female**
5. **People Who Use Drugs (PWUD) - Male**
6. **Trans Gender (TG)**
7. **Men who have Sex with Men (MSM)**
8. **People Living with HIV (PLHIV)**
9. **Department of Narcotics Control (DNC)**
10. **Public Hospital Jashore**
11. **Public Hospital, Dhaka**
12. **Migrant Workers**
13. **ADG, Planning, DGHS**
14. **Additional IG Prison**
15. **Additional DIG, Police**
16. **Program Officer, Ministry of Women and Children Affairs (MOWCA)**
17. **Director, Ministry of Social Welfare (MOSW)**
18. **Private Health Service provider (Square Hospital)**
19. **Journalist from the Health reporter's forum**

The strategy aligns with the International Guidelines on HIV/AIDS and Human Rights, emphasizing a rights-based approach to combat the epidemic. Through initiatives like the National HIV and AIDS Communication Strategy and targeted support for high-risk groups, it seeks to protect human rights and empower individuals to access necessary services. Recognizing that human rights violations exacerbate the crisis, the national strategy aims to strengthen capacities, promote accountability, and integrate human rights into all responses, ensuring that marginalized populations are not left behind in the fight against HIV/AIDS.

1. BACKGROUND

HIV-related stigma and discrimination continue to obstruct the goal of ending AIDS as a public health threat by 2030, as well as achieving other Sustainable Development Goals, such as good health and well-being (SDG 3) and gender equality (SDG 5). To eliminate all forms of discrimination, partnerships and collaborations across all sectors and levels are essential.
In 2018, the "Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination" was established, co-convened by international organizations and networks such as GNP+, UNAIDS, UNDP, UN Women, and the Global Fund. Bangladesh joined this Global Partnership, committing to its mission of eradicating HIV-related stigma and discrimination. Participating countries are expected to translate these commitments into concrete actions, enhance or renew partnerships, and consistently generate and share evidence-based data to guide policies and programs.
On June 9, 2021, at the UN General Assembly High-Level Meeting on AIDS, Member States adopted the declaration titled "Ending Inequalities and Getting on Track to End AIDS by 2030." This declaration sets the goal of eliminating all forms of gender and HIV-related stigma and discrimination by 2025. It reaffirms every individual's right "to the enjoyment of the highest attainable standard of physical and mental health, and affirm that the availability, accessibility, acceptability, affordability and quality of HIV combination prevention, testing, treatment, care and support, health and social services, including sexual and reproductive health-care services, information and education, delivered free from stigma and discrimination, are essential elements to achieve the full discrimination realization of this right". At the UN General Assembly member states set a target to eliminate gender and HIV-related stigma by 2025, emphasizing the importance of equitable health services through achieving the 10-10-10 targets:

1. Less than 10% of countries have punitive legal and policy environments that deny access to justice.
2. Less than 10% of people living with HIV and key populations experience stigma and discrimination.
3. Less than 10% of women, girls, people living with HIV and key populations experience gender inequality and violence.

Article 65 of the GA resolution focuses completely on stigma and discrimination. It commits to "eliminating HIV-related stigma and discrimination and to respecting, protecting and fulfilling the human rights of people living with, at risk of, and affected by HIV, through concrete resource investment and development of guidelines and training for healthcare providers." It calls on states to:

• Create an enabling legal environment including safe space.
• Adopt and enforce legislation, policies and practices that prevent violence and other rights violations against people living with, at risk of and affected by HIV.
• Expand investment in societal enablers including protection of human rights, reduction of stigma and discrimination and law reform.
• End impunity for human rights violations against people living with, at risk of and affected by HIV by meaningfully engaging and securing access to justice for them.
• Work towards the vision of zero stigma and discrimination against people living with, at risk of and affected by HIV, by ensuring that less than 10% experience stigma and discrimination by 2025 ensure political leadership at the highest level to eliminate all forms of HIV-related stigma and discrimination, Less than 10% of countries have punitive legal and policy environments that deny

or limit access to services, Less than 10% of women, girls, people living with HIV and key populations experience gender inequality and violence.[1]

• Ensure that all services are designed and delivered without stigma and discrimination, and with full respect for the rights to privacy, confidentiality and informed consent.

The first case of HIV in Bangladesh was detected in 1989. Even prior to this first case, the Government of Bangladesh (GoB) had become active and formed the National AIDS Committee (NAC) in 1985 in anticipation of an epidemic. The NAC is a high-profile body with the President as Chief Patron and Minister of Health and Family Welfare as the Chairperson. The NAC is supported by a Technical Committee and smaller subcommittees dealing with special issues that are formed when required. These subcommittees include the Surveillance Advisory Committee, the Estimates Working Group, and others. In line with the global goal, Bangladesh has recently adopted a new National Strategic Plan for HIV and AIDS Response (2024-2028), and the first Joint Monitoring Mission (JMM) was held in March 2023. The new data set from the IBBS 2020 and new size estimations of KP (2023) and human rights situation assessment report (2023) are now available. Furthermore, a transition readiness plan has been developed. With all these foundations in place, Bangladesh is ready to raise its HIV commitments to achieve the 2030 Sustainable Development Goals (SDG) and Ending AIDS targets.

As of 2023, Bangladesh has 8,898 people living with HIV and 2,086 deaths, yielding an 18.13% death rate. In Bangladesh, while there is no dedicated legal framework for HIV, constitutional principles uphold equality and non-discrimination. The government has enacted laws, such as the Rights and Protection of Persons with Disabilities Act (2013) and the proposed Anti-Discrimination Bill (2022), to safeguard rights of various marginalized groups, including the PLHIVs. The National AIDS Committee and the AIDS/STD Programme coordinate the response to HIV, emphasizing a rights-based approach. The National Strategic Plan (2024-2028) aims for zero new infections, zero AIDS-related deaths, and zero discrimination, focusing on access to services for key populations. Initiatives include training for healthcare providers, stigma reduction, and a comprehensive HIV Services Protocol to support environment for effective HIV management and alignment with the SDGs 2030.

Migrant workers with HIV in Bangladesh face numerous human rights-related barriers that exacerbate their vulnerability to HIV transmission and poor health outcomes. One significant barrier is the lack of access to pre-departure and post-arrival information and orientation on HIV/AIDS, leaving them unaware of their rights and responsibilities. Mandatory HIV testing prior to departure, remains a requirement, often conducted in an insensitive and irresponsible manner. Upon return, HIV-positive migrant workers are frequently isolated and stigmatized, with media outlets publishing their photographs and personal information, perpetuating discrimination. Additionally, the lack of recognition of the health rights of migrant workers, including access to appropriate healthcare and privacy, perpetuates their vulnerability to HIV/AIDS.

Under the leadership of National Human Rights Commission Bangladesh (NHRCB), a steering committee has been created to guide and endorse each phase's activity. The Steering Committee will look into the recommendation, provide necessary feedback to finalise the recommendations. NHRCB will also act as an implementer of some of the recommendations. As the independent, national body with a specific mandate to promote and protect human rights, NHRCB can advocate the inclusion of a strong human rights component in the national AIDS plan, including various specific rights-based programmatic strategies. NHRCB can assist rights holders—such as people living with HIV and those vulnerable to infection—to claim their rights to non-discrimination; to

[1] https://www.unaids.org/sites/default/files/2025-AIDS-Targets_en.pdf

HIV prevention information, education, modalities and services; to freedom from sexual coercion and violence; and to HIV treatment. It can also assist efforts to monitor progress towards universal access to HIV prevention, treatment, care and support—a part of the right to health and non-discrimination.

The Human Rights Strategy will foster two broad and overarching strategies:

- Facilitate progress towards HIV prevention by supporting strategic approaches to strengthen access to Health, Social, and Legal services for populations affected by HIV/ AIDS, and

- Will enable the mobilization of resources to overcome human rights barriers in HIV services.

2. HIV EPIDEMIOLOGY

As of 2023, Bangladesh has reported 8,898 people living with HIV (PLHIV), the cumulative number of deaths till 2023 was 2,086, resulting in an estimated 18.13% death rate.[2]

Although Bangladesh has maintained a low national HIV prevalence of 0.01% in the general population, a concentrated epidemic had emerged among the country's key populations (KP) especially among PWIDs. The HIV epidemic in Bangladesh is primarily concentrated among KPs, including FSW, MSM, MSW, people who inject drugs (PWID), and transgender and hijra population. The most recent Integrated Biological and Behavioural Survey (IBBS) conducted in 2020 demonstrates an overall HIV prevalence of 2.3% among KPs in Bangladesh. Among PWID, the overall prevalence was 4.1%. However, the prevalence was more 5% in Dhaka and Narayanganj which indicate concentrated epidemics. Compared to the 2015 IBBS, the prevalence of HIV among MSM has increased fourfold. MSM exhibits the second-highest HIV prevalence, with an overall rate of 1.5%. In contrast, the recorded HIV prevalence among transgender women is relatively lower at 1%. FSWs show a marginal HIV prevalence at 0.2%. According to UNAIDS data, in 2022 an estimated 6.5 million people are living with HIV in Asia pacific region with estimated 150,000 death in 2022.

3. ENABLING POLITICAL AND LEGAL ENVIRONMENT IN THE PROTECTION OF RIGHTS

In Bangladesh, there is no specific legal framework dedicated solely to HIV, but several non-discriminatory provisions may apply. The Constitution of Bangladesh upholds the principles of equality and non-discrimination, guaranteeing equal rights and opportunities for all citizens regardless of religion, race, ethnicity, gender, or place of birth, in alignment with international human rights framework.

- **Equal access to public services:** The Constitution of Bangladesh guarantees equal access to public services, ensuring that all citizens have equal opportunities to access education, healthcare, and other public facilities (**Article 27)**.

[2] https://www.aa.com.tr/en/asia-pacific/bangladesh-registers-record-number-of-hiv-infections-deaths-in-2023/3094000

- **Protection against gender discrimination:** The Constitution aims to achieve a society that upholds true equality, with comprehensive provisions that promote women's rights and protect against gender discrimination. To that end, **Article 28(4), 29(3)(a), and Article 65(3) of Bangladesh**, provide for positive discrimination and affirmative action to address historical inequalities and promote social justice.
- **Upholding principle of non-discrimination: Article 25** of Bangladesh Constitution enshrines the principle of equality before the law and prohibits discrimination on the basis of religion, race, caste, sex, or place of birth.
- **Protection against discrimination based on gender identity:** Although not explicitly stated, the recognition of a third gender (Hijra) and the permission for transgender persons to officially register their identity as such imply protection against discrimination based on gender identity.

Government of Bangladesh (GoB) also enacted few laws to provide practical support to ensure equality for specific disadvantaged groups, for example:

Rights and Protection of Persons with Disability Act 2013 (RPDPDA), enacted on October 9, 2013, replacing the previous Disability Welfare Act 2001 shifted the focus from a welfare-based approach to a rights-based approach. Key Provisions of the act includes that all public places, transportation, and services to be physically accessible and provide accessible information and communication for people with sensory disabilities; mandates minimum standards of building accessibility, as outlined in the 2008 National Building Code; emphasizes the right to education, employment, healthcare, and social protection for persons with disabilities.

Anti-Discrimination Bill 2022 has been proposed aiming to ensure equal rights and dignity for all citizens in Bangladesh. Key provisions include:

- Prohibiting discrimination based on religion, caste, race, language, age, gender, and physical or mental disabilities.
- Protecting religious and ethnic minority groups, as well as the transgender community.
- Defining discriminatory acts, including:
    - Preventing or controlling the entry or presence of any person or group in public places.
    - Depriving individuals of government, semi-government, autonomous, or private organization services.
    - Refusing to enrol children in educational institutions due to lack of parental identity or disability.
    - Discrimination against third gender individuals, although argument remains that third gender term is not inclusive enough.

Furthermore, GoB has taken several initiatives to demonstrate policy guideline to ensure equality and non-discrimination in providing services to Key Population. In 1985, GoB set up the National AIDS Committee (NAC) to provide policy direction and advice on all issues relating to HIV and AIDS, with representation from the highest political level. Although mainly a government body, the committee includes representatives from non-governmental organizations (NGOs) and civil society. The committee formulated the inaugural National Strategic Plan (NSP) for the period 1997–2002, adopting the Universal Declaration of Human Rights as the foundation for policy and actions across all levels. The National AIDS/STD Programme (NASP), within the Directorate General of Health Services (DGHS) under the Ministry of Health and Family Welfare (MoHFW), serves as the central coordinating body for programming and addressing HIV-related issues in the country. It was established to provide a high-level leadership from the Government and to facilitate programme implementation and coordination. The major roles of the NASP comprise policy, information, coordination and regulation, and implementation where necessary.

The latest National Strategic Plan for HIV and AIDS Response (2024-2028) focuses on achieving the "Three Zeros" goals: zero new HIV infections, zero AIDS-related deaths, and zero discrimination.

- The plan focuses on increasing access to HIV prevention, treatment, and care services, particularly among high-risk populations such as sex workers (Female, Male and TG), people who use drugs including injecting drug users (Female and Male), men who have sex with men, male sex workers and transgender (Hijra)
- The plan also emphasizes strengthening surveillance and monitoring systems to track HIV trends and inform programmatic decisions.
- The plan prioritizes human rights through a separate thematic area.
- It also underscores the importance of regular monitoring of human rights situation including stigma and discrimination and gender-based violence

HIV Services Protocol for Key Populations in Government Hospitals of Bangladesh (2023) outlines the guidelines for providing HIV services to key populations. Key Components include:

1. **Stigma Reduction**: Healthcare providers will undergo training to address stigma and discrimination against key populations.
2. **Client-centred Approach**: Services will be tailored to meet the unique needs of each client, including language and cultural sensitivity.
3. **Linkage and Retention**: Efforts will be made to link clients to ongoing care and treatment, and to retain them in the healthcare system.
4. **Prevention**: Condoms and other prevention materials will be provided and promoted to all clients.

Management Implementation Plan (MIP) for HIV Service Delivery among Key Populations in Government Hospitals of Bangladesh, 2022 aims to enhance HIV service delivery among key populations (KPs) in government hospitals of Bangladesh, aligning with the country's 4th National Strategic Plan for HIV and AIDS (2022-2025).[3] The plan focuses on:

[3]https://asp.portal.gov.bd/sites/default/files/files/asp.portal.gov.bd/publications/70aaa632_e3a1_4e49_b9f1_af6b67449ade/2023-03-02-08-52-3a8463b30a8d2939caa2d58c8aa13db3.pdf

- **Strengthening Service Delivery**: Improve access to comprehensive HIV services, including testing, counselling, treatment, and care, in government hospitals serving KPs.
- **Training and Capacity Building**: Provide regular training for healthcare providers on HIV management, stigma reduction, and culturally sensitive care for KPs.
- **Advocacy and sensitization on Human Rights and Legal issues:** Conduct advocacy and sensitization meetings with relevant stakeholders to address gender-based violence and human rights violation-related issues of KPs, with lawyers' groups, journalists, law enforcement agencies, influential local elites, and religious leaders to sensitize them to create an enabling environment.
- **Supply Chain Management**: Ensure timely and adequate availability of HIV-related medications, diagnostic tools, and equipment in government hospitals.
- **Monitoring and Evaluation**: Establish a robust monitoring system to track service delivery, patient outcomes, and program effectiveness, informing data-driven decision-making.

Furthermore, a transition readiness plan has been developed. With all these foundations being developed, Bangladesh is ready to raise its HIV commitments to achieve the 2030 Sustainable Development Goals (SDG) and Ending AIDS targets.

4. HIV-RELATED STIGMA AND DISCRIMINATION AFFECTING SERVICES IN BANGLADESH

Stigma in HIV services refer to the negative attitudes, beliefs, and behaviours towards individuals living with HIV (PLHIV) or perceived to be at risk of HIV infection. It encompasses irrational or unjustified judgments, stereotypes, and prejudices that can lead to social exclusion, marginalization, and discrimination.[4]

Discrimination in HIV services is the act of treating PLHIV, or individuals perceived to be at risk of HIV infection differently, unfairly, or unjustly, based on their HIV status.[5] This can manifest in various forms, including:

- Exclusion from social, educational, or employment opportunities
- Denial of healthcare services or treatment
- Lack of confidentiality or protocols for disclosing HIV status
- Verbal abuse, harassment, or violence
- Forced resignation or termination of employment
- Segregation or isolation from others

Through discussions and consultations with key population communities vulnerable to HIV and selected authorities and officials of the government and representing civil societies, it was found that Human Rights-related Barriers to HIV Services broadly includes the following:

  - **Stigma and Discrimination**: Stigma and discrimination in various settings undermine HIV prevention and treatment efforts.
  - **Punitive Laws and Practices**: Laws and policies that criminalize certain Acts, behaviours or populations drive people away from HIV services.

[4] https://www.psychiatry.org/patients-families/stigma-and-discrimination
[5] https://www.psychiatry.org/patients-families/stigma-and-discrimination

- **Gender Inequality and Gender-based Violence**: These barriers further limit access to HIV services, particularly for women, girls and Transgender people.

Some of the quotes from the above interventions named "Insights and statements from participants in the Focus Group Discussions and Key Informant Interviews."

It was also identified that In Bangladesh:

- The hierarchical dynamic between healthcare providers and patients exacerbates discrimination against individuals living with HIV.
- The societal norm of deference to authority figures often leads healthcare providers to reinforce stigma and discrimination.
- Additionally, the country's patriarchal culture contributes to gender-based discrimination, creating further barriers for women and marginalized groups in accessing healthcare and experiencing heightened levels of stigma.
- Beliefs held by some healthcare providers that HIV/AIDS is a punishment from God or that it is transmitted through casual contact also contribute to fear and stigma.

In Addition to the above, the study conducted for the development of a National Human Rights Strategy addressing HIV and TB found the following:

- Healthcare providers with limited education and those employed in hospitals were more likely to exhibit discriminatory attitudes.
- Irrational fears about HIV transmission were significant predictors of discriminatory attitudes.
- Male healthcare providers were more likely to hold discriminatory attitudes compared to their female counterparts.
- Barriers such as societal disapproval, discrimination from healthcare providers, and harassment by law enforcement were frequently reported. Additionally, the inaccessibility of legal aid further exacerbates the vulnerability of affected individuals.

Social exclusion encountered by high-risk groups in Bangladesh is driven by overlapping disadvantages rooted in the norms, values, and operations of economic, social, and legal institutions. In the context of HIV and AIDS, socially excluded individuals include women (especially sex workers), men who have sex with men (MSM), people who inject drugs (PWUDs), hijra, and those living with HIV/AIDS. These groups encounter various forms of cultural, social, economic, and legal discrimination. Women, in particular, face exclusion from the formal economy, limited access to healthcare, and reduced participation in community life, which exacerbates their vulnerability to HIV and AIDS. Women who used drugs have double vulnerability as well as stigma and discrimination: firstly, as persons who use drugs and then as sex workers (as evidence suggests that considerable number of women who use drugs are also engaged in sex trade.[6] Additionally

[6] https://harmreductionjournal.biomedcentral.com/articles/10.1186/1477-7517-3-33

migrant workers and transport-sector workers, such as truck drivers, dockworkers, and rickshaw pullers, are also considered vulnerable to HIV infection.

Individuals, who self-identify with a gender other than male or female, face significant social and economic marginalization in Bangladesh. Traditionally, the transgender population (hijra) held an important role in providing entertainment at marriage and birth ceremonies. However, modernization has diminished these traditional earning opportunities. With limited education and skills, many hijra individuals now turn to high-risk sex work for survival. Social discrimination further complicates efforts to provide HIV prevention information to this group.

Men who have sex with men (MSM) experience social discrimination and legal persecution in Bangladesh, adversely affecting their physical, mental, and sexual health. The stigma associated with homosexuality makes MSM a particularly hard-to-reach population. Homosexuality is criminalized, subjecting both MSM and health outreach workers who support them to frequent harassment from police and local individuals. This climate of fear deters vulnerable MSM from seeking essential services such as STI treatment and counselling on safer behaviors to reduce their risk of HIV infection. MSM diagnosed with HIV face double stigmatization, grappling with the dual burden of ostracization associated with both their sexual orientation and their HIV status.

As per the Narcotics control act (NCA 2018), drug use is a criminal offense and distributing sterile needle syringes and other health products is being treated as abetment to commit crime. Using premises as Drop in Centres under HIV prevention program is also not permitted by law. There are several sections under NCA which as a result increase discrimination and harassment among drug users.

Another significant barrier to effective HIV prevention is the legal ambiguity surrounding brothels in Bangladesh, where their status is neither explicitly legal nor illegal. Prevention and Suppression of Human Trafficking Act 2012 section 12 prohibits brothel keeping or allowing a place to be used as a brothel, but local procedures can authorize sex workers to work in brother complexes. ‘Registered’ brothels have existed since the British colonial era, while sex work in other venues remains illegal. This lack of clear legal status facilitates the harassment of sex workers and impedes their access to healthcare services. Additionally, it obstructs the establishment of workplace safety mechanisms for sex workers. Without such protections, sex workers are unable to negotiate safer working conditions and face harassment from criminals, law enforcement, and brothel owners. Consequently, this situation contributes to poor physical and mental health outcomes and increases their vulnerability to STIs and HIV.

5. COMPREHENSIVE PROGRAM TO REDUCE HUMAN RIGHTS-RELATED BARRIERS TO HIV SERVICES

Reducing human rights related barriers means embedding Human Rights in HIV Service Delivery. A human rights-based approach (HRBA) in HIV services emphasizes the protection and promotion of human rights as a fundamental principle in responding to the epidemic. This approach recognizes that HIV affects individuals and communities differently, and that social, economic, and political factors contribute to vulnerability and inequality.

Key Principles:

1. **Non-discrimination**: HIV services should be accessible and equitable, without discrimination based on race, gender, age, social status, sexual orientation, gender equality, disability, or other characteristics.
2. **Empowerment**: Individuals and communities must be empowered to claim their rights and participate in decision-making processes affecting their lives.
3. **Accountability**: Governments, organizations, and individuals must be held accountable for respecting and protecting human rights in HIV responses.
4. **Equity**: HIV services should prioritize the needs of marginalized and vulnerable populations, addressing structural barriers and social determinants of health.

A comprehensive program to reduce human rights related barriers to HIV services envisions a society where all individuals, regardless of their race, ethnicity, gender, sexual orientation, gender identity, age, or socioeconomic status, have equitable access to HIV prevention, testing, treatment, and care, free from discrimination and stigma. This should include following Goals:

1. **Availability and Access to HIV Services**: Ensuring that all individuals, particularly those disproportionately affected by HIV, have unhindered access to HIV prevention, testing, treatment, and care services, without fear of discrimination or stigma.
2. **Human Rights Protections**: Strong legal and policy frameworks to protect the human rights of individuals living with HIV, including their right to privacy, non-discrimination, and access to information.
3. **Stigma Reduction**: Promoting a culture of acceptance and understanding, reducing stigma and discrimination against individuals living with HIV, and promoting inclusive and respectful healthcare environments.

To achieve the above goal, Strategic Action Framework should be adopted that includes:

I. **Policy and Legal Framework**

- Develop and enforce policies and laws that safeguard the human rights, legal empowerment and access to justice of individuals living with HIV, and key populations who are at higher risk of contracting HIV including anti-discrimination measures and protections for confidentiality.
- Ensure that HIV-related policies and programs are guided by human rights principles and are accessible to marginalized and vulnerable populations, including drug users, sex workers, MSM, and people living with HIV (PLHIV).

II. **Healthcare System Reform**

- Train healthcare providers on human rights principles, cultural competence, and stigma reduction.

- Implement patient-centred and inclusive healthcare services, including gender-affirming and youth-friendly services.
- Ensure that healthcare facilities and services are adequate, affordable, and accessible to all individuals, regardless of their background or status Through sensitization and orientation of providers and recipients
- Establish effective accountability mechanisms to address health care related right violations- for example ensuring Restitution, Compensation and Rehabilitation

III. **Community Engagement and Outreach**

- Strengthen engagement with marginalized and vulnerable communities, including People who use drugs, Gender diverse individuals, people of colour, and sex workers, to understand their needs and experiences and to promote their involvement in the design, development, implementation, M&E of services / meet 30-60-80 targets.
- Develop targeted outreach and education programs to promote HIV awareness, testing, and treatment, and to reduce stigma and discrimination.
- Support community-led monitoring of service availability, accessibility, acceptability and quality; developing feedback and other accountability mechanisms to ensure CLM data is used. Support and strengthen community-led and based organizations, including KP networks and KP-led organizations to strengthen community-led advocacy and service delivery.
- Sensitize policy makers and relevant person under health system on the importance of community engagement in the service provision of Key Affected Populations.

IV. **Monitoring and Evaluation**

- Establish a monitoring and evaluation system to track progress towards goals and identify areas for improvement.
- Conduct regular assessments of human rights-related barriers to HIV services and develop strategies to address them.
- Ensure engagement of community in the monitoring system through Community Led Monitoring (CLM).

V. **Partnerships and Coordination**

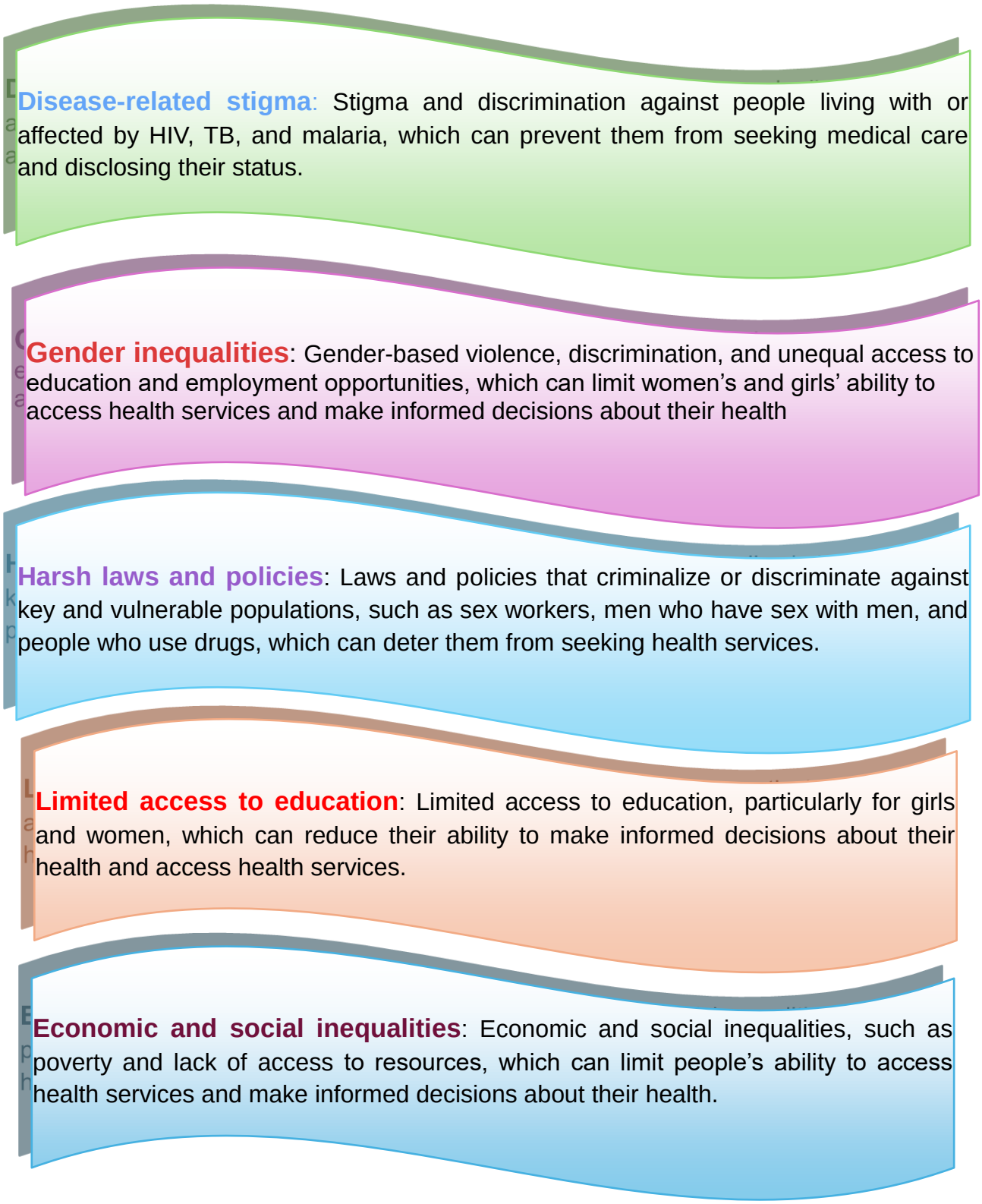
- Foster partnerships between government agencies, healthcare providers, community organizations, and civil society to ensure a coordinated response to reducing human rights-related barriers to HIV services.
- Encourage collaboration and knowledge-sharing among stakeholders to leverage resources and expertise.
- Support integration process with ensuring proper participation of community in implementation and coordination

Also, the framework should adhere to the following principles and minimum standards:

- **Respect, Protect, and Fulfil**: Ensure that HIV services respect the rights of individuals, protect them from discrimination and harm, and fulfil their entitlements to access quality care and treatment (WHO, 2016).
- **Non-Discrimination**: Eliminate discrimination based on race, ethnicity, gender, age, sexual orientation, gender identity, HIV status, or any other characteristic (UNAIDS 2016).
- **Informed Consent**: Obtain informed consent from individuals before providing HIV services, ensuring they understand their rights and the benefits and risks of treatment (WHO, 2016).
- **Cultural Sensitivity**: Tailor HIV services to the cultural and linguistic needs of diverse populations, including marginalized and hard-to-reach groups (WHO, 2016).
- **Access to Information**: Provide accurate and comprehensive information about HIV prevention, treatment, and care, including the benefits and risks of antiretroviral therapy (WHO, 2016).
- **Community Engagement**: Engage with affected communities, including people living with HIV, to ensure their voices are heard and their needs are addressed and that they are involved in the design, development, implementation, monitoring and evaluation of programmes to meet their needs (WHO, 2016).
- **Accountability Mechanisms**: Establish mechanisms to address human rights violations and ensure accountability for providers and policymakers (UNAIDS, 2016).
- **Integration with Other Services**: Integrate HIV services with other essential health and social services, such as sexual and reproductive health, mental health, and substance abuse treatment (WHO, 2016).
- **Monitoring and Evaluation**: Regularly monitor and evaluate the program's human rights performance, using indicators such as access to services, stigma and discrimination, and community engagement (WHO, 2016).

The Global Fund has identified seven human rights-related barriers to health services that hinder the effectiveness of its grants and the delivery of health services to those affected by HIV, TB, and malaria.[7] Following are nine areas for the National Human Rights Strategy defined to address the seven human rights-related barriers identified by the Global Fund and also including areas needed for interventions to address Community Mobilization and Programs in prison and other closed settings:

[7] https://www.theglobalfund.org/media/1213/crg_breakingdownbarriers_qa_en.pdf



Developing and implementing comprehensive policies and guidelines to address stigma and discrimination, taking appropriate programs and actions are the way forward to remove Human Rights-related Barriers to HIV Services in Bangladesh. The program outlines suggested here adhere to the human rights and non-discrimination principles and the minimum standards:

- **Policy and Legal Reforms:** Update existing legal frameworks to ensure comprehensive protection and support for marginalized groups, implement and enforce policies safeguarding marginalized groups from violence, including gender-based violence and discrimination. Strengthen legal support mechanisms to ensure impartial justice.
- **Healthcare:** Enhance healthcare services to be inclusive, respectful, and responsive to the needs of marginalized groups, ensuring confidentiality and cultural sensitivity. Foster a culture of empathy and understanding among healthcare providers to reduce irrational fear and promote inclusive care for PLHIV.
- **Social Services:** Promote social acceptance through awareness campaigns and create opportunities for alternative livelihoods to reduce dependency on high-risk activities.
- **Community Engagement:** Establish mechanisms for community involvement in decision-making processes affecting their rights and service delivery. Support the establishment of oversight bodies to monitor service providers' conduct.
- **Capacity Building:** Implement comprehensive training programs for social service providers, healthcare providers and law enforcement personnel on human rights and health issues.
- **Public Awareness:** Conduct extensive public awareness campaigns to reduce stigma, discrimination, gender inequality and violence, including gender-based violence against PLHIV and key populations.
- **Inter-Ministerial Collaboration:** Strengthen coordination among government ministries and stakeholders to enhance service delivery and coverage.
- **Media Engagement:** Foster greater collaboration between media and public sectors to promote accurate and inclusive reporting on rights issues.

6. MONITORING AND EVALUATION FRAMEWORK

The National Monitoring Framework for Reducing Human Rights Barriers to HIV Services should effectively monitor and evaluate the impact of comprehensive programs aimed at overcoming human rights-related barriers to HIV services. It should focus on identifying and addressing structural impediments, such as repressive legal environments and pervasive human rights violations, which obstruct access to HIV prevention, care, and treatment services for key and vulnerable populations. The Results Based Framework of the strategy document highlights the indicators that need to be tracked. Key Recommendations are:

1. **Human Rights-Based Approach**: The program should adopt a human rights-based approach, which is also gender responsive and transformative ensuring that all interventions prioritize the respect, protection, and promotion of human rights, particularly for key and affected populations (e.g. sex workers, men who have sex with men, people who inject drugs).
2. **Monitoring and Evaluation**: Regular monitoring and evaluation of human rights-related barriers to HIV services will include:
    - Tracking changes in laws, policies, and regulations affecting key populations.
    - Assessing the implementation of harm reduction programs and policies.
    - Monitoring police practices and their impact on key populations.
    - Monitoring advocacy, sensitization and capacity building initiatives targeting KPs, law enforcement agencies and relevant ministries/departments.
    - Evaluating the effectiveness of interventions in reducing human rights violations.

- Reporting from communities on satisfaction level through Community-led monitoring' as a standard terminology.

3. **Data Collection and Analysis**: For Human Rights, comprehensive data will be collected on:
    - Demographic characteristics (sex at birth, gender, race/ethnicity, age, and place of diagnosis).
    - Transmission category (mode of exposure).
    - Initial immune status and viral load.
    - Adherence to follow-up and treatment
    - Utilization of care services, including laboratory test results, opportunistic infections, and vital status.
    - Community perspectives.

4. **Stakeholder Engagement**: The program will engage with key stakeholders, including:
    - Researchers.
    - Politicians.
    - Healthcare providers (NGO implementers and public health service providers).
    - Members of key and affected populations and their organizations.
    - Law enforcement agents.
    - Policymakers.
    - Religious leaders
    - Implementing entities (of prevention, treatment, care and support interventions).

5. **Indicator Development**: A set of indicators will be developed to capture the complexity of human rights programs and reflect implementation realities on the ground. These indicators will assess:

Policy and Legal Framework

- Initiatives to address policies and laws that hinder HIV interventions including anti-discrimination measures and protections for confidentiality.
- The impact of human rights programs on HIV-related outcomes.
- The respect, protection, and promotion of human rights.
- Potential harms associated with human rights programs.

Healthcare System Reform

- Proportion of health providers who understand human rights principles, cultural competence, and stigma reduction.
- Accessible and inclusive (including gender-affirming and youth-friendly) health service facilities
- Proportion of health care complaints addressed

Community Engagement and Outreach

- Engagement of marginalized and vulnerable communities, including PLHIV, LGBTQ+ individuals, PWUD and sex workers, to understand their needs and experiences.
- Recorded events on HIV awareness, testing, and treatment, and to reduce stigma and discrimination.

Monitoring and Evaluation

- Functional monitoring and evaluation system including CLM.
- Regular assessments conducted.
- Monitoring the situation of KPs and its interventions during state of emergency, disease epidemics, political unrest etc.

Partnerships and Coordination

- Collaboration activities between government agencies, healthcare providers, community organizations, and civil society to reducing human rights-related barriers to HIV services.
- Knowledge-sharing events among stakeholders to leverage resources and expertise.

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The indicators elaborated in the Results-based Framework are as per the Program Areas defined in the relevant Section of this Strategy

Implementation arrangement and Management Plan:

In implementing the above strategies, there are important notes to be considered:

Implementation Arrangement	Management Plan	Additional remarks
Design a Flexible Implementation Arrangement	Flexibility in selecting appropriate implementers for specific activities. Where beneficial, consider contracting organizations with specialized expertise to execute programs, ensuring that activities are managed by the most qualified groups including key populations and community-led organizations.	For example, collaboration with NGOs experienced in working with police officers for initiatives targeting law enforcement.
Integrate Human Rights Programming with HIV and TB Programs	Human rights programming should fully integrate with HIV and TB programs to avoid duplication of efforts and to maximize effectiveness.	Human rights programming will be specific for HIV and TB program and will be integrated to address coinfection
Enhance Technical	Provide technical capacity training for	Recognizing that

Capacity Across Sectors	HIV and/or TB organizations on human rights, and for human rights organizations on HIV and/or TB to bridge knowledge gaps.	organizations from HIV and/or TB sectors may lack sufficient human rights expertise, and vice versa.
Involve Stakeholders in Training Development and subsequent implementation	For strategies that involve developing or reviewing training modules aimed at stigma reduction, engagement of both professionals and affected communities in the process is necessary.	This will ensure that the training is relevant and effective
For stigma-reduction sensitization training, the implementers of the program must carefully select participants, facilitators and right wording	Participants, considering their background knowledge whereas it is preferable to have participants with similar knowledge in a training, Facilitators, where it is suggested to identify and develop a pool of facilitators at the beginning of the program, and The right wording for the event. For example, use terms like 'Dialogue' or 'Consultation' for stigma-reduction training aimed at editors or lawmakers.	
Engaging and partnering with national-level agencies or bodies	To ensure high levels of participation and promote sustainability, it is recommended to engage and partner with national-level agencies or bodies. For instance, for a sensitization workshop targeting prosecutors and judges, it is advisable to secure a Memorandum of Understanding (MoU) with the Supreme Court or the Attorney General's Office.	If this arrangement is not feasible or encounters obstacles, implementors may consider reaching out to the relevant ministries.
Specific intervention targeting the Coordination of relevant ministries.	The intervention should aim to activate their coordinating roles by, inter alia, holding regular inter-agency meetings on HIV and TB.	
The arrangement will be tailored in line with local level recommendations as feasible		

Program Areas to Consider:

Comprehensive program to reduce human rights-related barriers to HIV and other co-infections including TB, hepatitis and cancer of cervix should also take into account similar HRBA as follows:

To address the barriers, countries should integrate human rights programs as a central component of their HIV response. The following nine key programs include those developed by UNAIDS and endorsed by the Global Fund, and areas to address community mobilization and prison settings These programs are applicable to reducing stigma, discrimination, and human rights violations including in the context of co-infections.

1. **Eliminating stigma and discrimination in all settings**
2. **Ensuring non-discriminatory provision of health care**
3. **Ensuring rights-based law enforcement practices**
4. **Improving legal literacy ("know your rights")**
5. **Increasing access to justice**
6. **Improving laws, regulations and policies relating to HIV and HIV/TB**
7. **Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity**
8. **Supporting community mobilization and advocacy for human rights**
9. **Programs in prison and other closed settings**

The list below presents a five-year strategic plan to implement a comprehensive response in reducing human rights-related barriers to access HIV and TB services, covering the period of 2024 - 2029.

Program Area 1: Stigma and discrimination reduction

Strategy 1.1: Legal and policy review/reformation to address stigma, discrimination, gender-based violence (GBV) and structural barriers for sustainable enabling environment creation for key population for their enjoying rights and entitlements.

Intervention 1.1.1: Complete legal and policy review and recommend set of recommendations for policy change or reformation or correction and accordingly develop legal and policy brief for advocacy (including on decriminalization of drug use for harm reduction program to ensue wellbeing of drug users, anti-discrimination bill, transgender protection, sex workers protection, etc.)

Intervention 1.1.2: Conduct legal and policy advocacy (national and local level) engaging NHRC, CBOs, KP networks, relevant departments and stakeholders including migrant workers

organization/Network and rights activists through inter-ministerial steering committees, inter-departmental coordination committees, etc.

Intervention 1.1.3: Carry out public awareness/education campaigns both offline and online through apps to increase knowledge on Gender diversity, consequences of drug use, HIV, TB, stigma, and discrimination, and relevant human rights principles

Intervention 1.1.4: Update contents of existing national textbook curriculum to include information on HIV, key population, TB, non- discrimination, gender-based violence and human rights principles - focusing on women and young people among the key population.

Intervention 1.1.5: Conduct comprehensive mass awareness events (inclusive of documentaries, theater, talk shows, TV spots, round table discussions, Day observations, etc.) that covers the issue of HIV, key population, TB, human rights, SOGIESC, transphobia, gender, SRHR particularly with the youth, children and migrant workers to create support for policy dialogues and media campaigns leading to a coordinated Mass Awareness Strategy .

Intervention 1.1.6: Advocacy for access to HIV and TB treatment across borders, ensuring continuity of care when migrants move between countries.

Intervention 1.1.7: Collaboration with partners with non-traditional sectors like transportation, beauty parlors, and garment factories to offer HIV testing and information services, reaching populations that may not access conventional health facilities.

Intervention 1.1.8: Conduct legal and policy advocacy engaging CBOs including migrant workers organization/Network and rights activists.

Intervention 1.1.9: Conduct stigma index survey and other assessments on regular basis

Strategy 1.2: Develop Standard Operating Procedures (SOPs) and training module for addressing sexuality, gender power relation, access to health, mental health, universal health coverage and health equity and equality issues among MSM, MSW, FSW, transgender, PWUD, migrant workers and PLHIV.

Intervention 1.2.1: Facilitate ToT on addressing human rights violation and gender-based violence to ensure equity in accessing health care.

Intervention 1.2.2: Conduct meetings for peer mobilization and support groups to counter internalized stigma among all KPs and PLHIV.

Intervention 1.2.3: Develop training modules for service providers of KP interventions on health, mental health, universal health coverage and health equity and equality issues among staff/KP networks

Strategy 1.3: Continue mainstreaming HIV and TB through addressing stigma and discrimination as a fundamental reason for rights violations in different settings like- Workplace in-country and overseas, Education (Elementary and Secondary), Media (Print and Electronic), and religious leaders.

Intervention 1.3.1: Prepare module on comprehensive stigma and discrimination reduction, covering HIV, TB, human rights, SOGIESC, SRHR etc. to be used at workplace, religious gatherings, media messaging, educational premises, etc.

Intervention 1.3.2: Conduct sensitization training for media, teachers, human resource/recruitment division at corporate/migrant worker recruiting agencies, and religious leaders and distribute IEC materials for required information for support.

Intervention 1.3.3: Quarterly review/experience sharing meeting between hospital authority and KPs to improve readiness of KPs for taking services from hospitals in a non-discriminatory and non-judgmental manners

Intervention 1.3.4: Coordination meeting with public health facilities/Government ministries/departments including DGFP/DSS/MoWCA to mainstream HIV and TB related stigma and discrimination as a fundamental reason for rights violations in different settings

Strategy 1.4: Strengthen Community based, and community led support and monitoring mechanism

Intervention 1.4.1: Create reporting tool/software to support community- based monitoring on stigma, discrimination and human rights violations and establish a reporting channel with relevant stake holders with required training.

Intervention 1.4.2: Strengthen CBO/network, community led squad / support group like CLM responsible for mitigation of stigma, discrimination and violence for HIV and TB communities through rapid response.

Program Area 2: Training for health workers on human rights and medical ethics related to HIV and TB

Strategy 2.1: Ensure pre-service and in-service training of health care workers and community workers

Intervention 2.1.1: Ensure mental health issues of KPs and PLHIV for medical and non-medical (security, administrative) staff and professionals of health facilities are included in the module on stigma and discrimination reduction that includes SOGIESC/ Gender diversity and youth issues.

Intervention 2.1.2: Conduct training on human rights, stigma and discrimination among health service providers, law makers and related stakeholders

Intervention 2.1.3: Provide orientation/training to health service providers on Sexual exploitation, abuse and harassment (SEAH), Code of Conduct (CoC) and gender-based violence (GBV)

Intervention 2.1.4: Conduct dialogue between rights holders and duty bearers/ mass situation analysis using online and offline platforms.

Intervention 2.1.5: Develop the protocol to diagnose returnee migrant workers in collaboration with the respective ministries.

Strategy 2.2: Advocate for adoption of stigma-reduction curricula, or review of existing training modules in medical and nursing academy/Law makers

Intervention 2.2.1: Review or advocate for detail revision/integration of HIV, co-infections, human rights, and stigma & discrimination related issues in medical and nursing academy.

Intervention 2.2.2: Advocate for the inclusion of human rights or non-discrimination indicators in client satisfactory surveys.

Intervention 2.2.3: Develop module on addressing HIV, co-infections and human rights violation for medical committee in all health facilities.

Intervention 2.2.4: Training for medical association members (eg. BMA) on addressing HIV, co-infections and human rights violations.

Strategy 2.3: Ensure quality service through capacity building and community participation

Intervention 2.3.1: Ensure provision of service satisfaction and incident record mechanism at public health institutes through quality service delivery.

Intervention 2.3.2: Create and functionalize community support group for effective access of HIV/TB/SRH/Hepatitis treatment services and efficient use of resources lead by Public Health facility and CBOs

Strategy 2.4: Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity

Intervention 2.4.1: Support Key Population networks and conduct community consultation meeting to address gender related barriers to access HIV/TB services.

Intervention 2.4.2: Develop a secure telehealth platform that provides confidential virtual consultations, counselling, and support services for people living with HIV and key populations

Intervention 2.4.3: Rescue and referral for KPs, faced serious harassment and violations of human rights

Program Area 3: Sensitization of law enforcement agents and lawmakers

Strategy 3.1: Ensure sensitization activities with law enforcement officials (DNC, BGB, RAB, Police)

Intervention 3.1.1: Develop guidelines and conduct regular discussion/consultation with law enforcement agencies.

Intervention 3.1.2: Conduct advocacy/sensitization/consultation meeting with relevant departments/ministries, stakeholders and bodies (National Task Force, steering committee etc.) on legal and policy issues of KPs.

Intervention 3.1.3: Advocate for revision/integration of human rights and stigma and discrimination reduction in training academies law enforcement agents.

Strategy 3.2: Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity

Intervention 3.2.1& 3.2.1(A):** Develop or review module for Police and other law enforcement agencies dealing with human rights issues focusing on gender discrimination, harmful gender norms, GBVs etc.

Strategy 3.3: Strengthen initiative to promote learning exchange on best practices on the protection of rights of HIV and TB patients and key populations

Intervention 3.3.1: Support participation at international forum for Law Enforcement Agencies (LEA) and lawmakers.

Intervention 3.3.2: Support and encourage the application and dissemination of tools and measurement from the regional coalition at the national level.

Strategy 3.4: Strengthening capacity of service providers (especially public service providers) on health-related laws/policies/protocol, international laws/polices, human rights issue/right based approach and transform knowledge into professional practice.

Intervention 3.4.1: Conduct training or orientation sessions on health-related laws, policies, human rights etc. with service providers, LEAs and the key population.

Intervention 3.4.2: Evaluate services to the key population in quarterly meeting organized by public service authority and accordingly address the findings to ensure minimum standards service quality.

Strategy 3.5: Document and publicize cases of key populations experiencing rights violations that have been properly dealt with through official judicial/complaints systems

Intervention 3.5.1: Review existing documentation tools/reporting indicators

Intervention 3.5.2: Training on data collection

Intervention 3.5.3: Data collection and analysis

Intervention 3.5.4: Dissemination of findings

Program Area 4 Improved Legal literacy ("know your rights")

Strategy 4.1: Adapt comprehensive 'Know Your Rights' informational tools

Intervention 4.1.1: Re-adapt 'know your rights' materials for offline, and online platforms

Intervention 4.1.2: Strengthen full knowledge management (publication, research, dissemination and transfer of information) on human rights in the context of HIV and TB

Intervention 4.1.3 Conduct Legal literacy campaign/orientation among the KPs.

Intervention 4.1.3(A) Orientation on human rights and legal literacy with MSM and transgender.

Intervention 4.1.4 Create a mobile app that provides information on legal rights, available services, and steps to report discrimination or rights violations. Include features like anonymous chat with legal advisors and quick access to support services.

Strategy 4.2: Strengthen and capacitate project implementers' knowledge on basic legal and human rights

Intervention 4.2.1: Legal and human rights training for HIV and TB program implementing organizations/Community led organizations/CBOs/KP networks

Strategy 4.3: Conduct 'know-your rights' trainings in the HIV and TB trainings for peer educators and outreach workers.

Intervention 4.3.1: Legal and human rights counseling for community members, including youth population

Intervention 4.3.2: National conference on Human Rights, HIV and TB jointly led with communities

Intervention 4.3.3: Organize HIV and human rights awareness and health screening campaigns

Intervention 4.3.4& Intervention 4.3.4(A)** Conduct basic or refresher training and group education sessions for CBO representatives/networks and other members of the KP and PLHIV communities on the issues of human rights, legal rights, right to health, essential services etc.

Program Area 5: Increased access to justice/ HIV- and TB-related legal services

Strategy 5.1: Build capacity of community paralegals to work on HIV and TB related issues and to work with all key populations

Intervention 5.1.1: Develop e-learning module as part of refresher training for existing paralegals including community paralegals.

Intervention 5.1.2: Paralegal training for TB/HIV key populations including on support to rapid response.

Intervention 5.1.3: Roll out e-learning as refresher training for trained- paralegals including community paralegals.

Intervention 5.1.4: Develop standard guidelines for quality legal service for HIV- TB communities for legal aid organizations and paralegals including community paralegals.

Intervention 5.1.5: Support mentorship scheme from legal aid organization to interning paralegals including community paralegals.

Intervention 5.1.6: Develop learning materials/booklet on Human Rights and Gender issues for community/KP/ Paralegal.

Intervention 5.1.7: Keep provision of online training for the paralegals including community paralegals in the overseas and local mobile clinics and include the migrant workers in the online training.

Intervention 5.1.8: Dissemination of good practices/experiences around addressing discrimination and human rights violation cases for all key populations.

Strategy 5.2: Build capacity of legal service providers to work on HIV and TB related issues and to work with key populations

Intervention 5.2.1: Development or review module for sensitizing university-based legal aid organizations, and legal aid organizations on HIV and TB.

Intervention 5.2.2: Training for trainers: Training on HIV, TB and human rights for legal aid organizations.

Intervention 5.2.3: Training on HIV, gender, TB and human rights for legal aid organizations.

Intervention 5.2.4: Training on sensitization for legal aid organizations' paralegals.

Strategy 5.3: Formation of lawyers group to provide legal support and conduct advocacy on repressive laws and reducing legal barriers face by Key Population (KP).

Intervention 5.3.1: Formulate lawyers' group/contract with law farms to provide legal support and reducing legal barriers faced by KPs.

Intervention 5.3.2: Orientation for lawyers and human rights activists on gender, sexuality and HIV

Intervention 5.3.3: Set up hot line to address health rights /human rights violations and GBV for key population supported by lawyers' groups.

Strategy 5.4: Establish chain of partnerships with LEAs (law enforcement agencies), legal institutes, human rights organizations (including human rights commission), local elites and mobilize their support to promote and to establish the rights of at-risk populations.

Intervention 5.4.1: Establish collaboration/partnership among NASP, CSO, LEAs (DNC, Police, Prison), Local government (led by DC/UNO) Human Rights Commission, Legal Service organizations, District Legal Aid Committee (DLAC), HIV service implementors and CBOs to address the legal barriers, GBV, rights of at-risk population.

Intervention 5.4.2: Engage LEAs in programme implementation especially to address harassment, GBV, rights violation issue.

Intervention 5.4.3: Provide training to LEAs members on laws/policy, drugs, GBV, human rights and HIV/AIDS, TBs etc.

Intervention 5.4.4: Integrate Human Rights, GBV, drugs into district/Upazila level governance forum led by Deputy Commissioner/UNO.

Intervention 5.4.5: Integrate human rights, GBV, drugs and HIV/AIDS, TB and at-risk population into academic curriculum of LEAs.

Intervention 5.4.6: Conduct meeting with DIC management/advisory committee to create enabling environment for implementation of HIV interventions

Strategy 5.5: Expand / strengthen HIV, TB, and rights-related reporting and accountability mechanisms under National Human Rights Commission

Intervention 5.5.1: Sensitization training on HIV and gender for National Human Rights Commission (NHRC) staff members/ human rights advisory group members.

Intervention 5.5.2: Dialogue with National Human rights Commission (NHRC) members in persuasion with policies in favor of key population.

Intervention 5.5.3: NHRC adopts guidelines on Rights based approach to the services provided for key population.

Program Area 6: Monitoring and reforming laws, regulations, and policies

Strategy 6.1: Identify, document and evaluate the impact of conflicting and regulations and policies at national and local levels on key populations' access to use of HIV- and TB-related services, including the National Health Card

Intervention 6.1.1: Use the human rights task force at national to district levels and legal/human rights experts to further selected advocacy issues

Intervention 6.1.2: Monitoring on cases documented from paralegals' work

Intervention 6.1.3: Regular legal review of HIV related laws and policies

Intervention 6.1.4, Intervention 6.1.4(A) & Intervention 6.1.4(B)**
Introducing Technology-Driven Monitoring and Evaluation (M&E) like Utilizing digital dashboards to collect real-time data on service uptake, discrimination reports, and treatment adherence, allowing for immediate adjustments to interventions and targeted responses and use of artificial intelligence to analyze trends in service utilization, identify gaps, and predict areas needing additional support, thereby optimizing resource allocation and impact

Strategy 6.2: Improve law, regulations and policies relating to HIV

Intervention 6.2.1: Conduct Participatory assessment for existing policies, including for gender responsiveness of the program and human rights of KPs.

Intervention 6.2.2: Policy level advocacy meeting with parliamentarians to pass and enact anti-discriminatory law for KPs

Intervention 6.2.3: Consultative workshop with lawyers, relevant ministries/departments of Bangladesh government, stakeholders and human rights experts to review punitive laws for KPs

Intervention 6.2.4: Support advocacy campaign and lobby on: Revision of Penal Code, Revision of Narcotic Law, decriminalization of drug, Revision of National Health Law, and other regulations, such as, migrant worker recruitment procedures, listed as part of National Legislation Priority.

Strategy 6.3: Support advocacy by civil society to improve policies and practices on the protection of the rights of HIV and TB patients and key populations

Intervention 6.3.1: Support advocacy on health facilities to extend its operational hours.

Intervention 6.3.2: Support advocacy to allow alternative guardianship system for young key populations.

Intervention 6.3.3: Support national anti- stigma and discrimination to develop policy papers/brief.

Intervention 6.3.4: Development of module on inclusive policy development.
Intervention 6.3.5: Support Ministry of Home Affairs (MOHA) and Ministry of Law, Justice and Parliamentary Affairs (MoLJPA) on Training on inclusive policy development for lawmakers in district level.

Intervention 6.3.6: Revision of national advocacy strategy which will include media strategy, stakeholder engagement including law enforcing agencies, health care providers, religious and other community leaders.

Intervention 6.3.7: Conduct higher level advocacy workshop with ministry of law, ministry of social welfare, ministry of education, Ministry of Expatriates' Welfare and Overseas Employment and other stakeholders to review and reform family laws, inheritance laws supportive to Transgender Women.

Strategy 6.4: Empowerment of CBOs among key population and connect them with relevant platform from community level to policy level to raise their voice on rights and entitlements

Intervention 6.4.1: Strengthen advocacy/leadership capacity of leaders of CBOs both at local and national level.

Intervention 6.4.2: Train CBOs leaders on how to prepare the incidence report (like rights violence, GBV, harassment, etc.) and share with stakeholders and duty bearers.

Intervention 6.4.3: Ensure participation of CBOs in public and CSOs flatform from Upazila level to National level to raise their voice on rights and entitlement issue.

Program Area 7: Reducing gender discrimination, harmful gender norms, and violence against women & girls in the context of HIV and TB

Strategy 7.1: Expand positive engagement of traditional and religious leaders to support women by resolving disputes, addressing discrimination and violence

Intervention 7.1.1: Support National Commission on VAW to campaign or advocate on the intersection of HIV, TB and GBV

Intervention 7.1.2: Designing and implementing Cultural and Context-Specific Sensitization Campaigns like engagement of local religious leaders to tailored messaging considering cultural context through lectures, religious events, and community meetings

Strategy 7.2: Mainstreaming gender issues to both communities and other stakeholders

Intervention 7.2.1: Activate inclusive human rights and gender study group in district levels

Intervention 7.2.2: Gender mainstreaming for stakeholders on HIV and TB issue

Intervention 7.2.3: establishing social enterprises or vocational training centers for marginalized groups (e.g., FSWs, transgender people) to enhance their economic opportunities, reduce dependency on high-risk activities, and improve access to HIV services through economic empowerment.

Intervention 7.2.4: Create Income-Generating Programs for HIV-positive individuals with soft finance support to establish small businesses for reducing stigma by enhancing economic independence and community integration.

Strategy 7.3: Ensure integration of HIV and TB in national/local efforts against violence and harmful gender norms

Intervention 7.3.1: Sensitization training on HIV and TB issues among GBV response service providers and women's rights groups.

Intervention 7.3.2& Intervention 7.3.2(A)** : Support human rights task force/bodies and other initiatives at national to district level to build network, facilitate interactions (eg. socialization) and operationalize referral system between HIV, TB and GBV services especially for women, transgender and young people living with or affected by HIV.

Program Area 8: Community mobilization and advocacy for human rights

Strategy 8.1: Mobilization of patient advocacy group for addressing human rights challenges faced by people with TB and PLHIV

Intervention 8.1.1: Facilitate formation of patient advocacy groups (eg. local NOP including the migrant workers + representatives + mothers)

Intervention 8.1.2: Organize regular dialogue within patient advocacy groups

Intervention 8.1.3: Conduct community-led advocacy, community-legal empowerment ("know-your rights", 'Community champions', etc)

Program Area 9: Programs in prisons and other closed settings

Strategy 9.1: Training on stigma reduction and human rights protection in prison setting

Intervention 9.1.1: Review comprehensive stigma and discrimination reduction module to be used for prison officers.

Intervention 9.1.2: Training of trainers: Training on human rights, HIV, TB and stigma and discrimination reduction for prison officers.

Intervention 9.1.3: Training on human rights, HIV, TB and stigma and discrimination reduction for prison officers.

Intervention 9.1.4: Refresher training

Strategy 9.2: Raising awareness and advocacy on human rights, TB, HIV and gender among prisoners

Intervention 9.2.1: Facilitate inter-ministerial coordination on addressing prison interventions to support SDGs 3, 5, 10 and 16

Intervention 9.2.2: Peer-led awareness session on HIV, TB, human rights, dope tests, gender, etc. in prison and drug rehabilitation.

Intervention 9.2.3: Initiate OST/Methadone in prison

7. CONCLUSION

Bangladesh's HIV strategy is aligned with the International Guidelines on HIV/AIDS and Human Rights 2006, which aim to promote a positive, rights-based response to HIV/AIDS. In line with these guidelines, Bangladesh has developed a comprehensive approach to address the epidemic, prioritizing human rights and fundamental freedoms. The country's National HIV and AIDS Communication Strategy (2006-2010) and subsequent initiatives, such as the AIDS Initiative Organization launched in 2007, demonstrate a commitment to protecting and fulfilling human rights in the context of HIV/AIDS.

The government's continued mobilization of resources for high-risk groups, such as people who use drugs (PWUD), is crucial in minimizing the risk of HIV spread within these communities. Ultimately, a human rights-based approach to HIV prevention and treatment in Bangladesh must ensure that individuals are empowered to access information, services, and support, and that their rights to health, education, and non-discrimination are upheld.

** Few Interventions has sub sections like A & B whereas interventions are same but it has different indicators and activities.

List of committee members

Members of Steering Committee:

1. Chairman, NHRC	Chair
2. Line Director, TB- L, ASP, DGHS	Member Secretary
3. Joint Secretary-WH, HSD, MoHFW	Member
4. Country Director, UNAIDS	Member
5. President PLHIV Network	Member
6. Chief of Party /Representative, HIV programme, SCI	Member
7. Head of Programme, Programme for HIV/ AIDS, icddr,b	Member
8. Mr. Zahid Hossain, Human Rights Officer, UNRCO	Member
9. Mr. Manaj Kumar Bishwas, BCCM	Member

Members of Working Committee:

1. Dr. Sadia Sultana, Manager, ASP, DGHS	Convener
2. Md. Akhtaruzzaman, ASP, DGHS	Member
3. Mr. Manaj Kumar Bishwas, BCCM	Member
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