# COI QUERY

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| **Country of Origin** | **Bangladesh** |
| **Title** | **Treatment of people living with HIV/AIDS** |
| **Reference period** | January 2024 to 22 October 2026 |
| **Topic(s)** | 1. Legislation and implementation<br>2. Treatment by society<br>3. Access to support services |
| **Date of completion** | 22 October 2026 |
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| **Contributing EU+ COI units (if applicable)** | **N/A** |

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# COI QUERY RESPONSE – Bangladesh

## Treatment of people living with HIV/AIDS

### 1. Legislation and implementation

Information on legislation and implementation was scarce among the sources consulted by EUAA within the time constraints of this query response. However, the following information may be relevant.

According to HIV Justice Network, a non-governmental organisation focused on the rights of people living with HIV, 'Bangladesh has no HIV-specific criminal law and to date there have been no known HIV prosecutions under general laws'.[1] Furthermore, in an October 2024 study, Bangladesh's Directorate General of Health Services stated that there is no specific legal framework dedicated solely to HIV.[2]

Concerning legislation, sections 269 and 270 of the Penal Code, 1860, of Bangladesh address acts likely to spread an infection of a disease dangerous to life. Section 269 provides for imprisonment of up to six months, a fine, or both, for unlawfully or negligently committing such an act. Section 270 provides for imprisonment of up to two years, a fine, or both, for committing such an act maliciously. However, the Penal Code does not explicitly mention HIV.[3]

Furthermore, the Infectious Diseases Act of 2018 explicitly includes HIV in its list of infectious diseases under section 4. Section 24 establishes offences relating to the spread of infectious pathogens and the concealment of infection risks in specified circumstances. A person convicted of an offence under this section may face imprisonment of up to six months, a fine of up to 100 000 BDT [EUR 722], or both.[4]

Information on the implementation of the Penal Code of 1860 and the Infectious Diseases Act of 2018 could not be found.

### 2. Treatment by society

[1] HIV Justice Network, Bangladesh, n.d., url
[2] Bangladesh, Directorate General of Health Services, National Human Rights Strategy to Remove Human Rights-related Barriers to HIV Services in Bangladesh (2024–2029), October 2024, url, p. 3
[3] Bangladesh, The Penal Code, 1860 (Act No. XLV of 1860), Bangladesh Laws, url, Section 269-270
[4] Bangladesh. Infectious Diseases (Prevention, Control and Elimination) Act, 2018, 14 November 2018, Bangladesh Laws, url

HIV prevalence in Bangladesh has remained 'very low',[5] affecting less than 0.1 % of the general population.[6] According to UNAIDS data published in 2024, an estimated 15 000 people were living with HIV in Bangladesh in 2023, with approximately 1 100 new infections and fewer than 500 AIDS-related deaths recorded that year.[7]

A July 2026 study, titled The HIV/AIDS Landscape in Bangladesh: An Updated Review of Epidemiological Trends, Prevention Gaps, and Key Population Engagement, reported that 'stigma remains a serious problem', with people living with HIV feeling 'ashamed or guilty about their condition'.[8] The study found that, among the people living with HIV included in the study, 68 % of people experienced feelings of shame, while 54 % reported guilt associated with their diagnosis, which negatively affected their willingness to undergo testing, disclose their HIV status and remain engaged in care.[9]

A May 2025 study on the human and legal rights of people living with HIV/AIDS in Bangladesh reported that, although UNAIDS estimated that 16 000 adults and children were living with HIV in the country by the end of 2024, only 1207 cases had been officially documented. The study attributed this significant underreporting to limited access to voluntary testing and counselling services and the 'intense social stigma surrounding HIV', which discourages individuals from seeking testing or disclosing their HIV status.[10] The same source, citing information from the International Labour Organization (ILO), added that people living with HIV 'often' lost their jobs or were denied work once their status is disclosed, as discrimination in employment was 'widespread'.[11]

According to the United Nations Population Fund (UNFPA), female sex workers, transgender, and gender-diverse populations in Bangladesh faced a higher risk of HIV infection due to factors such as gender-based violence, limited access to healthcare, criminalization, and multiple sexual partnerships. Social stigma and exclusion also discouraged these populations from accessing HIV prevention, testing and treatment services, and from disclosing their sexual identity.[12]

An October 2024 study conducted by the Directorate General of Health Service titled National Human Rights Strategic Plan to Remove Human Rights-Related Barriers to HIV Services in Bangladesh, found that people living with HIV faced stigma in healthcare settings due to

[5] Waseqa T. et al., The HIV/AIDS landscape in Bangladesh: an updated review of epidemiological trends, prevention gaps, and key population engagement, 6 July 2026, url, p. 2
[6] Waseqa T. et al., The HIV/AIDS landscape in Bangladesh: an updated review of epidemiological trends, prevention gaps, and key population engagement, 6 July 2026, url, p. 2; UNAIDS, UNAIDS DATA 2024, 2 December 2024, url, p. 18
[7] UNAIDS, UNAIDS DATA 2024, 2 December 2024, url, p. 18
[8] Waseqa T. et al., The HIV/AIDS landscape in Bangladesh: an updated review of epidemiological trends, prevention gaps, and key population engagement, 6 July 2026, url, p. 2
[9] Waseqa T. et al., The HIV/AIDS landscape in Bangladesh: an updated review of epidemiological trends, prevention gaps, and key population engagement, 6 July 2026, url, p. 1
[10] Mohanta, R. C., and Khuda, A. K. M. F., Explore the present status of human rights and legal rights situation and HIV/AIDS perception among the people living with HIV/AIDS in Bangladesh, 31 May 2025, url
[11] Mohanta, R. C., and Khuda, A. K. M. F., Explore the present status of human rights and legal rights situation and HIV/AIDS perception among the people living with HIV/AIDS in Bangladesh, 31 May 2025, url
[12] UNFPA, HIV/AIDS: Bangladesh, n.d., url

misconceptions about HIV transmission, religious beliefs, and gender discrimination. They also experienced societal rejection, discrimination by healthcare providers, harassment by law enforcement and limited access to legal aid.[13]

Further Information on treatment by society could not be found among the sources consulted by EUAA within the time constraints of this query response.

## 3. Access to support services

The July 2026 study, on the HIV/AIDS Landscape in Bangladesh, identified 'major gaps' in the country's HIV response. HIV testing facilities were available in only 23 of Bangladesh's 64 districts, while prevention programmes had limited coverage among key populations. The study noted that Bangladesh had 'not yet met the global targets for diagnosis, treatment, and viral suppression'.[14] However, the same source added that 'some programs—such as harm reduction services and pilot projects for preventive medicines—have shown strong success'.[15]

According to UNAIDS data published in 2024, 49 % of the estimated number of people living with HIV in Bangladesh were receiving antiretroviral therapy (ART).[16] More recent estimates reported in the aforementioned July 2026 study, based on 2025 data, indicated that 82 % of people living with HIV had been diagnosed, 74 % of those diagnosed were receiving ART, and 91 % of those receiving ART had achieved viral suppression.[17]

The October 2024 study by the Directorate General of Health outlined measures to improve access to healthcare, social services and justice for key populations affected by HIV. These include strengthening legal literacy, training healthcare and legal professionals, expanding access to legal aid, monitoring discriminatory laws and mobilising community support networks to help affected groups access essential services.[18] Information on the implementation of these measures could not be found.

UNFPA identified access to healthcare as a significant challenge for female sex workers and transgender and gender-diverse populations in Bangladesh, noting that 'financial constraints and the fear of being judged by healthcare providers deter' these populations from seeking treatment for HIV and other sexually transmitted infections.[19]

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[13] Bangladesh, Directorate General of Health Services, National Human Rights Strategy to Remove Human Rights-related Barriers to HIV Services in Bangladesh (2024–2029), October 2024, url, p. 7
[14] Waseqa T. et al., The HIV/AIDS landscape in Bangladesh: an updated review of epidemiological trends, prevention gaps, and key population engagement, 6 July 2026, url, p. 2
[15] Waseqa T. et al., The HIV/AIDS landscape in Bangladesh: an updated review of epidemiological trends, prevention gaps, and key population engagement, 6 July 2026, url, p. 2
[16] UNAIDS, UNAIDS DATA 2024, 2 December 2024, url, p. 3
[17] Waseqa T. et al., The HIV/AIDS landscape in Bangladesh: an updated review of epidemiological trends, prevention gaps, and key population engagement, 6 July 2026, url, p. 1
[18] Bangladesh, Directorate General of Health Services, National Human Rights Strategy to Remove Human Rights-related Barriers to HIV Services in Bangladesh (2024–2029), October 2024, url, p. viii
[19] UNFPA, HIV/AIDS: Bangladesh, n.d., url

According to a UNAIDS report covering 2022-2023, Bangladesh expanded HIV prevention and treatment services, reaching over 136 800 people from key and vulnerable populations with combination prevention services and enrolling more than 2 000 people who tested positive for HIV in treatment. Efforts also improved access to HIV, sexual and reproductive health, and gender-based violence services in humanitarian settings, including antiretroviral treatment for over 1 000 refugees living with HIV. Furthermore, the government officially registered networks of people living with HIV and female sex workers to enable them to receive state funding for community-led HIV services across the country.[20]

Further Information on access to support services could not be found among the sources consulted by EUAA within the time constraints of this query response.

[20] UNAIDS, Bangladesh Country Report 2022-2023, January 2025, url. The aforementioned source has been included due to its relevance despite occurring prior to the reference period of the query.

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## ADDITIONAL SOURCES CONSULTED

Asylum Research Centre; BBC News; Crisis24; ecoi.net; EUAA COI Portal; Fédération internationale pour les droits humains (FIDH); Germany – Federal Office for Migration and Refugees (BAMF); France – Office Français de Protection des Réfugiés et Apatrides (OFPRA); Norwegian Refugee Council; Global Protection Cluster; Office of the High Commissioner for Human Rights (OHCHR)