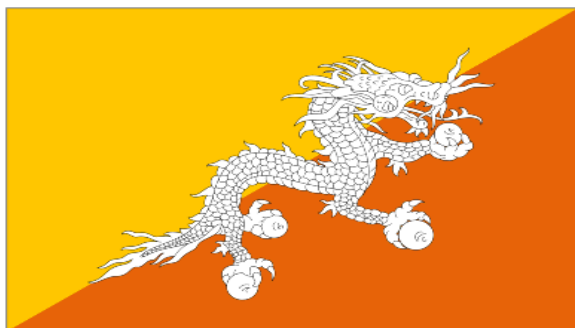


HIV/AIDS in Bhutan

THE WORLD BANK

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The Himalayan kingdom of Bhutan, though isolated geographically, is not impervious to HIV/AIDS. Increasing cross-border migration and international travel, combined with behavioral risk factors of the population, mean Bhutan could face a rapid growth of HIV cases in the coming years. As the epidemic is at a very early stage, there is still time for vigorous action to stop its spread.

STATE OF THE EPIDEMIC

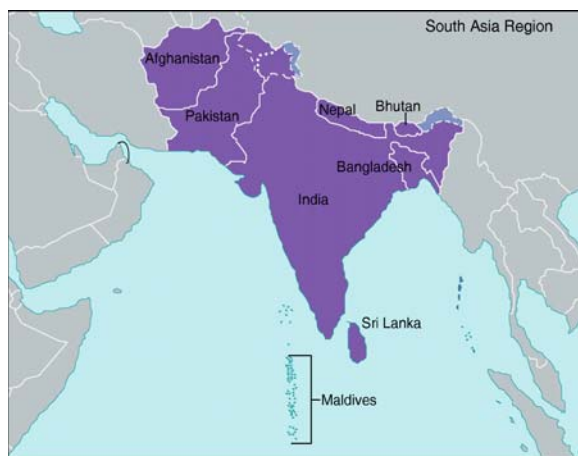
To date, 83 people have been identified as HIV positive among Bhutan's population of about 700,000. However, the small sample sizes in high risk groups may not give an adequate picture of the epidemic among populations most likely to experience a rise in HIV prevalence. UNAIDS estimates that about 500 people could have been living with HIV at the end of 2005.

Among the cases reported between 1993 and 2002, heterosexual sex was the primary mode of transmission. The infected persons range in age from 15 to 35 years, with men slightly outnumbering women. The average age of infected women is about 23 years, significantly lower than the average age for infected men, which is 32 years. People with HIV come from diverse occupational backgrounds. They are farmers, government servants, and female sex workers, in addition to those returning from other countries. Half the infections are reported from Thimphu, the capital, and Phuentsholing, a bustling commercial town bordering the Indian state of West Bengal.

RISK FACTORS

Despite Bhutan's low HIV prevalence rate, a number of factors give rise for concern:

Prevalence of Sexually Transmitted Infections (STIs): The presence of STIs among the population increases the risk of HIV infection. Although the exact magnitude of STIs in the country is not known, gonorrhea, the most common, has an estimated annual incidence of about 2 percent among the adult population. Syphilis,



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Afghanistan
Bangladesh
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Nepal
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on the other hand, for which all blood donors and pregnant women are screened, shows a slightly lower rate. Despite this, 72 percent of a sample of sex workers in Phuentsholing tested positive for the syphilis infection.

Spread of Commercial Sex Work: While the border town of Phuentsholing with its thriving commercial sex remains a high transmission zone, sex work is perceived to be spreading to Bhutan's interior districts of Paro, Tongsa, and Mongar. The construction of hydropower plants and the expansion of road networks has led to a growing number of migrant laborers, truckers, and transport workers whose living conditions are often conducive to commercial and casual sex.

Risk of Substance Abuse: Substance abuse is also associated with a higher risk of HIV infection as certain drugs can increase HIV transmission due to their impact on sexual risk-taking behavior. Although there are no studies on substance abuse in Bhutan, alcohol consumption in the country is extensive, and there are indications of the growing use of amphetamines, particularly among young people. Nevertheless, heroin and injecting drug use are currently minimal in Bhutan, unlike in neighboring Nepal, northeastern India, and southern China.

Less Rigid Sexual Norms: Sexual norms for both men and women are perceived to be less stringent in Bhutan than in other South Asian countries. Multiple concurrent relationships and casual sexual encounters are thought to be common among the general population. On the other hand, the Bhutanese Government's open discussion of sexual health issues, unlike in other countries of the region, is a positive factor.

High Mobility: Mobility, especially of unattached men, leads to increased risks for HIV transmission through commercial and casual sex. Four groups of mobile populations are the focus of HIV-prevention efforts. These include international travelers such as students and businessmen, military personnel, migrant workers from neighboring countries, and mobile professionals, such as truck drivers and traders. However, the extent to which these groups engage in risky behavior and their level of exposure to HIV is unknown and requires further study.

Porous Borders: Although Bhutan is geographically isolated, its growing trade with neighboring China, north-eastern India, Nepal, and Bangladesh has rendered its borders increasingly porous. With Nepal and the

There are significant structural and socioeconomic factors which put South Asia at risk for a full-blown AIDS epidemic.

More than 35 percent of the population lives below the poverty line;

Low levels of literacy;

Porous borders;

Rural to urban and intrastate migration of male populations;

Trafficking of women and girls into prostitution;

High stigma related to sex and sexuality;

Structured commercial sex and casual sex with non-regular partners;

Male resistance to condom use;

High prevalence of sexually transmitted infections (STIs);

Low status of women, leading to an inability to negotiate safe sex.

HIV/AIDS is a challenge that goes beyond the health sector. What is needed is the strategic involvement of all sectors – poverty reduction, education, transport and roads, urban and rural sectors, gender, social development and public health.

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northeastern Indian states of Manipur, Nagaland, and Mizoram facing “concentrated” HIV epidemics, the high levels of mobility across these borders point to an urgent need for the countries to share information and collaborate on HIV/AIDS prevention efforts.

Misconceptions among Young People: Bhutan has a young population. Some 45 percent of its people are under 15 years of age, and about 63 percent are below 25. A 2002 survey of high school students found that though awareness of HIV was high, misconceptions abound.

NATIONAL RESPONSE TO HIV/AIDS

Government. The Royal Government of Bhutan acted early to initiate HIV/AIDS prevention activities in the country. In 1988, five years before the first HIV infection was detected in the country, the Royal Government established a National HIV/AIDS and STI Control Program (NAP). The program is run by the Ministry of Health.

Bhutan has demonstrated a strong political commitment to preventing and controlling the spread of HIV. Her Majesty Queen Ashi Sangay Choden Wangchuk is the UNFPA Goodwill Ambassador and an outspoken advocate of reproductive health, including HIV/AIDS prevention. Furthermore, the government's Ninth Five-Year Plan has identified HIV/AIDS and STI prevention and control as one of the most important programs for addressing emerging health issues and promoting better health for women and adolescents in Bhutan.

The national program, which has been financed exclusively by donors—namely DANIDA and UN agencies, such as WHO, UNICEF, UNDP, and UNFPA—has focused on carrying out studies and monitoring specific populations, screening blood, integrating management of STIs in primary health care, setting up voluntary counseling and testing at the National Referral Hospital and two independent facilities in Thimphu and Phuntsholing. It has also worked closely with line ministries and district governments to address HIV/AIDS multisectorally, training health personnel, and producing information, education, and communications materials.

The program requires stronger intervention in other areas that are most effective in a low-prevalence setting: providing prevention services to and empowering those who are most at risk of contracting HIV, including youth; generating political and social support; reducing stigma and discrimination; and improving the information base for better monitoring and evaluation as well as policy and planning decisions.

Non-Governmental Organizations. Although local NGOs are nonexistent, Bhutan has civil society organizations, such as religious bodies and youth groups which have an important role to play in HIV prevention and care.

ISSUES AND CHALLENGES: PRIORITY AREAS

Bhutan faces a number of challenges in its efforts to contain HIV. It has a young population, rugged terrain, a shortage of manpower, and limited presence of nongovernmental organizations that provide prevention and support services to those at greatest risk. Key tasks ahead are as follows:

Set priorities based on the most effective interventions for a low-prevalence stage of the disease for example: reaching populations that have high rates of casual and paid sex, without stigmatizing them and reaching geographical “hot spots” where potential for transmission is high.

Strengthen technical and management capacity of the program, given limited human resources. Also develop the capacity and commitment of implementing agencies.

Enhance involvement of civil society, including religious bodies and community groups, in prevention and care for those with HIV and STIs, and for reducing stigma and discrimination.

Fill knowledge gaps and build up the information base to track the epidemic's direction and scale, as well as the impact of interventions.

WORLD BANK RESPONSE

In June 2002, the World Bank, in collaboration with the Royal Government of Bhutan, carried out a rapid situational assessment, which provided a basis for policy dialogue. The Bank discussed areas of support with the Royal Government, including grant financing, participation in regional learning programs, cross-border dialogue with neighboring states, and technical assistance. In June 2004, the Bank approved an IDA grant of US\$5.8 million for the HIV/AIDS and STI prevention project.

- The Bank is supporting the Royal Government to scale up its efforts to contain the epidemic and reduce the incidence and prevalence of STIs. Specifically, it seeks to:
 - Expand HIV and STI prevention interventions, especially for populations at higher risk and in high transmission areas.
 - Initiate care and treatment for people living with HIV/AIDS (PLWHA).
 - Improve human resources through long term and short term training and country exchanges, particularly in the area of public health and laboratory science.
 - Improve management and technical capacity of Dzongkhags, line ministries, and civil society organizations to undertake HIV/AIDS prevention.
 - Strengthen surveillance, monitoring and evaluation, and information systems for better decision making on policies and programs.
 - Engage community based organizations, NGOs, local governments and multi-sectoral agencies at the district level in expanding and accelerating HIV/AIDS interventions among populations.

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