

## History.

### National STD and HIV/AIDS:

HIV/AIDS was late in coming to Asia. Until the late 1980s, no country in the region had experienced a major epidemic and, in 1999, only Cambodia, Myanmar and Thailand had documented significant nationwide epidemics. In Bangladesh, Bhutan, Maldives and Sri Lanka infection rates are low, though risk behaviour is common. TB is a leading opportunistic infection in HIV-positive persons. HIV fuels the TB epidemic and is a particular threat to Asia and Pacific.

The *National Strategic Plan for the Prevention and Control of STIs and HIV and AIDS* (NSP) is intended to guide the nation's response to the epidemic. It aims to ensure a well coordinated effective and efficient response from the Ministry of Health/National STD and HIV and AIDS Prevention and Control Programme and other ministries, organizations and stakeholders. As no single sector can by itself overcome the epidemic, HIV and AIDS should not be viewed as a health problem but as a development crisis. A national concerted effort involving the contributions of multiple sectors and stakeholders will be the key to fighting the HIV and AIDS epidemic in Bhutan. This framework will serve as a basis for developing individual sectoral plans.

Given the potentially devastating social and economic impact of HIV and AIDS at the individual, family, community and national levels, the epidemic is well deserving of continued attention from the Royal Government of Bhutan and the international community.

The NSP addresses the realities of the evolving epidemic of HIV and AIDS and other sexually transmitted infections (STIs) in Bhutan. It builds on lessons learned and outlines strategic actions required to further enhance the nation's response to HIV and AIDS. The strategic plan has been closely guided by the National HIV/AIDS Commission - a multi-sectoral body functioning at the highest level and chaired by the Minister of Health. The plan engages the cumulative effort of stakeholders from beyond the Ministry of Health. It takes into consideration social, cultural and economic factors affecting individuals, families, societies and the nation at large.

Bhutan's response to the pandemic started long before the first HIV case was detected in the Kingdom. In order to counter the spread of the global AIDS epidemic, the Royal Government implemented several planned activities. A Short-Term Plan was developed and implemented in 1989, which progressed to a three year Medium-Term Plan I (1990-1993).

WHO was instrumental in providing technical and financial support through the Global Programme for AIDS (GPA) until 1996. Following this, a five year Mid-Term Plan II (1995-1999) was developed and implemented under the Health Sector Programme Support (HSPS) I and HSPS II supported by Danida. Currently, the programme is supported by the World Bank and the Global Fund. In addition to this, some assistance is also received from UNFPA, UNICEF, UNDP and WHO.

The first case of HIV was reported in the Kingdom in 1993. As of February 2008, the National STD and HIV and AIDS Prevention and Control Programme reports a cumulative total of 144 HIV infected cases, with both sexes being almost equally affected. So far, 25 deaths (17 males and 8 females) have been reported among the infected Bhutanese population. The most common route of transmission is the heterosexual route (88.9 percent) followed by mother-to-child transmission (9 percent). The first mother-to-child transmission in Bhutan was reported in 2001 while the first case of HIV infection (probably) acquired through intravenous drug use was detected in January 2006.

While the numbers appear to be low, there are a range of factors that could facilitate transmission and fuel the spread of a widespread epidemic. These factors include high rates of STIs, relatively high rates of unprotected sex and partner concurrency (i.e. the tendency for Bhutanese men and women to have more than one partner at the same time). Although further research is needed to understand the role of sexual networks, it is clear that this factor will play a role in the epidemic spread of HIV. In addition, rapid economic development has come hand in hand with an increasingly mobile population that engages in trade with higher prevalence countries. For example, neighbouring states in India and Nepal are experiencing concentrated epidemics with clusters of cases occurring in border areas. Finally, Bhutan has a young population as in other parts of the world; the majority of new cases of HIV tend to occur among young people.

The Royal Decree on HIV and AIDS issued by His Majesty the Fourth King on the 24<sup>th</sup> of May 2004 serves as the guiding principle in the fight against HIV and AIDS. The Royal Decree calls for all members of the society to help prevent HIV and AIDS and provide care and compassion to those infected.

Prevention will thus continue to be the main stay of the NSP. The current focus is geared towards strengthening institutions and capacity of service providers; care, support and treatment of HIV and AIDS and STIs; voluntary counselling and testing; improving strategic information through research and surveillance; and, monitoring and evaluation. Support for these activities is being generated through the national programme, the World Bank and a recent grant from the Global Fund.

In order to maintain this low HIV prevalence status, intensifying preventive measures and interventions among the vulnerable populations is of greatest priority. Strengthening care, support and universal access to treatment for people living with AIDS are also important components. Providing care and compassion for infected persons will ensure that they will not go underground fuelling its spread. Addressing these components can produce the most impact of slowing and ultimately reversing the spread of HIV infection.

As prevention programmes need to increase their reach and effectiveness, population groups at high risk will be identified and targeted. Interventions will be multi-faceted, and include the use of outreach activities, peer education, life skills education, communication campaigns and community mobilization. In addition to working with populations most at risk, other target groups will include the general population, young people in school, out-of-school youth, and migrant and mobile populations.

A multi-sectoral approach has characterized the response to HIV and AIDS in Bhutan. The National HIV/AIDS Commission coordinates the response at the national level. At the dzongkhag (district) level, multi-sectoral taskforces facilitate the coordination of activities. A multi-sectoral response recognizes that to effectively control the HIV epidemic all sectors need to be active partners.

The NSP recognizes the need to place HIV and STI on the agenda of multiple sectors. It defines clearly the roles and responsibilities of all partners, including non-government and community-based organizations that can play a critical role in reaching populations from all walks of life particularly those groups considered most at risk.

In addition to the focus on HIV prevention, the strategy has identified the importance of providing for the health care needs of people living with HIV and AIDS. The government is committed to providing antiretroviral treatment to people with HIV. The involvement of individuals, families and communities in the care and support of people with HIV is considered crucial.

The NSP also recognizes the need for people living with HIV and AIDS to play a more proactive and supportive role. It aims to build upon activities already undertaken to facilitate support networks among people with HIV. Ideally, people with HIV will be encouraged to form their own self-help groups and to advocate on their own behalf, as well as to be involved in all aspects of programme planning, implementation, monitoring and evaluation.

Creating a supporting environment enables much of the actions outlined within this strategic plan to be implemented. Importantly, a supportive environment needs to be one in which people living with HIV and AIDS do not fear they will be stigmatized or discriminated against.

This strategy has been built on available evidence. Where there is inadequate information, mechanisms have been identified to remedy the situation. Developing HIV and AIDS research capacity can ensure that programmes are evidence-based. Monitoring and evaluation mechanisms will ensure keeping track on progress of activities and will assist in building a strong evidence base.

A preliminary analysis of the financial needs in implementing the NSP has been identified. The successful implementation of this strategy will require the allocation of adequate resources.

Bhutan's overall STI and HIV and AIDS prevention and control approach is to achieve the MDG of reversing and halting the spread of HIV and AIDS by 2015. This goal is in tandem with the national long term goal of Gross National Happiness.

## Current HIV Status in Bhutan

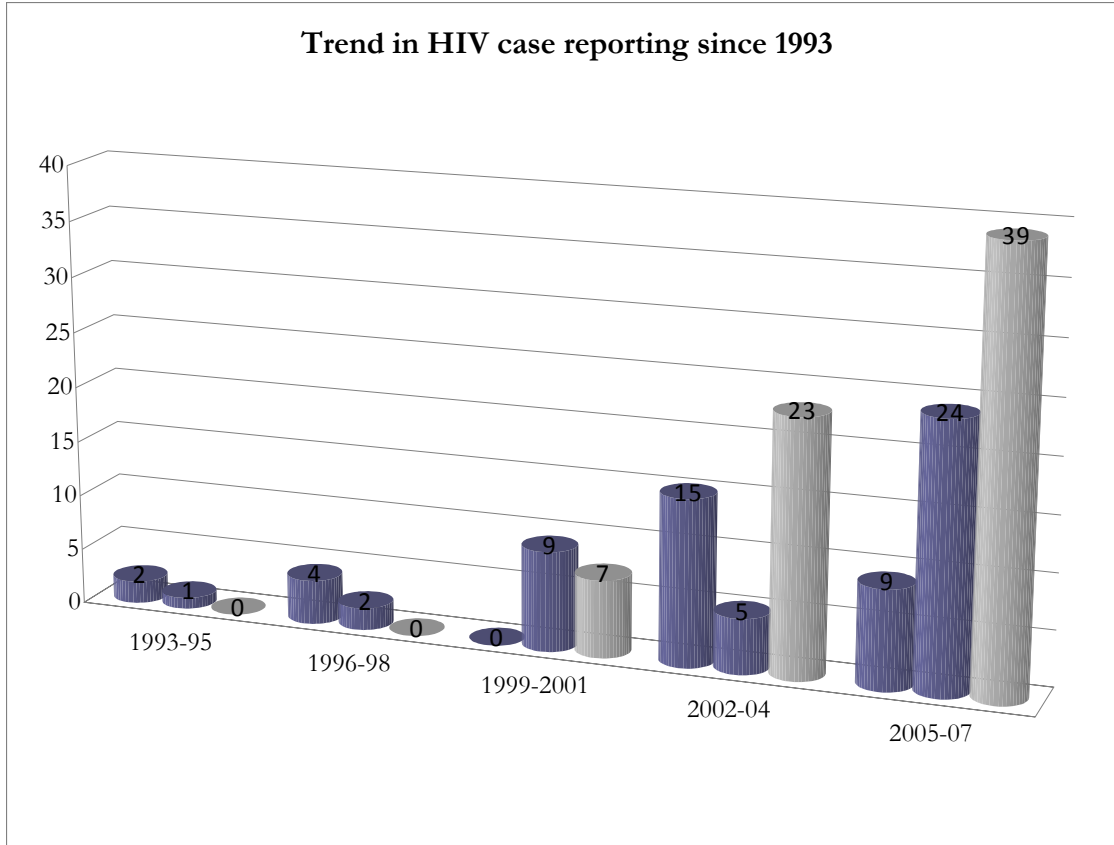
17 of 20 districts report HIV infected persons



Table 1: Number of cases by mode of diagnosis

	Modes of diagnosis	Number of cases
1	Medical check-up/screening	33
2	Blood Donor Screening	18
3	Survey/sentinel	37
4	Contact Tracing	30
5	Voluntary Testing	13
6	Mother-to-child transmission	13
<b>Total</b>		<b>144</b>

Source: NACP, February 2008



### Occupational backgrounds of detected cases:

1	<i>Civil Servants</i>	12
2	Corporate Employee	08
3	International Employee	01
4	Business community	21
5	Housewife	35
6	Farmers	12
7	Commercial Sex Workers	10
8	<b>Religious Group</b>	05
9	RBP	07
10	RBA/RBG	13
11	Minor	13
12	Unemployed	01
13	Prisoner	02
14	Laborers-	
	- National	01
	- Non national	03
	<b>Total</b>	<b>144</b>

### **Overall Goal, Aims & Objectives:**

- 1) Integrate STI and HIV prevention into the core activities of multi-sectoral partners;
- 2) Create a supportive environment that facilitates the implementation of programmes and services, and reduces stigma and discrimination towards women and men living with or affected by HIV and AIDS;
- 3) Improve the quality and coverage of the national response to HIV and AIDS and STIs.
- 4) Bhutan's overall STI and HIV and AIDS prevention and control approach is to achieve the MDG of reversing and halting the spread of HIV and AIDS by 2015

### **Major Challenges**

- Weak technical and management capacity of the programme, given limited/trained human resources;
- Limited implementation capacity in sectors other than health;
- Lack of collaboration and coordination between stakeholders; duplication of efforts;
- Lack of community empowerment, mobilization and ownership of programmes;
- Limited coverage of basic prevention and care services including VCT and prevention of MTCT; increased possibilities of MTCT once the epidemic matures;
- Rising levels of HIV/TB co-infection;
- Prevalence of HIV related denial, stigma, myths, and misconceptions contributing to lack of openness and continued spread;
- Relaxed sexual mores, low condom utilization and slow positive behavioral change;
- Individual versus public safety;
- Sustainability issues, including funding the costs of providing comprehensive **treatment** and care in the context of resource scarcity.

### **Overview of the strategy**

The NSP will guide the STI and HIV and AIDS response in Bhutan, in line with the Government's Tenth FYP 2008-2013. The NSP will build on past achievements, learn from existing gaps and focus on scaling-up existing cost effective prevention interventions to ensure appropriate reach.

The scope of the NSP extends beyond the medical response. The strategic framework also strives to ensure a multi-sectoral approach that is innovative, interactive and deliberative with the aim of improving collaboration between government sectors, NGOs, international organizations, communities, institutions, private sector and the media.

## **Main strategies**

- Promotion of safe sex behaviors;
- Condom use promotion including condom social marketing;
- Ensuring clear accurate information concerning HIV and AIDS and STIs, and increasing IEC (including on HIV/TB co-infection);
- Strengthening access to STI services and regularly updating STI prevention and control policies;
- Enhancing surveillance and access to VCT;
- Prevention interventions among the general population, with additional focus on vulnerable population groups;
- Continuing treatment, care and support of infected and affected population with a special focus on children infected and affected;
- Decentralization of ARV treatment to Dzongkhags;
- Enhancing coordination and collaboration between stakeholders;
- Generating local evidences/information on HIV vulnerabilities in Bhutan;
- Capacity building, integration of STI and HIV and AIDS interventions within health sector, community mobilization and empowerment, leadership and mainstreaming, coordination and networking.