

Research paper

# HIV transmission in Bangladesh: An analysis of IDU programme coverage

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## Abstract

**Background:** Sentinel Surveillance found HIV had increased to 7% among street-based injection drug users (IDUs) in Central Bangladesh in 2006–2007, indicating the urgent need to increase prevention. In 2004, size estimation of groups vulnerable to HIV was done by an expert committee under the National AIDS/STD Programme, making programme coverage estimates possible for the first time.

**Methods:** Appropriate multipliers were applied to size information to estimate a total of 20,000–40,000 IDUs throughout the country. Data from 2003 onwards from the major needle-exchange programmes (NEPs) and detoxification services were analysed to estimate programme coverage as the proportion of the total IDU population reached by interventions, and to assess the proportion of safe injections.

**Results:** An estimated 31–61% of the upper and lower national size estimates of IDUs, respectively, were in contact with any HIV prevention effort by 2006, with an increasing trend evident over the years. Of these, 24–49% were enrolled at NEPs, and 8–16% had been through detoxification. Although there was a marked improvement over the years, it appears NEPs only provided 160 days of safe injections for every IDU reached in 2006 in the North and Southeast, and 50 days in the South and Southwest, assuming IDU inject twice daily with new needles. If all IDUs reached by programmes in the North and Southeast injected every day, 44% of injections were covered by new needles, and 14% in the South and Southwest.

**Conclusion:** Within the context of an HIV epidemic among some IDU, and high levels of needle-sharing and risky sexual behaviour, the implications of the low level of programme coverage are alarming, and it is clear Bangladesh needs to take action to improve it in order to control the spread of HIV.

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**Keywords:** Injection drug users; IDU; Coverage; Size estimation

## Introduction

In 2006, the national HIV Serological Surveillance in Bangladesh reported that HIV had risen to epidemic levels of 7% among injection drug users (IDUs) in Central City A (National AIDS/STD Programme, ICDDR, & IEDCR, 2007), which has alerted the country to the fact that it cannot escape the spread of HIV that has occurred elsewhere in Asia.

The 2001 National Assessment of the Situation and Response to Opioid/Opiate Use in Bangladesh (NASROB) first documented changing patterns in drug use, and the introduction of heroin in the mid-1980s (Panda et al., 2002). By the 1990s injection drug use had become more common in the capital, Dhaka, and Rajshahi in the north (Chatterjee, Khaled, Rahman, & Sarkar, 1998; Rahman & Jenkins, 1999), and NASROB found the majority of districts surveyed had IDUs and heroin smokers. The heroin available is inhaled as it is of low purity (from 3 to 8%) (Panda et al., 2002; United Nations Office on Drug and Crime, 2007). Injection drug use is more common among poor street-based drug users as it is cheaper than smoking heroin. IDUs primarily inject buprenorphine and pethidine, although injecting ‘cocktails’ of various drugs

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and other substances mixed together is widespread (Panda et al., 2002; Rahman & Jenkins, 1999). Sharing injection paraphernalia is common; 86% of IDUs in Central A and 63% in Southeast D borrowed needles in the past week in 2003–2004 (National AIDS/STD Programme, 2007).

HIV prevention and care interventions are carried out by the extensive network of non-government organizations (NGOs) in the country with funding support from international donors, either directly or through the Ministry of Health and Family Welfare (MOHFW), Government of Bangladesh (GOB). HIV awareness and prevention programmes for IDUs started in 1995 (National AIDS/STD Programme, 2004a), and have since expanded geographically to various locations where drug use is prevalent.

CARE Bangladesh supported by the Department for International Development initiated harm reduction interventions in 1998 with street-based IDUs in Dhaka (Azim, Hussein, & Kelly, 2005; Jenkins, Rahman, Saidel, Jana, & Hussain, 2001), including a needle/syringe exchange programme (NEP), and expanded geographically over the next 5 years to other high drug use locations. From 2004 onwards these interventions have been supported by the MOHFW HIV/AIDS Prevention Programme (HAPP) funding to the CARE Consortium, and to Mukto Akash (NGO) since 2006 for care and support of IDUs living with HIV/AIDS. The main services include needle/syringe and condom distribution through peer outreach, and drop-in centres (DICs) that provide abscess and sexually transmitted infection (STI) management, counselling and education, and recreational facilities. By the end of 2006 the CARE Consortium had programmes for IDUs in 21 districts in the Dhaka, Chittagong, Sylhet, and Rajshahi Divisions, with 20 DICs in Dhaka alone.

The HAPP also supports the Padakhep NGO consortium that has similar services for IDUs in 10 districts in the southern Khulna and Barisal Divisions. Thus, presently HAPP has the widest geographical coverage of street-based IDUs, reaching 31 out of the 64 districts in the country.

Family Health International (FHI) supported NGOs with USAID funds for demand reduction programmes with homeless and marginalized IDUs during its earlier Implementing AIDS Prevention and Care Project (IMPACT), and has now expanded under its Bangladesh AIDS Programme (BAP). The six NGOs supported by the BAP are located in Dhaka, Khulna, Satkhira and Jessore, and in Teknaf. The main services provided at the BAP Integrated Health Centres for IDUs include short and long-term drug detoxification, drug counselling, STI and abscess treatment, VCT, condom distribution, and vocational training.

The GOB has four drug addiction treatment centres in Dhaka, Chittagong, Rajshahi, and Khulna, monitored by the Department of Narcotics Control, that are mainly for outpatients, with provision for about 50 inpatients in Dhaka. There are also numerous private drug rehabilitation clinics, especially in Dhaka. While the NGO interventions are predominantly for street-based drug users, these other inter-

ventions generally cater to the middle and upper income brackets of drug users.

Until a few years ago, it was difficult to estimate what proportion of drug injectors were being reached by programmes as there were no data-based estimates of the total number in the country. In order to remedy this gap and to meet national obligations to UNAIDS to estimate the number of HIV-infected people, in 2003 the MOHFW initiated a process to produce national size estimates of vulnerable groups, with technical assistance from FHI Bangladesh. The resulting size estimates were approved by the Government in December 2005. For the research reported in this paper the national size estimate of drug injectors has been utilized as the denominator, and information has been collected from the major IDU interventions, i.e., HAPP and BAP, based on which an estimate of the trend in the proportion of IDUs reached by programmes in Bangladesh from 2003 to 2006 has been made. The national process and methods used to estimate the size of the population injecting drugs is summarized. From HAPP data on needles/syringes distribution, the possible extent of safe injections secured through NEP is also examined.

## Methods

### *National size estimation process*

In the interests of transparency, mutual collaboration, and to facilitate data collection for population size estimates, FHI in 2003 involved an informal group of local experts from ICDDR,B: Centre for Health and Population Research, government, research institutions, NGOs, and donor organizations. The progress of the informal estimates group was presented to the Technical Committee of the National AIDS Committee (TC-NAC) in March 2004, and it decided that risk-group size estimation and estimating HIV infections would be conducted by a formal sub-committee, the “Working Group on Size Estimation of HIV/AIDS Infection in Bangladesh”, with the National AIDS/STD Programme (NASP) as the focal point. The core membership included key experts from the informal group, and other experts were consulted when necessary. A series of formal and informal meetings to collect and review data with technical follow-up ensued. The estimates were finalized by the sub-committee and presented to the TC-NAC in November 2004. Based on their recommendation, the estimates were accepted by the MOHFW, and announced by the Health Minister on World AIDS Day 2004. The final endorsement by the GOB was obtained in December 2005.

### *National IDU size estimation data and methods*

All the available size-related information on IDUs at the district and city level for as many years as possible was collected at a workshop attended by representatives from the government, NGOs, and research and private institutions

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