

Government of the People's Republic of Bangladesh
National AIDS/STD Programme (NASP)
Directorate General of Health Services
Ministry of Health and Family Welfare

**Minutes of the 26th Meeting of the Technical Working Group (TWG) of
Bangladesh Country Coordinating Mechanism (BCCM)**

Date: 06 February, 2016

Time: 10:00 am to 01:30 pm

Venue: Conference Room, NASP, Gulshan-1, Dhaka

Dr. Md. Belal Hossain, Assistant Director, NASP and Member Secretary of Technical Working Group (TWG) welcomed the participants for attending the 26th TWG meeting, then he handed over the meeting to Dr. Md. Anisur Rahman, Director, NASP. Dr. Rahman briefly described the development process that include the writing group formation, country dialogue, consultation meeting with different groups/ sub groups, several meeting of the writing team by distributing the roles and responsibility for writing different sections. He mentioned that this is an opportunity to further review of the Funding Request by the TWG members. He requested to provide the valuable comments/ input on the draft Funding Request which is going to present by Dr. Saima Khan, UNAIDS on behalf of 3 HIV PRs.

1. The Chair started discussion as per the following agenda: Sharing and endorsement of last meeting minutes
2. Sharing the development process and presentation on the Funding Request (concept note)
3. Discussion to endorse the funding request
4. AOB

Dr. Saima Khan, UNAIDS further described the process of funding request development, then she presented the summary of the Funding Request 2018-2020. She presented NASP's part of the funding request first, three modules from RSSH component i.e. policy governance, health information and M&E and community workforce are proposed in this request. Similar activities/ intervention have been proposed by the NASP for the next grant as did in NFM grant. Then she presented the brief activities/ intervention proposed by icddr,b. The modules include comprehensive prevention programs for MSM and Hijra, Health system strengthening (HSS, Community system strengthening and TB/ HIV. icddr,b kept the same coverage as covered in NFM grant i.e. (MSM/ MSW- 31,000 and hijra 4,062) through changing its intervention strategies (inclusion of outlet and

satellite). Few new strategies also reflected in the funding request for better outcome of the intervention, which include whole blood for HTC instead of serum based testing, increased coverage in priority districts, continue services in some programmatically important districts, introduction of Outlet in-Charge, web-based Real-time HTC monitoring, Information, Communication, and Technology (ICT) based intervention, satellite approaches, introduction

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of peer associates and case management for HIV positive MSM and hijra.

Finally Dr. Saima Khan presented the key activity and approaches including coverage of Save the Children (SC). SC proposed 7 intervention modules under this request including comprehensive prevention programs for FSWs and their clients, comprehensive prevention program for PWID and partners, care support and treatment, health information system and M & E, health and community workforce, CSS and program management. Program coverage has been decreased for the both KPs (PWID-8,000 and FSW- 18,500 and emphasis was given to the 11 priority districts in Bangladesh. In developing the funding request SC considered the following approaches;

- Strengthen community-led outreach
- Initiate community-led HTS and increase HIV testing services at 90% within 2020 among PWID and FSW
- Positive PWID will be reached with ART, OST, NS, other drug treatment options and POC
- Inclusion of etiological management (Non-responsive STI, Abscess)
- TB screening for all KPs and all identified TB cases under DOTs, DOTs centers will engage the members from CBO/SHG to reduce stigma and responsive service for KPs
- PMTCT for pregnant FSWs and FWID, and MNCH/FP for FSWs
- Special strategy for reaching out and provide customized services for adolescent FSWs
- Strengthen linkage with care, support and treatment for PLHIV
- Strengthen activities for service linkage at public health facilities
- Strengthen community engagement in program implementation and participatory monitoring including 'micro planning'

Discussion:

Dr. Nadia F Rahman, UNFPA opined Advocacy meeting with 3 key ministries is proposed under NASP activity, it should not be restricted among 3 ministries. NASP should work with other ministries including women and child affairs, MOEWOE. NASP should conduct a STI surveillance with joint collaboration of CDC/ IEDCR, DGHS. PRs should keep the relevant activities to strengthen the health system for creating enabling environment and building the required skill at the government health service delivery point in ensuring accessibility of the KPs.

Dr. Sabera Sultana, WHO expressed her willingness to work with NASP in joint collaboration in the technical areas of the program. NASP could allocate some money for collaborative activity if possible. She also mentioned, as per guideline all the TB patient has to be tested for HIV in the high burden district. The current testing cost is high, if NASP allow the whole blood test instead of serum then NTP can increase the number of test.

Ms. Chumki, Sex workers Networks of Bangladesh raised the issue related to older sex workers as in the proposal no any related activities for this group is proposed. She mentioned

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livelihood training/ vocational training need to be reflected in the request. There should be few activities to link with the different department of government to ensure social safety net services. Age specific services strategy need to be adopted in the request.

Mr. Hafiz Uddin Munna, PLHIV Network opined that in general, it is found that capacity building initiatives are implementing for the different KPs and PLHIV through several project. But we didn't find any visible actions for job placement for the trained persons. The current funding request should keep related activities for ensuring job opportunities. Social safety net support could be linked through advocacy initiatives.

Mr. Anwar Ullah, the Secretary of the STI/STD Network stated that the activities are comprehensive which reflected the discussions of the country dialogue. He thanked the proposal writing team for their hard and good work. He requested that the support for STI/STD Network as it was in NFM at least should be continued in the funding request.

Shale Ahmed of Bandhu said that Bandhu has taken initiative to build the capacity of the government health service providers to treat the MSM and TG by the regional grant of GF. This capacity building activities are required to change the behavior of the service providers as well as skills, thus he appreciated the efforts that have been kept in the funding request in this line. He also stated that icddr,b kept its program coverage for sexual minority at similar level with NFM target while SC decreased its coverage dramatically. A strong justification should be prepared for decreasing the coverage to response any authority.

Dr. Sharful Islam Khan described that the coverage of sexual minority is already very low in Bangladesh. Therefore, by changing modality of service and by applying other cost-efficient approaches, icddr,b has tried not to reduce the coverage. Among the total coverage 74% will be in 23 priority districts and remaining coverage will be in 21 other districts as male to male sex trade exists in those districts, STI cases are frequently found and HIV is also detected in some districts. Therefore, he claimed that programmatically it would not appropriate to withdraw HIV prevention services from those districts overnight. He mentioned that sexual minority people will be encouraged to visit the government health centers for STI treatment for future sustainability approach.

Dr. Samir K Howlader, IOM mentioned that Ministry of expatriates need to be included in the key ministry list for taking necessary advocacy initiative to well function the HIV/ AIDS awareness program among the migrants. Under the NASP grant coordination need to be established with GAMCA for HIV testing result sharing.

Mr. Manoj K Biswas, BCCM opined that the programmatic gap between current GF grant and 4th Health Sector Program need to be identified and shown in the funding request clearly so that HIV PRs can submit further request to minimize the gap as GF has separate regional grant for addressing migration issues where Bangladesh may apply in collaboration with other partners.

Dr. Mujibur Rahman, NTP HIV PRs can explore for other funding source to implement the activities which are not supported by GF or Health Sector Program. He also mentioned that more coordination is required between HIV and TB. NTP will increase the HIV testing by initiating the whole blood testing method for HTC in few centers. He proposed, NTP will



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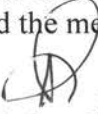
provide necessary training to the KPs representative to refer the suspected cases to the DOT center. He stated that whether HIV DICs can test TB suspects. Dr. Anis stated that HIV DICs are not ready to test TB and it will not be a cost-effective approach as well. Moreover, DICs are only for KP not for general population. Dr. Sharful Islam Khan of icddr,b stated that both icddr,b and Save the Children will screen the respective KPs for suspected TB cases and will refer them to nearby DOTS center for TB diagnosis and treatment. Dr. Khan also stated that icddr,b is planning to collect sputum from the KPs who do not like to DOTS center, and sputum will be sent to DOTS centers by the outreach staff. He requested whether in such cases local travel etc can be provided by the DOTS centers. As this approach will enhance TB detection among the KPs who generally do not attend the DOTS for TB test and treatment.

Dr. Lima Rahman, SCI opined that advocacy initiative could be organized in consultation with all stakeholders during coordination meeting arranged by the NASP.

Decisions:

1. NASP will incorporate the other relevant ministry under the advocacy program and will proposed some activity to link the social safety net program for KPs
2. NASP will sit with WHO for identifying some joint activities which might be reflected in the above allocation
3. Save the Children will keep the provision of vocational training for the KPs in this funding request
4. Other comments made by members will be addressed in the funding request application.
5. Finally, the TWG approved the funding request application and decided that a revised draft version based on today's discussion will be distributed to the Oversight Committee for their review and endorsement.

Finally, the chair expressed his gratefulness to all the members for their active participation and concluded the meeting.


13.02.2017
Dr. Md. Anisur Rahman
Director and Line director, NASP and
Chair, Technical Working Group- HIV