HARM REDUCTION INFORMATION NOTE - BANGLADESH

HARM REDUCTION INTERNATIONAL

This information note has been compiled by Harm Reduction International (HRI) in collaboration with the Network of Asian People who Use Drugs (NAPUD), the Network of People Who Use Drugs in Bangladesh (NPUD), and Research and Management Consultants Ltd (RMCL), to support Global Fund Grant Cycle 7 processes.

1. Epidemiological data

1.1 People who use drugs and HIV

- There are an estimated 15,000 people living with HIV in Bangladesh.[1]
- 72% of new HIV diagnoses between 2017 and 2021 were among key populations e.g. People who inject drugs (PWID), Men who have sex with men (MSM), Male Sex Workers (MSW), Transgender People (TG), and Female Sex Workers (FSW).[2]
- 24% of new HIV diagnoses in 2019 were among people who inject drugs (PWID).[3]
- There are an estimated 33,067 people who inject drugs (PWID) in Bangladesh.[4]
- A recent situational assessment highlighted stigma, discrimination, harassment, 'neglect and bullying' as commonly experienced by people who use drugs (PWUD).[5]
- HIV prevalence among people who inject drugs (PWID) is estimated to be 2.5%.[6]

1.2 People who use drugs, viral-hepatitis and co-infection

- The overall prevalence of chronic Hepatitis B (HBV) and Hepatitis C (HCV) in Bangladesh is 5.5% and 0.6%, respectively.[7]
- The number of new HBV infections decreased by 31% between 2015 and 2019.[8] Over the same period, the number of new Hepatitis C (HCV) infections did not decrease at all, failing to meet the WHO's target of a 30% reduction.[7]
- The prevalence of HBV and HCV among people who inject drugs (PWID) is 7% and 31%, respectively.[6]

Key highlight – The epidemiological evidence shows that there is an ongoing crisis of HIV and viral hepatitis, especially HCV, in Bangladesh. This burden disproportionately impacts minority communities and key populations such as people who inject drugs. There is an urgent need to scale up HIV, HBV, and HCV prevention and treatment in Bangladesh.

1.3 HIV prevention and harm reduction coverage

- Bangladesh adopted a national harm reduction policy in 2014.[9]
- There are forty-five harm reduction centres (DICs/Outlet/Integrated Centres at Government Facility) in Bangladesh, offering outreach services, needle and syringe programmes (NSP), HIV Testing Services (HTS), sexually transmitted infection (STI) management and referral services.[10]
- The harm reduction centres serve about 19,000 people who inject drugs throughout twenty-two districts.[10] Not even 60% coverage of the estimated 33,067 people who inject drugs (PWID)
- During the COVID-19 pandemic, peer educators carried out secondary distribution of needles and syringes.[6]
- Methadone for opioid substitution therapy (OST) is available in Bangladesh, but buprenorphine is not currently provided.[6]
- Bangladesh does not have OST or NSPs available in any prisons.[6]

Key highlight – The early adoption of harm reduction programming in Bangladesh shows a strong historical commitment to providing life-saving HIV and harm reduction services to people who inject drugs. The continuation of syringe needle distribution during the COVID-19 pandemic also shows the resilience of harm reduction services in Bangladesh. However, the coverage of harm reduction services in Bangladesh is relatively low to reach all people that require them. Continued investment is urgently needed to open and expand services around the country.

1.4 Barriers and challenges to accessing harm reduction services

- The Narcotics Control Acts 2018 in Bangladesh continues to respond punitively to people who use drugs.[11]
- Over 20% of people who inject drugs in Bangladesh reported avoiding healthcare over the previous 12 months.[2]
- Sex work and the possession of small amounts of drugs are both criminalised.[11]
- Adolescents cannot obtain HIV testing without consent from caregivers.[12]
- A situational assessment of structural barriers that impede access to health services for people who use drugs was conducted between December 2022 and February 2023 with support from the Global Fund.[5] The results highlighted widespread stigma and discrimination including within healthcare settings; marginalisation; poverty; violence, arrest, and imprisonment; challenges in accessibility of healthcare services due to costs and opening hours.[5]
- The situational assessment also highlighted that women who use drugs experienced significant stigma, discrimination and violence and often face different and additional challenges related to social status and caregiving responsibilities.[5]
- Disaggregated data is required to inform the creation and funding of gender-specific programmes that can address the specific needs of women who use drugs.[5]

Key highlight - Significant structural barriers impede access to healthcare services for people who use and inject drugs in Bangladesh, particularly for women and adolescents. These include widespread stigma and discrimination, including in healthcare settings. Efforts to ensure services are available to all who require them and tailored to needs should be prioritised.

2. Harm Reduction Financing

- Bangladesh has a strong history of working collaboratively with international donors, agencies and NGOs to open and expand HIV and harm reduction services.[3]
- Since 2013, Bangladesh has received over US $100 million in funding for HIV services.[3]
- Identified funding for harm reduction in 2019 amounted to US$1.7 million, with the majority from the Global Fund and around 20% from domestic budgets going towards OST.[13]
- The government of Bangladesh significantly increased their funding for HIV prevention in 2017, but failed to release the funds.[3]

Key highlight – Bangladesh has a strong commitment to working collaboratively with international donors, agencies and NGOs to increase access to HIV services. The scale up of programmes for people who use and inject drugs should be prioritized in these efforts, including gender-specific services tailored towards women who use drugs.

3. Advocacy priorities for people who use drugs in Grant Cycle 7

Five advocacy priorities for people who use drugs in Grant Cycle 7 have been identified for tackling structural barriers (administrative and social) that impede access to harm reduction, health, and other services for people who use and inject drugs in Bangladesh.[5]

1. Inclusive approaches to harm reduction, health and other services for people who use drugs

The community of people who use drugs calls for inclusive, holistic and gender-sensitive services. Tailored services mitigate the impact of structural barriers.

Specifically, the community call for:

A. Tailored services for women who use drugs and young people who use drugs. These services must offer safe spaces peer support, information, HIV and hepatitis prevention services and sexual and reproductive health services for women and young people.
B. Harm reduction programmes which reflect changing drug use patterns and offer information, support and services for all people who use drugs (smoke/inhale/inject drugs).
C. Government-supported night shelters accessible to particularly vulnerable people who use drugs and are living on the street, with tailored support for women and their children, and for young people. The local government e.g. City Corporation can create night shelters facilities for people who are living at street.
D. High quality mental health services to be integrated into harm reduction programmes or made broadly available.
E. The expansion of harm reduction programmes to more districts, with an emphasis on peer-led programming and community-led monitoring and evaluation
F. Connections to employment opportunities and other social inclusion programmes implemented by the government, corporates and NGOs

2. Funding for community-led advocacy

The community of people who use drugs calls for resources and funding for community-led advocacy. The Network of People who use Drugs (NPUD) and its 17 member organisations need resources for targeted advocacy with different government departments and ministries, funding for capacity building within communities, community mobilising, sustaining community self-help groups, and peer-support.

3. Accessible drug dependence treatment

The community of people who use drugs calls for decentralized, evidence-based and flexible drug treatment services.

Specifically, the community call for:

A. OST to be available in tablet form and different OST medicines to be available (methadone is the primary OST medicine available in Bangladesh).
B. The expansion of OST services to more districts
C. OST to be available as a take-home medicine.
D. The digitalisation of the dispensing of OST, allowing people to collect their medicine from different clinics. Any digitisation of health records must ensure the privacy of people who use drugs (this is often done through unique client identifier numbers, which protect the identity of people who receive drug dependence treatment).

4. Stigma-free healthcare services

The community of people who use drugs calls for stigma-free healthcare services. This requires clinical services providers to be trained and educated on evidence-based harm reduction and drug dependence treatment services, and for regular engagement with clinical services providers to tackle and eradicate the deeply embedded stigma against people who use drugs.

Specifically, the community call for:

A. Regular training sessions with clinical service providers to tackle stigma and support continuous learning on harm reduction and drug dependence treatment. These sessions should be designed with and led by the community of people who use drugs.
B. All education curricula for clinical service providers to include evidence-based content on harm reduction and drug dependence, as well as an explanation of how stigma acts as a barrier to services.

5. Decriminalisation and the rights of people who use drugs

The community of people who use drugs calls for the decriminalisation of drug use and possession, and for the rights of people who use drugs to be upheld. Decriminalisation of drug use will reduce the harassment people who use drugs experience from law enforcement.

Specifically, the community prioritises:

A. Advocacy with parliamentarians for a reform of drug laws, focusing on rights-based and non-punitive approaches to drug users.
B. Media sensitisation and training to support nuanced and non-stigmatising media coverage of drug use in Bangladesh.

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