



BACKGROUND

The Kingdom of Bhutan is a small land - locked country located between China in the north, and India in south, with an estimated population of 733,643 of which 52 % are male and 48% are female. The majority of the population continues to live in rural areas (65.5%), with the vast majority engaged in agriculture and livestock farming. Nearly 61% of the population is in the economically active age group of 15 - 64 years, and about 5 percent is above 64 years old. According to the Population and Housing Census of Bhutan (National Statistics Bureau 2005), life expectancy at birth stood at 66.2 years (65.65 years for males and 66.85 years for females). Demographically, Bhutan is characterised by a high fertility rate and a declining mortality rate, leading to very rapid population growth.

The first case of HIV was detected in 1993, and the number of cases increased from the year 2000 onwards, with more than 80% of the total cases reported within the last 10 years. This noticeable increase is attributed to the scale up of HIV testing and counseling services in the country. The majority of the cases are found within the younger populations, with over 53% of cases detected in the population group below the age of 30.¹

As of June 2016, National AIDS Control Programme Bhutan reported a cumulative of 492 (male 252 and Female 240) HIV cases. Till that date there have been a total of 86 reported deaths due to AIDS related complications, of which 29 have died while on treatment. Currently, there are 386 registered people living with HIV (PLHIV), excluding 19 non - Bhutanese who have left the country and one Bhutanese living outside the country. Of the registered total living with HIV approximately 57% are enrolled in lifelong Anti - Retroviral Therapy (ART). The historical trend in all newly diagnosed cases, since the first two cases were detected in 1993, has been slowly increasing. The increase in HIV infection diagnoses from 2006 onwards can be attributed to investment in scaling up of HIV prevention, testing and control, which indicate progress in programme implementation.²

COUNTRY PRIORITIES

Bhutan bears a low burden of HIV; the estimated adult HIV prevalence was 0.1% (range 0.1% - 0.4%) in 2013, or less than 1,000 people living with HIV. (UNAIDS, HIV in Asia and the Pacific, 2013). However, due to data limitations, particularly related to the HIV prevalence and size of the traditionally vulnerable populations, it remains difficult to fully understand and explain the dynamics of the overall HIV epidemic in the country. The Constitution of Bhutan mandates the government to provide free access to basic health services.³

Reflecting the drivers of the epidemic, key and vulnerable populations remain the focus of the National HIV Strategic Plan of Bhutan. These populations include female sex workers, clients of sex workers, transgender people, gay men and other men who have sex with men, people who inject drugs, incarcerated people, mobile, migrant and displaced populations, young people and uniformed services.⁴ While it is acknowledged that 90% of reported HIV cases are attributable to sexual transmission, little is known about the heterosexual vs. homosexual nature of this transmission. This is largely due to the fact that strong social and cultural taboos stigmatise male-to-male sex in Bhutan, making this group difficult to monitor. Despite these issues, MSM are included as a target group in the 2008 National Strategic Plan, given experiences in other countries wherein HIV disproportionately impacts MSM.⁵

The challenge for the country is to continue to maintain this low prevalence when considering the risks that come with modernisation and globalisation. In order to move forward with an HIV intervention programme, it needs to learn from good practices and the experience of other countries.

The recently launched Municipal Review Report of UNDP highlighted that Bhutan government is to prioritise support for key populations, such as people who use drugs, sex workers, men who have sex with men and transgender people to reduce risk and vulnerability to HIV in urban settings, thus aiding in informing and strengthening Thimphu's municipal HIV and rights responses.⁶



DATA SUMMARY

Epidemiology	Estimate	Year
Estimated No. Of MSM ⁷	9,105	2017
HIV prevalence per national estimates	No IBBS conducted for MSM	----
No. of times higher than among general population ⁸	0.1-0.4% among general population	2015
HIV prevalence among youth MSM	NA	----
No. of MSM/TG on ART	NA	----
STI prevalence among MSM/TG	NA	----
Syphilis prevalence among MSM/TG	NA	----
Estimated No. of TG/Hijra	NA	----
HIV Prevalence as per national estimates	NA	----
Behavioural (MSM)	Estimate	Year
Average number of partners ⁹	6 and above	2015
Condom use during last encounter (anal sex)	NA	----
HIV test in last six months	NA	----
Prevention knowledge	NA	----
Reported vaginal sex in last one month	NA	----
Substance use	NA	----
IDU use	NA	----
Behavioural (TG)	Estimate	Year
Average number of partners	NA	----
Condom use during last encounter (anal sex)	NA	----
HIV test in last six months	NA	----
Prevention knowledge	NA	----
Reported vaginal sex in last one month	NA	----
Substance use	NA	----
IDU use	NA	----

DATA SUMMARY

Programmatic	Estimate	Year
HIV Prevention Coverage MSM/TG ¹⁰	17 MSM covered	2017
National level strategy for MSM/TG ¹¹	HIV outreach education services on prevention	2017
Legal	Status	Year
Male to male sex ¹²	Provisions under the Penal Code (2004) Section 213 criminalise s sodomy, or any other sexual conduct that is against the “order of nature”. Such a punitive law impedes the access to preventive care and treatment services for gay men and other MSM. It is recognised that the lack of legal recognition of same - sex relationships and of transgender status contributes to low self - esteem and social marginalisation.	2015
Sex work in private ¹³	Illegal	2015
Soliciting for sex ¹⁴	Imprisonment up to 14 years	2016
Sections criminalising same sex activities ¹⁵	Section 213	2015
Third gender recognised ¹⁶	No	2015
HIV Policy ¹⁷	For key populations	2015
TG/H Policy or bill ¹⁸	No	2015



FAST TRACK RESPONSE

HIV TESTING STATUS

Innovative service delivery approaches of Bhutan includes intensified testing to reach key populations through facility - based outreach and community - led in - reach; linking testing to treatment and retention with referral systems and case management that will be introduced systematically in all facilities; introducing test for triage, initiated through community - led HIV screening; continuum of care in an integrated systems for health approach, which includes both facility based and community health services; and updating the capacity and competence of health service providers, including task sharing.¹⁹

Free standing Health Information and Service Centers (HISCs) complement the services of formal health care settings by providing HIV counseling and testing services, including HIV and STI diagnoses and referral for men who have sex with men and transgender people. 34 HISCs have been established in six priority districts, including the four major towns of Thimphu, Phuntsholing, Samdrupjongkhar and Gelephu. The centres also function as a safe space for members of the men who have sex with men and transgender communities. HIV testing in Thimphu is available at stand-alone HISCs and in hospital precinct outpatient departments. Participants in the Thimphu city review highlighted the need for building stronger accompanying and referral linkages between community-based sites for men who have sex with men and transgender people, and HIV testing centres.²⁰

HIV TREATMENT DELIVERY

The National strategic plan 2017-2023 of Bhutan proposes the introduction of PrEP. Gradual introduction of PrEP could be achieved with active retention monitoring and counselling support. PrEP could potentially help reverse HIV rates among TG, and gay men and other MSM, if introduced in Bhutan.²¹

In order to bridge the gap between HIV diagnosis and enrollment in HIV clinical care, the Ministry of Health of Bhutan and the Royal Institute of Health Sciences, recently established a service to assist people in moving between HISCs and the national referral hospital. The small size of Thimphu helped the government hospital system establish a supplementary service for people newly diagnosed with HIV, including men who have sex with men and transgender people. The system also helps ensure that the patient: has an immediate consultation with a doctor familiar in treating HIV, receives CD4 results, and can start HIV antiretroviral treatment as soon as possible.

The service provides a way for health workers to retain people living with HIV in their care. Nursing and other health staff telephone people living with HIV to motivate and support them to continue accessing health services. The Ministry of Health is negotiating with Lhak-Sam to provide care and support that can be integrated into this service. The approach, though small, is innovative and offers an opportunity for operational research and reporting to take place that can be studied, reported upon and replicated.²²

FAST TRACK RESPONSE

INTENSIFIED COMBINATION PREVENTION

The health ministry, departments and Royal Government of Bhutan adopted following strategies to intensify prevention efforts.

- Develop or strengthen case finding and case management systems that facilitate linkages between sexual and reproductive health and HIV services for men who have sex with men and transgender people to improve accessibility and utilisation.
- Professionalise community outreach approaches for men who have sex with men and transgender people to better connect with, retain and refer those who are 'hard-to-reach' and who do not identify as 'gay'. These approaches, including communications, should take into account sexual and reproductive health messaging that address risky sexual behaviour among people of diverse genders.
- Build and strengthen the capacity of health care providers and outreach workers in service delivery models that target men who have sex with men and transgender people. Stakeholders recommended that training programmes take into account that the majority of men who have sex with men do not self-identify as gay and/ or bisexual.
- Scale up tailored HIV combination prevention programmes in closed settings, such as monastic institutions, prisons, and migrant worker camps and among uniformed personnel, and strengthen referral to SRH and allied health services.

Significant communication initiatives to intensify prevention approach

Recently, men who have sex with men and transgender people have begun to mobilise through the use of social media platforms and community building activities. By 2013, two transgender people had been interviewed on national television and in March 2015 the first openly gay man (and who identified as gay) appeared on the Bhutan Broadcasting Service.

OWNERSHIP

The HIV/AIDS response in the country is completely the responsibility of Royal Government of Bhutan.

INNOVATION

The implementation of eHealth and m Health networks throughout Bhutan will be tried out. This will revolutionise and influence how health services are delivered. eHealth and mHealth recognise the transformative potential that information and communication technologies (ICT) hold for the healthcare system in Bhutan. Specifically, mobile telecommunication technologies will open new opportunities for innovation in health data collection, supply chain management, and patient monitoring and treatment. Moreover, m Health offers the opportunity to improve health literacy through the use of mobile phones that offer access to healthcare systems with the press of a button. eHealth will support the prevention of duplicate HIV testing, and link patient records across service providers, through installation and use of unique personal identification. Such technological innovation will improve case management; tracking drugs, supplies and services; minimising duplication; training healthcare workers; supporting patients and educating the public; as well as diagnostic applications; training applications; distance learning courses; and public outreach and in - reach applications, including awareness and testing campaigns.²⁴



FAST TRACK RESPONSE

BEST PRACTICE

Following best practices²⁵ have been identified in the period 2009-2016.

- The Ninth Five Year Plan provided a multi-sectoral strategy to prevent and control HIV and also identified this as one of the country's most important programme in promoting healthy outcomes.
- In 2009, the Ministry of Health initiated a self-help group in 2009 to facilitate psychosocial support amongst the PLHIV. In 2010, the Ministry of Health supported and registered the first and the only CSO (Lhak Sam) working primarily for people affected and effected by HIV in the country.

ZERO DISCRIMINATION

Like many low and middle-income countries in the Asia and Pacific Region, Bhutan does not provide specific protection under anti - discrimination or human rights laws for MSM, transgender people, sex workers and PWID leaving them vulnerable to abuse, victimisation and neglect.²⁶

Fear of stigma and discrimination continues to be a major barrier for men who have sex with men and transgender people to access to and utilisation of HIV and allied health services. Key informants from government and civil society recommended targeted programmes that sensitise health service providers, uniformed personnel, policy makers and people in monastic settings on HIV and rights-based approaches.²⁷

MONITORING AND EVALUATION

HIV programme has a separate monitoring system. A national progress report is produced based on a standard quarterly report submitted by all stakeholders implementing HIV activities. Reporting includes output and process indicators for the national monitoring framework. The national progress report is a key tool for assessment of the implementation of the national response. The data are disaggregated by gender and capture data at the district level. However, many key data are not captured, the STIs and HIV/AIDS monitoring and evaluation system needs to be updated. Therefore, a multi-stakeholder review on the data and recommendations of existing key population size estimation studies, the national assessment on discrimination in health care settings and IBBS is in the pipeline. The findings and recommendations of the review can inform Global Fund country proposals, domestic financing decisions and development partner assistance frameworks to support the national HIV response.²⁸

PROGRAMMATIC ALLOCATIONS

So far Bhutan has received USD 5.7 million from World Bank (2204-2010) and USD 11.5 million from Global fund (2008-2016)²⁹

TREATMENT CASCADE

The small size of Thimphu helped the government hospital system establish a supplementary service for people newly diagnosed with HIV, including men who have sex with men and transgender people. The system also helps ensure that the patient has an immediate consultation with a doctor familiar in treating HIV, receives CD4 results, and can start HIV antiretroviral treatment as soon as possible.³⁰

Treatment Care and Support Services

- Scaling up of HIV testing facilities to increase the treatment coverage, which is currently only 15%.
- Facilities for Early Infant Diagnosis (EID) are urgently needed to monitor HIV among infants born from HIV positive mothers.
- Due to the unavailability of viral load equipment, virological monitoring of patients on ART is not possible. This can be a bottleneck for monitoring the treatment adherence and appropriate regimen of people on ART.
- Revising the current NSPII which ends in 2016, to reflect the global 90 - 90 - 90 targets by 2020, in order to having ended AIDS in Bhutan, by 2030.³¹



ADDITIONAL RESPONSE

UIC

Does not exist

ADVOCACY AND CAPACITY BUILDING

Lhak-Sam initiated advocacy with support from few national and international agencies. The LGBT+ community forums conducted through the MSA grant in 2016 brought in together 125 participants in six forums; 40 MSM, 38 TGs, including 47 other members; Trans men, Lesbians, Bisexual, PLHIV, recovering drug users (staff), supporters and family members of LGBT+ and relevant stakeholders.³²

NETWORKS

Lhak-Sam is the Bhutan Network of Positive People. Formed in 2010, Lhak-Sam is an independent civil society organisation registered under the Civil Society Act. The network delivers education, community care and support, and provides a public face for people living with HIV in Bhutan. Under the Multi-Country South Asia Global Fund HIV Programme, they also provide guidance for men who have sex with men and transgender HIV awareness, networking and community building. Lhak-Sam coordinates its activities in close collaboration with the National HIV/AIDS and STI Control Programme.³³

SOCIAL ENTITLEMENT SCHEMES³⁴

There is no explicit definition of social protection in Bhutan. However, policies are being introduced to protect the rights of every Bhutanese citizen. New laws are being initiated and old ones are being changed to adapt to the current environment. The social assistance programmes in Bhutan include the food or cash for education programme, school feeding programme, and disaster relief. Except for the social insurance programme, many of the programmes under social assistance and labour market programs are supported with assistance from donor agencies. There are no MSM/TG specific social entitlement programmes but they can access these benefits.³⁵

CHALLENGES

- Data on HIV - related risk behaviors among vulnerable populations is limited in Bhutan, and where this exists, is often out dated. This creates challenges for evidence - informed programming, resource mobilisation, and advocacy. Further investments in improving surveillance and strategic information are urgently required.
- Political commitment to take forwards the cause of MSM and TG in Bhutan.
- Lack of focused communication and capacity building initiative to identify the hidden population of MSM and TG.
- Establishing networks and lobbying for representation and inclusion of LGBTs in policy and decision-making.

RECOMMENDATIONS³⁶

- Conduct IBBS for MSM and TG population.
- Repeal Article 213 of the Penal Code of Bhutan that criminalises sodomy. Criminalising same-sex behaviour has been shown to reduce the effectiveness of HIV prevention, care, support and treatment services for men who have sex with men and transgender people.
- Conduct a legal environment assessment (LEA) to examine how laws and policies impact on Bhutan's HIV response with key populations. The recommendations of the LEA will guide legislative and policy reform with the aim of removing discriminatory and other barriers that inhibit the right to health and HIV services by key populations.
- Countries must reform their approach towards sexual diversity. Rather than punishing consenting adults involved in same sex activity, countries must over such people access to effective HIV and health services and commodities.
- Repeal all laws that criminalise consensual sex between adults of the same sex and/or laws that punish homosexual identity.
- Respect existing civil and religious laws and guarantees relating to privacy.
- Remove legal, regulatory and administrative barriers to the formation of community organisations by or for gay men, lesbians and/or bisexual people.
- Amend anti-discrimination laws expressly to prohibit discrimination based on sexual orientation (as well as gender identity).
- Promote effective measures to prevent violence against men who have sex with men.
- Ensure transgender people are able to have their armed gender recognised in identification documents, without the need for prior medical procedures such as sterilisation, sex reassignment surgery or hormonal therapy.
- Document and promote regionally-relevant and innovative models of health service provision to MSM and transgender people
- Establish and promote regional standards of MSM and transgender HIV prevention and care Identify barriers and potential solutions to 'Treatment as Prevention' for MSM and transgender people with HIV
- Develop and promote holistic healthcare models for transgender people



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We are united in advocating for issues around HIV and those that advance the rights, health and well being of people of diverse sexual orientation, gender identity, gender expression and sex characteristics.

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