**<http://www.prothom-alo.com/detail/date/2013-03-18/news/337397> (another report on HIV on Prothom alo published on March 18, 2013)**

**A challenging perspective**

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FOR the first time in more than 35 years since Aids was identified the epidemic seems to have been arrested, according to the 2009 epidemic data. One of the major contributing factors for the reduction is the United Nations Declaration of Commitment on HIV/Aids signed in 2001.

However, the diminishing rate of infection is just the tip of the iceberg and has not fully revealed the socio-economic consequences of HIV/Aids epidemic disrupting the productive flow of life. It is now established that HIV/Aids is not merely a health concern because its expansion encompasses all the dimensions unique to the individual it infects, the family it affects and the community that it impacts -- as such each epidemic is different.

Therefore, the new paradigm for addressing HIV/Aids is to "know your epidemic." Declining trend of infection in one region cannot fully provide the global scenario as there are now an estimated 40 million HIV/Aids cases in the world. In 2008 alone 2.7 million new infections occurred and 2 million people died of Aids related illness.

Fortunately, for Bangladesh, a "high risk and low prevalence country," the national HIV/Aids program is prepared to contain it. It has progressed extensively, covering the various aspects of prevention, care and support and treatment. But Bangladesh, besieged by a myriad of socio-economic concerns, requires pre-emptive measures that must focus on evolving issues for immediate redress.

The correlation between climate change and HIV/Aids may be an atypical notion, but the United Nations Millennium Development Goal integrating HIV/Aids as a development agenda suggests that global organisations are taking cognisance of the environment of risk determined by poverty and climate change impact.

The most pervasive result of climate change and environment degradation is population displacement. Research findings show that the growth of environmental displacement in Bangladesh is likely to be close to about half of total population in 2020.

Bangladesh is exposed to severe natural disasters; floods and droughts are regular phenomena that force people to migrate from rural to urban settings. They end up as climate refugees in the streets and proliferating urban slums. This influx has resulted in rapid and unplanned urbanisation in Bangladesh. According to International Organisation for Migration, Bangladesh, urban population may reach about 68 million, or 37 percent of the total population, by 2015.

A substantive proportion of this segment becomes chronically mobile in search of work and subsistence. This landless and homeless mass merges with the existing ultra-poor, resulting in population increase in urban slums and burgeoning poverty.

Evidence shows that HIV/Aids and poverty move in a vicious cycle of cause and effect and, therefore, the global efforts for containing the epidemic focus on poverty as a significant determinant for its spread. Population density mixed with poverty is the recipe for any communicable disease to spread.

HIV/Aids is described as more of an urban phenomenon, hence the situation is conducive for an epidemic to set in. For Bangladesh this is very alarming.

The revised National HIV/Aids strategy puts emphasis on the external migrant labour work force as a vulnerable segment and identifies this group as being the most at risk. But the majority of the people internally displaced due to climate change related factors remain outside the social security and HIV/Aids prevention program.

NGOs, civil society and grassroots organisations are making efforts to reach the climate refugees in the urban streets and slums but, without a national policy and coordination of the government machinery, these endeavours remain sporadic and isolated.

The national HIV/Aids program is a well coordinated mechanism engaging the stakeholders and developing innovative approaches for visible impact. For the first time, HIV/Aids prevention awareness has broken the denial and silence barrier in the country through mass media.

This progress runs the risk of failure if the program does not acknowledge the multiplying challenges. The standard way of preventing and containing communicable disease is "early warning rapid response system," which has to reach all, with focus on the high-risk segment. The national program effectively launched this design.

Now the emphasis should be on strengthening the integrated approach to initiate the discourse on climate change and HIV/Aids from the perspective of "climigration," and capture the most vulnerable, under-served and increasing number of people.

In 2007, Bangladesh launched a National Action plan aimed at reducing the disease burden from current and projected risks due to climate change by empowering and equipping health system institutions in the country.

Hence, there is no reason to delay the inclusion of climate change and environment degradation related displaced population. The 7th Round of National Serological Surveillance shows that there is a concentrated epidemic amongst the injecting drug users and in one locality within Dhaka 10.5 percent of injecting drug users where found to be HIV positive.

Increasing poverty due to the impact of global economic recession, increase in climate related migration and accelerated mobility of population may change the course of the still low prevalence status and silently develop it into a generalised epidemic. Time is of the essence in addressing HIV/Aids "right now, right here and in the right way."

Health research per se and HIV/Aids surveillance, specially at the national level, needs to widen their scope to find out the implications of climate change for future impacts on health and related issues, and develop a tiered health service system strengthening process that is dynamic, flexible, manageable and sustainable to address the evolving needs.

Most importantly the government needs to focus on resettlement strategies and their implementation, mobilising the available resources and integrating them systematically into multi-sector operations.

There has to be a concerted political will and effort to reach beyond the traditional frameworks of treating the root causes of HIV/Aids.

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