



HIV/AIDS

ISSUE BRIEF



South Asia Region (SAR) **Bhutan**

The Himalayan kingdom of Bhutan, though isolated geographically, is no longer impervious to HIV/AIDS. Increasing cross-border migration and international travel, combined with behavioral risks of the population, mean Bhutan could face an exponential growth of HIV cases in the coming years. The epidemic is at a very early stage, meaning there is still time for vigorous action to stop its spread.



HIV/AIDS in Bhutan A Threat to Development

The Government of Bhutan has stated that HIV/AIDS prevention will remain high on its agenda. Attention will focus on capacity building for an effective national public health program and intensified health promotion interventions targeting vulnerable groups and border areas in the south.

STATE OF THE EPIDEMIC

Bhutan has a population of about 700,000. Only 45 HIV cases have actually been detected. However, UNAIDS estimated that about 100 people were living with HIV/AIDS at the end of 2002. This still amounts to a prevalence rate of less than 0.01 percent of the population.

Among the reported cases between 1993 and 2002, heterosexual sex was the primary mode of transmission. The cases ranged in age from 15 to 35 years, with men slightly outnumbering women. The average age of infected women is about 23 years old, significantly lower than the 32 years average age for men. Other than a few cases of female sex workers, HIV-positive people have had diverse occupational backgrounds, including farmers and government servants. They also include people returning from other countries. Half of the people reported to be infected are in Thimpu, the capital, and in Phoensoling, a bustling commercial town in the Himalayan foothills bordering West Bengal, India.

RISK AND VULNERABILITY

Despite an estimated low prevalence rate, there are mounting concerns because of the significant presence of risk factors and vulnerability.

- **Sexually Transmitted Diseases (STDs):** STDs have been shown to increase the likelihood of acquiring and transmitting HIV. The exact magnitude of the STD burden in the country is unknown, but syndromic case reporting (based not on actual tests, but on diagnosis of symptoms) reveals that gonorrhea is the most common STD, with an estimated annual incidence rate of about 2 percent of the adult population. Syphilis, for which all blood donors and pregnant women are screened, shows a slightly lower rate. In a sample of 345 military personnel, although none tested positive for HIV, 5.3 percent tested positive for syphilis, and 6.2 percent for Hepatitis B.

In a sample of 60 sex workers in Phoensoling, two tested positive for HIV, 72 percent for syphilis, and 3.4 percent for Hepatitis B.

- **Rising Trend in Commercial Sex:** Sex work is perceived to be growing beyond the

HIV/AIDS in South Asia

Over 5 million people in South Asia are living with HIV/AIDS, according to UNAIDS. Over 90 percent of those infected are living in India. However, high-risk behaviors and infection rates are growing across the region. Unless vigorous and timely action is taken, South Asian countries run the risk of experiencing the devastating social and economic impacts of the kind of full-blown AIDS epidemics seen elsewhere in the world. There is still a window of opportunity to act to prevent this situation in South Asia.

border towns, such as Phoensoling, into the interior districts of Paro, Trongsa, and Mongar. Bhutan has constructed several major hydropower plants and has expanded road networks, resulting in increased mobility and migration. Living and working conditions of migrant workers, truckers, and transport workers are often conducive to commercial and casual sex. Phoensoling, however, remains a high transmission zone, where cross-border trade and sex work thrive.

- **Substance Abuse:** Although there are no studies available on substance abuse in Bhutan, alcohol use is extensive in Bhutanese society, and there are indications of increasing use of amphetamines, particularly among youth. Such substance abuse is associated with a higher risk of HIV infection. Heroin and injecting drug use in Bhutan is, however, currently minimal, unlike in neighboring areas such as Nepal, northeast states of India, and the southern provinces of China.
- **Less Rigid Sexual Norms and Relations:** Bhutanese society is perceived to have less stringent practices and views about sexuality for both men and women than in other South Asian countries. Multiple concurrent relationships and casual sexual encounters are thought to be common among the general population. On the positive side, unlike other countries in the region, the Bhutanese civil and political leadership openly discusses the issue of sexuality and reproductive and sexual health.
- **High Mobility:** Mobility often results in increased opportunities and pressure to engage in commercial and casual sex. There are four groups of mobile populations that are the focus of HIV-prevention efforts: (i) those traveling abroad for studies or business; (ii) military personnel; (iii) migrant workers from neighboring countries; and (iv) mobile workers such as truck drivers and traders. The extent of risk behaviors—and level of exposure to HIV—among these subpopulations in Bhutan is not known and requires further study.
- **Youthful Population:** About 45 percent of Bhutan's population is under 15 years old, and about 63 percent is under 25 years. A survey of Punakha High School students carried out in 2002 found that, though awareness of HIV was high, misconceptions abound. For example, there is the belief that even casual contact can result in transmission.
- **Porous Borders:** Bhutan, situated in the Himalayas, is a landlocked country bordering China and the northeast states of India, close to Nepal and Bangladesh. The borders are increasingly porous with greater commerce and trade. Some places, such as Nepal and the northeastern Indian states of Manipur, Nagaland, and Mizoram, are already experiencing “concentrated” HIV epidemics, while others, such as the Indian states of Sikkim and Meghalaya, maintain a relatively low prevalence. A high level of mobility across these borders indicates an urgent need for sharing information and collaboration on HIV/AIDS prevention efforts.

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 STD Control Program (NAP).

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 STD 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, has focused on carrying out studies and monitoring specific populations; screening blood; integrating management of STDs in primary health care; setting up voluntary counseling and testing at the National Referral Hospital; 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 vulnerable, including youth; generating political and social support;

religious affairs, and improving the information base for better monitoring and evaluation and policy and planning decisions.

Nongovernmental Organizations (NGOs). 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 has a relatively small and youthful population, a highly rugged terrain, a manpower shortage, and a limited presence of nongovernmental organizations, that in many countries provide prevention and support services to those who are at highest risk. Key challenges include:

- **Setting priorities** based on the most effective interventions during a low-prevalence stage and on developing the capacity and commitment of implementing agencies.
- **Creating an institutional set up** for the National HIV/AIDS and STD Control Program that promotes greater visibility and leadership.
- **Strengthening technical and management capacity** of the program, given limited human resources.
- **Reaching populations** that have higher rates of sexual partner (casual and paid sex) exchange or needle sharing, in addition to geographical “hot spots” (potentially high transmission areas) without stigmatizing them.
- **Enhancing involvement of other sectors and civil society**, including religious bodies and community groups, in prevention and care for those with HIV and STDs and for reducing stigma and discrimination.
- **Filling knowledge gaps** and building 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, carried out a rapid situational assessment, which provided a basis for policy dialogue. The Bank has 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. The two parties have completed negotiations for a proposed project to receive approximately US\$5.8 million in grant financing to support prevention and care of HIV/AIDS and STIs.

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For more information on World Bank assistance to Bhutan, please visit:
<http://www.worldbank.org/bt>

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