Accelerating Threat of HIV/AIDS in Bhutan

Despite the fact that Bhutan is a remote Himalayan Kingdom (population approaching 700,000), its relative isolation no longer protects it from the risk of HIV/AIDS infections, and there are indications that Bhutan is fully justified to have taken this threat very seriously.

The number of detected cases of HIV infection remains small in real terms, but considering the population size – and the exponential rate of increase in the number of cases identified – there is good cause for concern. Of the 38 cases reported to date, 3 were identified during 1993-1995, 6 in the period 1996-1998, and 16 between 1999 and 2001. But a further 13 new cases were reported by the autumn of 2002.

Of the identified cases, more than half are in the border town of Phuentsholing or the capital, Thimphu; Bhutan has an open border with India, across which Bhutanese and Indians travel with no restriction and in large numbers. HIV prevalence in India is estimated at 3.5 million cases.

A high percentage of Bhutan’s population are adolescents and youth, and this percentage will rise (20% fall in the 15- to 24-year-old age bracket, with a further 43% younger than 15), adding to the HIV/AIDS risk. Incidence of other STDs is fairly high with annual rates of gonorrhoea standing at 2% and syphilis only slightly lower.

Further acceleration in the growth of HIV infection may be anticipated in the light of the perceived increasing number of sex workers in Bhutan, as well as the increasing mobility of people within Bhutan and between Bhutan and India.

Current Policy and Institutional Framework

The Royal Government of Bhutan took the initiative to address the problem of HIV/AIDS well before the first case was identified in 1993. Blood is screened for HIV, and awareness about the existence of HIV is high, although detailed knowledge of the disease is often inaccurate. The Royal Government maintains a keen interest in HIV, with the National Assembly consistently addressing the issue.

A National AIDS Committee (NAC) was formed in 1989, consisting of 16 members including senior Government representatives from a range of Ministries, as well as other prominent community members. It is supported by the National AIDS Technical Committee (NATC), of whom a high percentage of members are in the health sector. As the NAC develops – perhaps drawing in expertise from bi- and multi-lateral institutions and those affected or infected by HIV/AIDS – it can play a key role in advocating for and sustaining HIV/AIDS initiatives as well as co-ordinating resources and capacities.

Multi-Sectoral Task Forces. In each dzongkhag (district) a Multi-Sectoral Task Force (MSTF) has been set up, chaired by the Dzongdag (district governor) with membership consisting of a wide range of stakeholders. The MSTF’s role is to identify local public health concerns, prioritise them and plan appropriate activities in response, with a “working committee” assisting in this. Thus, they offer a decentralised approach to the HIV/AIDS challenge and can target their programmes specifically to the needs and situation of the locality.

Although current data suggest higher risks in urban and border areas, it is recognised that the disease may become widespread with time. Through locally initiated activities organised by the MSTFs, awareness raising, preparedness and mitigation for HIV can be carried out. Locally based planning and implementation ensure that programmes carried out are relevant to traditions, cultural and socio-economic factors, as well as HIV prevalence in the locality. Ultimately, it is hoped that those infected or affected by HIV may have the courage to join and support the MSTFs in their activities.

Documentation about HIV/AIDS

The Ninth Five Year Plan (2002-2007) highlights the HIV challenge (Chapter 16: Health), as follows:

“The STD/HIV/AIDS program is one of the most important programs in the country. Studies have revealed a high prevalence of STD in some pockets of the country. Being in close proximity to a region with relatively high incidences of STD/HIV/AIDS, the country is at risk. Monitoring and prevention of STD/AIDS through information, education and communication for health will be strengthened, despite the challenges posed by physical terrain and remoteness.”
Other documentation is readily accessible on the web, including, for example:

- UNAIDS profile of HIV/AIDS in Bhutan:  
  http://www.youandaids.org/AsiaPacific/Bhutan.asp
- WHO website on HIV and AIDS in the region:  
  http://w3.whosea.org/hivaids/index.htm
- UNDP website on HIV, with downloadable publications, including its Corporate Strategy on HIV/AIDS, a discussion of its Role in the Fight Against HIV/AIDS and the relationship between HIV/AIDS and Governance:  
  http://www.undp.org/hiv

Analysis of Main Challenges

Multi-sectoral responses to a multi-sectoral concern

HIV/AIDS is not a health issue alone. Such is the impact of the pandemic that agriculture, employment, children’s education – indeed, the economy as a whole – can be very much affected. The loss of the most productive section of a population from economic and social activity can have devastating consequences for a nation. Bhutan is fortunate to face this challenge relatively late on and can draw upon the experiences, both positive and negative, of those countries which were affected earlier by the pandemic. Quite understandably, the Royal Government chose to have the HIV/AIDS focal point within the Public Health Division.

Challenge: To seek to broaden the approach with which the pandemic is addressed, through facilitating a multi-sectoral approach. Active involvement of institutions and Ministries outside of the health sector would help to counter the perception that HIV and AIDS are health issues alone.

Challenge: To generate local debate and assessment of the HIV challenge and, through the National AIDS Committee, to enable the Royal Government to prioritise the actions to be taken and to finalise its national strategy with regard to HIV and AIDS.

Cultural factors currently make it difficult for those affected or infected by HIV/AIDS to speak publicly. However, MSTFs and the National AIDS Committee could provide a setting where those affected and infected may feel comfortable to support advocacy and awareness-raising efforts. As understanding about the pandemic increases, so the stigma attached to those infected should decrease.

Challenge: Noting the desire for confidentiality/anonymity which those affected or infected by HIV/AIDS are likely to have, to create a non-judgmental and non-stigma environment so these people will feel comfortable coming into the open and being involved in public awareness-raising and in policy and programme development.

Public Awareness

Knowledge about HIV/AIDS transmission methods and protection measures has been found to be limited. In an admittedly small-sample survey, of students at one high school, 48% thought HIV could be transmitted by mosquito bites and 66% believed that donating blood was risky. Encouragingly, 99.5% had heard of HIV/AIDS, and 95.9% knew the primary transmission mode was through sexual intercourse. However, 69% believed HIV/AIDS to be curable if treated early, and 76% of students stated that HIV/AIDS patients should be isolated to avoid spreading the risk of infection. It has even been suggested that the medical and counselling community are not all fully aware of other transmission risks (e.g. mother to foetus, mother to baby), and of contacts that are not risky. Lack of understanding regarding HIV and AIDS may not only be dangerous but can also result in stigma for those infected.

Challenge: To ensure that the Bhutanese population (medical staff, government staff and the public at large) understand more clearly the transmission risks, and seek to reduce risky practices.

Challenge: To explore how youth (including school-age children) can be advised about HIV and other STDs within and/or outside of the school curriculum.

Institutional Capacity to Address the Threat

A preliminary Draft Technical Review (DTR) report on the Bhutan National STD/AIDS Control Programme suggested a need to improve the capacity of the Public Health Division to address problems pertaining to the pandemic. Likewise, it also stated that the potential benefits both of the National AIDS Committee in Thimphu and of the 20 MSTFs in each district had yet to be appropriately institutionalised.

The DTR recommended that both the National AIDS Committee and the supporting National AIDS Technical Committee needed to sharpen their mandates and become more active. It also suggested that the mandate for MSTFs was insufficiently clear and that there was more that an MSTF (and the working committee) could achieve if given further support and a clearer mandate. Experience from other countries suggests that to be effective, such
committees must be goal-oriented and their workplans time-bound.

Challenge: To assist the Royal Government and the MSTFs to assess their role, impact and membership, in order to advise on TOR improvements;

Challenge: To obtain a legal mandate for the MSTFs for fund-raising and implementing their activities;

Challenge: To instil a sense of goal orientation and time frame for outputs of the MSTFs and the National AIDS Committee.

3. Assistance by Development Partners

The Government of Denmark has been providing substantial funding assistance to Bhutan in the health sector since 1990, through HSPS (Health Sector Programme Support), and has through this programme been assisting the Royal Government in implementing HIV/AIDS prevention and control activities and supporting the surveillance of STDs and HIV/AIDS.

Support from World Health Organisation (WHO) has principally been through provision of technical assistance, and programmes to promote blood safety. WHO has been the primary sponsor of the National AIDS Control Programme, providing technical assistance, health education and facilitating links with those overseas working in HIV/AIDS. WHO has worked hand-in-hand with the Government of Denmark in HIV surveillance activities in Bhutan.

UNFPA has supported awareness building and education activities, as well as promotion of condom use, with special focus on high-risk groups. Special attention is also given to the reproductive needs of adolescents, since there is increasing evidence of sexually transmitted diseases in this age group. Attention to HIV/AIDS also has been facilitated by UNFPA’s support to the establishment of Basic Health Units and Mother and Child Health Centres. UNFPA’s achievements in awareness-raising, and to the creation of Multi-Sectoral Task Forces at local level, has been facilitated in no small part by the support of the UNFPA Goodwill Ambassador, Her Majesty the Queen Ashi Sangay Choden Wangchuck.

UNICEF is now also engaging in the HIV/AIDS sector, and seeks to focus on prevention among young people, prevention of mother-to-child transmission, care and support for orphans and children in families affected by HIV/AIDS, and care and support for people living with HIV/AIDS.

4. Assistance by UNDP

In 2002, UNDP-Bhutan, in close collaboration with the Public Health Division, Ministry of Health and Education, launched a special programme to enable those institutions already existent in Bhutan [the National AIDS Committee, National AIDS Technical Committee and all 20 Multi-Sectoral Task Forces and their working committees] to improve their functioning in terms of carefully targeted participatory action and decision-making, as well as sensitivity to gender issues in both the HIV/AIDS context and organisationally. Through these improvements, nationwide policy and advocacy on HIV/AIDS in Bhutan is being enhanced. Ground-work had already been done in terms of forming these institutions, but, as discussed above, it had been noted that failure to support these nascent structures could result in lack of benefits arising from those initial investments. It had been realised that, with little cost, strategic support could enable these institutions to have far-reaching impact in the fight against HIV/AIDS in Bhutan.

The objective of UNDP’s intervention has been to facilitate a decentralised approach to the HIV/AIDS threat, through enabling the dzongkhag-level organisations (MSTFs) to strengthen their capacities, and to draw up well-designed, dzongkhag-specific TORs and plans. Through inputs and suggestions from all MSTFs, the central National AIDS Committee would also be able to develop enhanced ability to address the HIV/AIDS threat from a multi-sectoral perspective.

UNDP is also providing assistance through a regional programme launched in May 2002. REACH (Regional Empowerment and Action to Contain HIV/AIDS) will enable experiences and ideas to be shared, and common policies to be developed, among countries within the region.

1 Her Majesty the Queen Ashi Sangay Choden Wangchuck has played a key role in promoting the concept of MSTFs and in May 2002 formally launched the MSTF in Thimphu, which has more than 100 working group committee members.

2 This preliminary draft is the product of a review carried out in February/March 2002 by the Ministry of Health and Education, through support of the Government of Denmark.