National Consultation on Punitive Laws hindering the AIDS Response in Bangladesh

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on Punitive Laws hindering
the AIDS Response in Bangladesh

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BLAST	Bangladesh Legal Aid and Services Trust
CrPC	Code of Criminal Procedure 1898
ESCAP	Economic and Social Commission for Asia and the Pacific
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
IDUs	Injection Drug Users
LGBT	Lesbian Gay Bisexual and Transgender
MARP	Most At Risk Population
MSM	Men Who Have Sex with Men
MSW	Male Sex Worker
NHRC	National Human Rights Commission
NASP	National AIDS/STD Programme
PLHIV	People Living with HIV/AIDS
PWID	Person Who Injects Drugs
RSRA	Rapid Situation and Response Assessment
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme

Table of Contents

Executive Summary

Bangladesh is a low HIV prevalence country. However, to prevent the further spread of HIV among vulnerable groups and the general population, as well as to provide care, support, and treatment for those already affected, like any other country, Bangladesh must enact a comprehensive response to the epidemic. To do so, the Government of Bangladesh has recently recommitted itself to take necessary steps to eliminate HIV-related stigma and discrimination through promotion of laws and policies that ensure realization of human rights and fundamental freedom of those affected and at higher risk of HIV.

Reviewing laws that are hindering the AIDS response in Bangladesh has been considered a top priority. The National AIDS / STD Programme, with the assistance of UNAIDS and support of the Global Fund on HIV/AIDS, TB and Malaria, arranged a national workshop in May 2013 inviting a wide range of stakeholders including assistance of media, national law and human rights commission, police, human rights activists and civil society to build understanding and consensus on punitive laws hindering the AIDS response in Bangladesh..

The objectives of the workshop were to identify the laws hindering the AIDS response and build consensus on reforms needed to create an enabling legal environment for access to HIV services and to chalk out a time bound action plan identifying priorities for the amendment of punitive and discriminatory legal environment that are impeding AIDS responses.

The consultation was attended by 82 participants. The inaugural session, which was attended by eminent personalities, expressed the need for the timely intervention, while the overview of the HIV/AIDS epidemic in Bangladesh painted a vivid picture to the participants in understanding the gravity of the AIDS epidemic and limitations of the current response.

Information on legal and policy barriers to HIV responses in Asia and the Pacific were shared with the participants which enabled them to compare the local context, with the same of the region. The discussions around ‘why laws and policies are critical to effective HIV responses?’ and the presentation of a preliminary review of the key laws and policies for in-depth discussion provided the perfect setting for an interactive group work. The session on ‘sharing personal experiences and challenges faced’ by those who are affected highlighted the ground realities in Bangladesh.

Following the rich introductory and technical sessions the participants were mobilized to identify laws hindering the AIDS response in Bangladesh and build consensus on reforms needed to create an enabling legal environment for access to HIV services. The group discussions that were held enabled the participants to gain consensus on these laws and areas that need reform.

The second part of group discussion enabled the participants to develop a time bound action plan for the amendment of punitive and discriminatory legal environment that are impeding AIDS response and to ensure positive social and medico-legal environments in Bangladesh. The participants worked in six group groups to address issues relating to: female sex workers, hijras, men who have sex with men, people living with HIV, people who inject drugs, and migrant workers. They brain-stormed and identified major legal barriers, policies and practices hindering access to HIV prevention, treatment, care and support by these populations in Bangladesh and recommended actions to address these concerns.

The key legal and social barriers to be addressed included; a lack of access to treatment for migrant workers, unequal employment opportunities for people living with HIV, punitive laws and law enforcement measures impacting on certain key affected populations, discrimination and stigma in the workplace, healthcare system and society in general.

An action plan was drawn up recommending specific time-bound actions to be taken by different agencies, through collaboration between government agencies, civil society and the representatives of most at risk populations to address punitive laws, policies and practices that hinder the AIDS response in Bangladesh.