

# **BREAKING NEW GROUND:**

**A municipal review of HIV and rights programmes and services for men who have sex with men and transgender people in**

# **THIMPHU, BHUTAN**



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Resilient nations.*



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# FOREWORD

This review of HIV and rights-based programmes for men who have sex with men and transgender people was undertaken in Thimphu, Bhutan through a partnership between the Ministry of Health, the Royal Government of Bhutan and the United Nations Development Programme.

Regional and global research demonstrates that HIV risk and vulnerability can be exacerbated by the mobility of populations and changing social norms in urban settings. The need for increased information and research in the cities of Bhutan is imperative given the steady rate of urbanization in the country. With the increasing trend of rural-urban migration, there is a need for health interventions to be prioritized, considering the growing vulnerabilities and increasing risk to HIV among men who have sex with men and transgender people.

The Ministry of Health, Royal Government of Bhutan is committed to continuing our efforts in the design and implementation of appropriate health and rights-based interventions on HIV, and to promote universal access to prevention, care and support for the affected and vulnerable sections of our population — including men who have sex with men, transgender people and all those living with HIV.

We are pleased to partner with the United Nations Development Programme in strengthening our strategic information and to enhance the reach of HIV prevention services to key populations. Our partnership has enabled us to strengthen our dialogue with communities, and deepen our knowledge on the current epidemic trends in Thimphu, the capital city of Bhutan. We commend the efforts of the UN system as we strive to achieve our shared goals.



Dr. Ugen Dophu  
Secretary  
Ministry of Health  
Royal Government of Bhutan

# ACKNOWLEDGEMENTS

This review was conducted in 2014-2015 as part of the broader UNDP South Asia Municipal HIV and Rights Review, which investigated the HIV and rights programmes and services for men who have sex with men and transgender people in seven South Asian cities.

The UNDP South Asia Municipal HIV and Rights Review was implemented by APMGlobal Health. We gratefully acknowledge Lou McCallum, Director, APMGlobal Health who designed and coordinated the study with Scott Berry and Jan Willem de Lind van Wijngaarden.

The primary investigator of the review in Bhutan was Dechen Wangmo.

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- The Royal Institute of Health Sciences
- Thimphu Health Information Services Centre
- Dratshang Lhentshog, the Commission for Monastic Affairs of Bhutan
- The Royal Bhutan Police
- Lhak-Sam, the Bhutan Network of Positive People
- Bhutan Youth Development Fund
- RENEW Project (Respect, Educate, Nurture, Empower Women)

The UNDP South Asia Municipal HIV and Rights Review benefited from regional workshops, including an Orientation and Training Workshop held in Bangkok in September 2014, and a Synthesis Workshop in Bangkok in March 2015. Additionally, the Asia Pacific Coalition on Male Sexual Health South Asia Strategic Information Advisors held an expert's review on 7 February 2015 in Bangkok.

This activity was supported by UNDP under the Multi-Country South Asia Global Fund Programme (MSA-910-G02-H), a regional programme that operates in seven countries (Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka) and seeks to reduce the impact of, and vulnerability to, HIV of men who have sex with men, *hijras* and transgender people through community systems strengthening. In Afghanistan, the programme focuses on HIV prevention services for men with high risk behaviour.

# ACRONYMS

AIDS	Acquired immunodeficiency syndrome
APCOM	Asia Pacific Coalition on Male Sexual Health
APF	Asia Pacific Forum of National Human Rights Institutions
APMG	APMGlobal Health
ART	Antiretroviral therapy
CD4	Cluster of differentiation 4 - marker of immune system function
HISC	Health Information Service Centre
HIV	Human immunodeficiency virus
IDLO	International Development Law Organization
LEA	Legal environment assessment
LGBTI	Lesbian, gay, bisexual, transgender, intersex
NGO	Non-government organization
NSP	National Strategic Plan
SAARC	South Asian Association for Regional Cooperation
SAARCLAW	South Asian Association for Regional Cooperation in Law
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
USAID	United States Agency for International Development



A rainbow flag was raised at the UN House for the first time as part of activities for the International Day against Homophobia, Transphobia and Biphobia, 17 May 2016. Photo: Bhutan Broadcasting Service.

## Chapter 1

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# INTRODUCTION

**“ We are a small society and word tends to spread easily...Most men who have sex with men are afraid to [bring] shame [to] their families and [to] publicly declare they are gay. [This is because] the general public have little understanding of men who have sex with men...[So] there must be projects to sensitize [them]. ”**

– HIV fieldworker in Thimphu, Bhutan<sup>1</sup>

*Breaking new ground: A municipal review of HIV and rights programmes and services for men who have sex with men and transgender people in Thimphu, Bhutan was conducted in 2014-2015 as part of the broader UNDP-led initiative that examined HIV and rights programmes and services for men who have sex with men and transgender people in seven South Asian cities. The review aims to inform and strengthen Thimphu's municipal HIV and rights responses for these vulnerable key populations. Government and community leaders were crucial to the review process as they provided valuable inputs that informed the recommendations.*

### Key findings

- A literature review showed that while overall HIV prevalence in Bhutan and Thimphu is considered to be low (0.1-0.4 percent<sup>2</sup>). Sexual transmission is the key mode of new HIV infections. Recent behavioural data indicates the potential for an expanding epidemic among key populations.<sup>3</sup>
- Participants of the review noted that interventions solely targeting 'gay-identified' men are ineffective in the Bhutanese context. It was also noted that many men who have sex with men have sex have regular female sexual partners. Therefore, prevention and testing programmes need to address their sexual and reproductive health (SRH) needs through improved linkages with comprehensive and male-friendly SRH services. Symptomatic STIs were reported as a key motivator for men who have sex with men to seek SRH services.
- Municipal government leadership is well-positioned to coordinate sustainable multisectoral city-based responses, ensuring meaningful participation of men who have sex with men and transgender people. Effective coordination is an essential ingredient for meaningful participation of men who have sex with men and transgender people in Thimphu's HIV response.
- 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 utilization of HIV and allied health services. Key informants from

1 Wangmo, Dechen (2014). *Thimphu Report on Momentum Workshop for Review of Programmes and Policies in 7 South Asian Cities*. Thimphu, Bhutan.

2 NACP (2015). *Country Progress Report on the HIV Response in Bhutan-2015*.

3 *Ibid.*

government and civil society recommended targeted programmes that sensitize health service providers, uniformed personnel, policy makers and people in monastic settings on HIV and rights-based approaches.

- Bhutan's HIV monitoring and evaluation system can be strengthened with the introduction of standardized reporting across the HIV Treatment Cascade.<sup>4</sup> Improved reporting and feedback mechanisms which engage communities and service providers will enable effective programming and resource allocation.

## 1.1 Rationale

Cities now bear the brunt of the HIV burden in South Asia and worldwide and, thus, are important environments for promoting enabling legal and policy approaches to ensure effective HIV and rights programming. Rapid urbanization can contribute to the negative impact on health and well-being, especially for those living in impoverished urban areas. People living in these areas often face significantly higher HIV risk and vulnerability due to disparities in employment, education, nutrition and access to health and social services, as well as poor sanitation and overcrowding. For example in South Asia, Karachi is now home to 30 percent of HIV cases in Pakistan, while 56 percent of all people living with HIV in Sri Lanka reside in and around Colombo.<sup>5,6</sup>

The South Asia Association for Regional Cooperation (SAARC) regional strategy on HIV prioritizes 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.<sup>7</sup> Furthermore, the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) Resolutions 67/9 and 66/10 reaffirm the commitment of countries in the region to provide universal access for HIV prevention, treatment and care, and to address critical barriers that hamper the HIV response.<sup>8,9</sup> These government commitments represent a regional consensus to prioritize service delivery to improve the health and well-being of key populations and people living with HIV.

Cities across South Asia are now centres of national HIV epidemics, particularly among key populations. As they modernize, cities offer a sense of anonymity which, combined with changing social norms, can lead to elevated risk taking behaviour.<sup>10</sup> The increase in domestic rural to urban migration may also amplify vulnerabilities to HIV, sexually transmitted infections (STIs), viral hepatitis, tuberculosis and other diseases.<sup>11</sup> However, despite the demonstrated need, key populations in many cities often do not access HIV, health and sexual and reproductive health services.

Despite the challenges, cities also offer unique opportunities to progress innovative and sustainable HIV and rights programming, and increase service delivery and uptake. Political and social cultures in cities are often more tolerant, which permits city governments to design and implement programming that effectively serves marginalized key populations. The compact nature of city governments can enable better coordination amongst municipal departments and civil society groups to build support for effective public health policy. These local governance opportunities allow cities to adapt, strengthen and expand their responses to have a sustainable and direct impact on HIV and rights programming.

For these reasons, the UNDP South Asia Municipal HIV and Rights Review has focused on identifying and providing recommendations to enhance municipal HIV programming for men who have sex with men and transgender people.

4 The HIV Treatment Cascade is a tool for monitoring the integrated delivery of health services for people living with HIV. See Appendix 2 for more information.

5 UNAIDS (2014). *The Cities Report*. Geneva.

6 National STD/AIDS Control Programme Sri Lanka (2014). *Annual Report 2014-15*.

7 South Asia Association for Regional Development (2013). *SAARC Regional Strategy on HIV/AIDS 2013-2017*. SAARC Tuberculosis and HIV/AIDS Centre. Nepal.

8 United Nations Economic and Social Commission for Asia and the Pacific (2011). *Resolution 67/9 Asia-Pacific regional review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, Sixty-seventh Session*. Bangkok, Thailand.

9 United Nations Economic and Social Commission for Asia and the Pacific (2010). *Resolution 66/10: Regional call for action to achieve universal access to HIV prevention, treatment, care and support in Asia and the Pacific, Fifth plenary meeting*. Bangkok, Thailand.

10 Rama, Martin et al. (2015). *Addressing inequality in South Asia*. Washington, D.C.: World Bank.

11 UNAIDS (2014). *The Cities Report*. Geneva.

## 1.2 Background

Beginning in 2010, a partnership between USAID, UNDP, UNAIDS, the Asia Pacific Coalition on Male Sexual Health (APCOM), municipal governments and community partners led to the piloting of a Six City HIV Initiative to support innovative municipal policy and programming to manage the HIV response in six Asian cities: Bangkok, Chengdu, Ho Chi Minh City, Jakarta, Manila and Yangon. This pilot programme yielded impressive results in the form of new and tightly-targeted strategy development and planning for key population interventions, new generation of evidence and strategic information, innovative HIV efforts across systems and populations, and the ratification of new municipal action plans.

South Asia's HIV epidemics are concentrated among key populations, primarily men who have sex with men, people who use drugs, sex workers, transgender people and *hijras*. While governments are beginning to increase their support for HIV responses for key populations, to date the main source of funding has been from international donors, such as the Global Fund.

South Asia has 69 cities with a population of more than 1 million people. Five are mega-cities with more than 10 million people and include Delhi, Dhaka, Karachi, Kolkata and Mumbai. Therefore, efforts to scale-up HIV and rights programming in South Asia will require an evidence base that outlines the importance of expanding municipal-level HIV and rights programming for men who have sex with men and transgender people.

## 1.3 Audience for the report

The Thimphu city report is relevant to the Government of Bhutan and its ministries and departments, as well as municipal programmers in Thimphu. The report is of use to regional and international agencies including the United Nations and other development organizations operating in Bhutan to improve the health and human rights of men who have sex with men and transgender people. Emerging community-based groups in Thimphu will also find the report useful for project planning and developing evidence-informed ideas for future projects and activities.

## 1.4 The review methodology

The UNDP South Asia Municipal HIV and Rights Review followed a consultative process, similar to the type of information gathering undertaken when producing national, sector-based or organizational strategic and programmatic plans. This investigation incorporated a three-stage methodology and conceptual framework, presented below.

### Stage 1: City-level promotion, document review and analysis

Two preparation and planning steps were undertaken to gather information, recruit and engage city-based, local consultants. An internet-based submission process was established in each city to facilitate anonymous contributions to the review. The two steps included:

- Collating and reviewing literature related to men who have sex with men and transgender people's health and human rights, both globally and in South Asia.
- An analysis seminar with city-based, local consultants to collate related documents and include local intelligence in building a picture of the health and human rights environment for men who have sex with men and transgender people in South Asian cities.

### Stage 2: Fieldwork and local engagement

Three steps for city-level engagement were undertaken to gather information from those leading the municipal HIV and rights response for men who have sex with men and transgender people. The instruments used for questioning are available in Appendix 1. The three steps included:

- City-level Momentum Workshop: this workshop introduced the review process and sought answers to questions related to current practices and ideas for improvements to programming for men who have sex with men and transgender people.
- Individual and group interviews: key informants were interviewed for information about current practices and improvements in programming for men who have sex with men and transgender people.
- City-level Visioning Workshop: this meeting was held to present the city-level findings and seek consensus for next steps in strengthening municipal programming.

### Stage 3: City data analysis

Three steps for analysing the data collected were undertaken:

- Collating the information collected during workshops and interviews.
- Collating online responses from men who have sex with men and transgender people in each city.
- A synthesis workshop with the city consultant and representatives from UNDP and APCOM was facilitated to analyse results and produce a draft report.

A conceptual framework for the review guided the development of the methodology, which was adopted by stakeholders. The conceptual framework included the HIV Treatment Cascade and the comprehensive package of HIV services and programmes for men who have sex with men and transgender populations in Asia and the Pacific.<sup>12</sup> A detailed description of the conceptual framework for the review is in Appendix 2 of this report.

## 1.5 The Thimphu city review

Stage Two of the city review methodology outlines three steps for the city review. Step one involved a city momentum workshop in Thimphu that was held on 10 December 2014. Seventeen representatives from the government, medical, academic, legal and international/regional sectors participated. The Ministry of Health led the Thimphu momentum workshop. Following the workshop, in-depth interviews with five key municipal leaders in HIV programming for men who have sex with men and transgender people were undertaken between 15-30 December 2014. A Visioning Workshop to plan next steps involved 10 representatives in Thimphu on 30 December 2014. The schedule for Thimphu is presented in Appendix 3.

## 1.6 Related resources

Below are a list of complimentary resources that aim to improve HIV and rights programming for men who have sex with men and transgender people.

Health Policy Project, Asia Pacific Transgender Network, UNDP (2015). *Blueprint for the provision of comprehensive care for trans people and trans communities in Asia and the Pacific*. Available at [http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv\\_aids/rbap-hhd-2015-asia-pacific-trans-health-blueprint.pdf](http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2015-asia-pacific-trans-health-blueprint.pdf).

SAARC (2013). *SAARC South Asia regional strategy on HIV/AIDS 2013-2017*. Available at <http://www.saarctb.org/new/wp-content/uploads/2015/04/SAARC-Regional-Strategy-for-HIV-and-AIDS.pdf>.

UNDP (2013). *Bhutan advocacy framework for HIV, human rights and sexual orientation and gender identity*. Available at [http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv\\_aids/rbap-hhd-2013-bhutan-advocacy-framework.pdf](http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2013-bhutan-advocacy-framework.pdf).

12 UNDP (2009). *Developing a Comprehensive Package of Services to Reduce HIV among Men who have Sex with Men and Transgender Populations in Asia and the Pacific - Regional Consensus Meeting Report*.

UNDP (2014). *South Asia Regional Advocacy Framework and Resource Guide: HIV, Human Rights and Sexual Orientation and Gender Identity*. Available at: [http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv\\_aids/rbap-hhd-2014-regional-advocacy-framework-and-resource-guide.pdf](http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2014-regional-advocacy-framework-and-resource-guide.pdf).

UNDP (2014). *The Formative Assessment on Stigma and Discrimination Impacting Universal Access to HIV and Health Services for Men who have Sex with Men and Transgender People in Bhutan*. Available at: [http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv\\_aids/rbap-hhd-2015-bhutan-stigma-discrimination-hiv-health.pdf](http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2015-bhutan-stigma-discrimination-hiv-health.pdf).

UNDP (forthcoming). *Formative Assessment on the Feasibility of an Integrated Biological and Behavioural Survey Among Key and Vulnerable Populations in Bhutan*.

UNDP (forthcoming). *Mapping and Size Estimation of Men who have Sex with Men in Bhutan*.

UNDP, IDLO, APF (2013). *Report to the Regional National Human Rights Institutions Project on Inclusion, the Rights to Health and Sexual Orientation and Gender Identity*. Available at [http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv\\_aids/rbap-hhd-2013-nhri-project-on-right-to-health-sogi-regional-report.pdf](http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2013-nhri-project-on-right-to-health-sogi-regional-report.pdf).

UNDP, IDLO, SAARCLAW (2013). *Regional legal reference resource: Protective laws related to HIV, men who have sex with men and transgender people in South Asia*. Available at [http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv\\_aids/rbap-hhd-2013-regional-legal-reference-resource.pdf](http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2013-regional-legal-reference-resource.pdf).

UNDP, IRGT et al. (2016). *Implementing Comprehensive HIV and STI Programmes with Transgender People: Practical Guidance for Collaborative Interventions*. Available at [http://www.undp.org/content/undp/en/home/librarypage/hiv\\_aids/implementing-comprehensive-hiv-and-sti-programmes-with-transgend.html](http://www.undp.org/content/undp/en/home/librarypage/hiv_aids/implementing-comprehensive-hiv-and-sti-programmes-with-transgend.html).

UNDP, UNAIDS, APCOM, AIDS Data Hub (2012). *Country snapshot Bhutan: HIV and men who have sex with men*. Available at [http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv\\_aids/rbap-hhd-2012-MSM-Snapshots-Bhutan.pdf](http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2012-MSM-Snapshots-Bhutan.pdf).

UNDP, WHO (2013). *"The Time Has Come" Enhancing HIV, STI and other sexual health services for MSM and transgender people in Asia and the Pacific: Training package for health providers to reduce stigma in health care settings*. Available at [http://www.asia-pacific.undp.org/content/rbap/en/home/library/democratic\\_governance/hiv\\_aids/the-time-has-come.html](http://www.asia-pacific.undp.org/content/rbap/en/home/library/democratic_governance/hiv_aids/the-time-has-come.html).

UNFPA, APMGlobal (2016). *The Connect Effect: Tools for Integration of HIV and Sexual and Reproductive Health with Key Populations*. Available at <http://www.connect-effect.com/>.

UNFPA, The Global Forum on MSM and HIV, UNDP, UNAIDS, WHO, USAID, PEPFAR (2015). *Implementing comprehensive HIV and STI programmes with men who have sex with men: Practical guidance for collaborative interventions*. Available at <http://www.unfpa.org/publications/implementing-comprehensive-hiv-and-sti-programmes-men-who-have-sex-men>.

WHO (2016). *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations*. Available at <http://who.int/hiv/pub/guidelines/keypopulations-2016/en/>.

WHO (2016). *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: Recommendations for a public health approach - Second edition*. Available at <http://who.int/hiv/pub/arv/arv-2016/en/>.

WHO (2016). *Global health sector strategy on viral hepatitis 2016-2021*. Available at <http://www.who.int/hepatitis/strategy2016-2021/ghss-hep/en/>.

WHO (2015). *Consolidated guidelines on HIV testing services*. Available at <http://who.int/hiv/pub/guidelines/hiv-testing-services/en/>.



An LGBTI activist takes part in preparations for the International Day against Homophobia, Transphobia and Biphobia, 17 May 2016. Photo: Tim Jenkins.

## Chapter 2

# THE BIG PICTURE

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**Population of Thimphu:** 125,724<sup>13</sup>

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**Population of men who have sex with men (size estimate):** 9,105<sup>14</sup> (national)

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**Population of transgender people (size estimate):** Not yet available

Thimphu is the capital city of Bhutan and has an estimated population of 125,724 people. The city is managed by the Thimphu Thromde (municipal) administration. The Thimphu Structure Plan estimates that the city population will double by 2027.<sup>15</sup> Bhutan is a small, land-locked country with an estimated population of 757,042.<sup>16</sup> The majority of people continue to live in rural areas (65.5 percent of the population) while a growing number are migrating to, and living in, the capital city where 13 percent of Bhutan's population currently reside. Demographically, 60.9 percent are in the economically active age group of 15-64, while less than 5 percent are older than 64. Life expectancy currently stands at 66.2 years of age. In the 2015 Human Development Index, Bhutan was ranked 132 out of 188 countries, categorizing it as a medium human development country.<sup>17</sup> With regards to the Gender Inequality Index, Bhutan ranked 97 out of 155 countries.<sup>18</sup>

## 2.1 HIV and rights

Bhutan's HIV epidemic is small relative to its neighbours. Bhutan has an adult HIV prevalence of 0.1-0.4 percent. There are an estimated 1,000 people living with HIV in Bhutan and 460 cumulative reported cases since 1993. Over 53 percent of HIV cases have been detected in the under 30 years of age population group.<sup>19</sup> While the majority of people living with HIV reside in the districts of Thimphu, Chukha, Sarpang, Wangdue and Samdrupjongkhar, HIV cases are reported in 18 out of the country's 20 districts. Notably, there is an equal distribution of men and women

13 National Statistics Bureau Bhutan. Current Population: Thimphu. Accessed online: <http://www.nsb.gov.bt/nsbweb/main/main.php#&slider1=4>.

14 NACP, UNDP (2013). *Mapping and size estimation of men who have sex with men in Bhutan*. (forthcoming)

15 Government of Bhutan (2013). *Thimphu Structure Plan*. Thimphu, Bhutan.

16 National Statistics Bureau Bhutan (2013). *Bhutan at a Glance 2013*. Accessed online: <http://www.nsb.gov.bt/nsbweb/publication/files/pub6sh3499qo.pdf>.

17 UNDP (2015). *Human Development Report 2015 - Work for Human Development*.

18 *Ibid.*

19 NACP (2015). *Country Progress Report on the HIV Response in Bhutan-2015*; and NACP PowerPoint presentation at the Bhutan National HIV and Law Consultation, June 2016.

living with HIV.<sup>20</sup> Eighty-six percent of people living with HIV are between 20-49 years. Approximately 210 people living with HIV are currently enrolled in antiretroviral treatment (ART) programmes.<sup>21</sup>

Since the 1988 establishment of the National HIV/AIDS Control Programme, a strong and vocal political leadership has backed the Kingdom of Bhutan's HIV response. The National Strategic Plan (NSP) II, launched in December 2011, grants citizens access to HIV prevention, treatment and care services. The plan prioritizes key populations, including sex workers and their clients, people who use drugs, men who have sex with men and transgender people. It also recognizes other groups who are vulnerable to HIV, such as migrant workers, mobile populations, people in monastic institutions and uniformed personnel.

A review of the literature on men who have sex with men and transgender people in Bhutan highlights the need to improve the type and scale of health and HIV services being delivered. Previously, men who have sex with men have been absent from HIV surveillance and, until 2012, had not received tailored HIV services in Bhutan.<sup>22</sup> A 2013 unpublished size estimation study estimated the number of men who have sex with men to be 9,105.<sup>23</sup>

The availability of research on same-sex sexual behaviour between men is improving. A 2006 survey of the general population found that 1.7 percent of all men in urban areas reported to have had sex with a same-sex partner in the previous year.<sup>24</sup> In a 2009 study of people who use drugs, 3 percent (n=29) of 917 men reported engaging in same-sex behaviour, while a 2011 assessment of sexual behaviour reported that 2 percent of men had anal sex with another man in the past year. Furthermore, 5 percent of respondents from Thimphu and 19 percent in Phuentsholing confirmed that they knew one or more men who had sex with other men.<sup>25</sup>

As of 2016, prevalence data on men who have sex with men and transgender people is not reported. However, small scale studies carried out between 2006 and 2009 at Health Information Services Centres (HISC) in Thimphu and Phuntsholing have shown low rates of HIV, hepatitis B and syphilis among these two population groups.<sup>26</sup>

A review of the legal and sociocultural situation in Bhutan highlights the need to improve health seeking behaviours by creating a supportive, enabling environment. Although Article 213 of Bhutan's Penal Code criminalizes sodomy, there has been no documented prosecution of men who have sex with men.<sup>27,28</sup> A formative assessment on stigma and discrimination impacting universal access to health care in Bhutan was carried out in 2013.<sup>29</sup> The assessment team recruited six men who have sex with men and nine transgender people as respondents. The participation of 15 men who have sex with men and transgender people is significant because it reveals the viability of potential peer based programming in Bhutan.

## 2.2 Men who have sex with men and transgender people

Bhutanese life is changing as the country increases its global engagement. The literature on gender and sexuality in Asia highlights ways that rural-to-urban migration along with globalization are creating new identities, new ways of gathering and, by default, transforming traditional patterns of sex and sexuality.<sup>30,31</sup> In 2009, same-sex behaviour

20 UNAIDS (2014). HIV and AIDS Estimates: Bhutan. Accessed online: <http://www.unaids.org/en/regionscountries/countries/bhutan>.

21 WHO Regional Office for South East Asia (2010). *HIV/AIDS in the Southeast Asia Region Progress Report 2010*. New Delhi: World Health Organization; and NACP PowerPoint presentation at the Bhutan National HIV and Law Consultation, June 2016.

22 NACP (2012). *Country Progress Report: Bhutan*. Global AIDS Progress Report. Thimphu, Bhutan.

23 NACP, UNDP (2013). *Mapping and size estimation of men who have sex with men in Bhutan*. (forthcoming)

24 Ministry of Health Bhutan, International Centre for Diarrhoeal Disease Research, Bangladesh (2008). *HIV/AIDS Behaviour Survey Among the General Population in Bhutan, 2006: Technical report*. Thimphu, Bhutan.

25 National HIV/AIDS and STI Control Programme, Ministry of Health Bhutan, Centre for Global Health and the University of Manitoba (2011). *Sexual Behaviours and Networks in Bhutan: A rapid assessment*. Bhutan.

26 Khandu, Lekey et al. (2014). Providing a gateway to prevention and care for the most at-risk populations in Bhutan: is this being achieved? *Public Health Action*, vol. 4, No 1.

27 Royal Court of Justice Bhutan. Penal Code Bhutan. Accessed online: [http://www.judiciary.gov.bt/html/act/PENAL\\_CODE.pdf](http://www.judiciary.gov.bt/html/act/PENAL_CODE.pdf). Also cited in *HIV and Men Who Have Sex with Men Country Snapshots: Bhutan* (UNDP, 2012).

28 UNDP, APCOM (2010). *Legal environments, human rights and HIV responses among men who sex with men and transgender people in Asia and the Pacific*. Bangkok, Thailand.

29 NACP, UNDP (2015). *Formative Assessment on Stigma and Discrimination Impacting Universal Access to HIV and Health Services for Men who have Sex with Men and Transgender People in Bhutan*. Bangkok, Thailand.

30 Sullivan, Gerard (2001). Variations on a Common Theme? Gay and Lesbian Identity and Community in Asia. In *Gay and Lesbian Asia: Culture, Identity, Community*, Peter A. Jackson and Gerard Sullivan, eds. New York, NY, United States of America: Harrington Press.

31 Lyttleton, Chris (2009). Changing the Rules: Shifting Bounds of Adolescent Sexualities in Northern Thailand. In *Gender and Sexualities in Modern Thailand*, Peter A. Jackson and Nerida M. Cook, eds. Chiang Mai, Thailand; Silkwork Books, 1999.

among Bhutanese men was deemed neither an identity nor a reason to gather in groups. 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.<sup>32</sup> Most recently, a group of openly gay men and transgender people from Bhutan visited Kathmandu to investigate the health services and organizations for men who have sex with men and transgender people. Regional and global engagement, along with domestic migration from rural-to-urban areas, can be expected to catalyse changes that impact social and sexual norms in Bhutan.

In Thimphu, several transgender people have disclosed their transgender identity to friends, family and (some) colleagues and, in many respects, have been accepted. This is a big change from the past when the majority of transgender people faced psychological stress and experienced rejection from family and friends. Informal networks of transgender people exist in urban centres and serve as a resource for building resilience within the transgender community by way of peer support. The transgender women surveyed reported that they only have sex with men. The majority were reported to have lower literacy levels. On the whole, transgender respondents said they were economically challenged and they reported having lower literacy levels.

In contrast, men who have sex with men reported having higher levels of education and better socioeconomic circumstances compared to transgender people. They were less likely to disclose their same-sex behaviour to others and reported having sex with women, as well as with men. Meetings between men took place in streets, parks, cafés and other types of venues such as monasteries, prisons and places where uniformed personnel congregate. However, discussion about sex in these situations is highly sensitive. Most respondents stated that drawing attention to sexual relations between men through awareness raising or health campaigns could result in a negative backlash in Bhutanese society. Instead, recommendations were to include HIV services and rights for men who have sex with men and transgender people in general health and hygiene education programmes. Recently, men who have sex with men and transgender people have begun to mobilize through the use of social media platforms and community building activities.

32 LGBT Bhutan [Facebook]. Accessed online: <https://www.facebook.com/lgbtbhutan>.



RENEW's work on gender equality and essential life skills training in Bhutan has benefited people of diverse sexual orientation and gender identity in Thimphu. Photo: Tim Jenkins.

## Chapter 3

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# THE MUNICIPAL HIV AND RIGHTS RESPONSE



**We have a package of services in place and also routinely conduct outreach with TG peers working with us [...] but reaching men who have sex with men seems impossible.**



– HISC counsellor, Thimphu<sup>33</sup>

This section of the report presents the findings from the Thimphu city review and also introduces the leading partners shaping and implementing Bhutan's national and urban HIV and rights responses. Civil society and community-based organizations are playing an increasing role in Bhutan's HIV response. Multilateral international donor investment, particularly from the Global Fund, bilateral donors and the UN system, has assisted in strengthening civil society engagement in health and human rights.

### 3.1 Leading actors on HIV and rights

The **Ministry of Health of Bhutan** is responsible for leading the national and municipal HIV programme response in Bhutan. The National HIV/AIDS and STI Control Programme is currently the principal recipient of the national grant under the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) New Funding Model (2015-2017), as well as a sub-recipient of the Multi-Country South Asia Global Fund HIV Programme (2012-2016). Previously, they were the principal recipient for Round 6 (2008-2012) and the Transitional Funding Mechanism (2013-2014). The public primary health care system is in charge of providing a minimum package of free health care for citizens. Free standing Health Information and Service Centers (HISCs) complement the services of formal health care settings by providing HIV counselling and testing services, including HIV and STI diagnoses and referral for men who have sex with men and transgender people.<sup>34</sup> 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.<sup>35</sup>

**Dratshang Lhentshog** is the Commission for Monastic Affairs of Bhutan. The Dratshang is committed to raising HIV awareness in monastic settings, and it is listed as a priority in the Bhutan NSP II. The Dratshang currently delivers a general health education programme in monastic settings that includes some HIV-related education and discussions about sexual health.

33 Wangmo, Dechen (2014). *Thimphu Report on Momentum Workshop for Review of Programmes and Policies in 7 South Asian Cities*. Thimphu, Bhutan.

34 Ninety percent of the population have access to basic health services through a network of 32 hospitals, 192 basic health units and 474 satellite clinics connected to a national referral hospital located in Thimphu.

35 Ministry of Health of Bhutan (2013). *Annual Health Bulletin*. Thimphu, Bhutan.

**Faculty of Public Health and Nursing at the Khesar Gyalpo University of Medical Studies of Bhutan** (formerly known as the Royal Institute of Health Sciences). Over the past three decades the institute has been the pioneer of primary health care education in the country.

**The Royal Bhutan Police**, headquartered in Thimphu, administers an HIV prevention programme within its broader social support programmes for police personnel and their families. The support includes provision of information, condom distribution and referral to both HIV and STI diagnosis and treatment services. The programme does not specifically address sex between men or transgender people.

**Lhak-Sam** is the Bhutan Network of Positive People. Formed in 2010, Lhak-Sam is an independent civil society organization 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.

**Bhutan Youth Development Fund** is the leading youth organization working to ensure that young people have equal access to education, meaningful employment and opportunities to develop their potential. They are a sub-recipient under a Global Fund grant and work to raise awareness and educate young people on HIV, tuberculosis and malaria.

**RENEW** was established in 2004 and is an associate member of the International Planned Parenthood Federation. RENEW focuses on developing the potential of women and girls and reducing their economic and social disadvantages. RENEW works to integrate HIV sensitization into family planning and sexual and reproductive health, and to reduce gender inequity and gender-based violence.

The **Multi-Country South Asia Global Fund HIV Programme** is in its second phase of implementation in Bhutan. The focus of the programme is the enhancement of HIV services for men who have sex with men and transgender people through capacity development, advocacy, training of health care workers on stigma and discrimination, and supporting formative assessments. The Bhutan National HIV/AIDS and STI Control Programme and Lhak-Sam are sub-recipients, and UNDP Bangkok Regional Hub serves the role of principal recipient.

## 3.2 Spotlight on promising practices

While the Thimphu response to HIV and rights for men who have sex with men and transgender people looks promising, findings from the Thimphu city review showed that additional strategies need to be established in order to engage men who have sex with men and transgender people, and provide them with quality services. More needs to be achieved to ensure integrated service across the HIV Treatment Cascade (see Appendix 2 for a description of the cascade).

### 3.2.1 HIV prevention and outreach

**Lhak-Sam** and the **Thimphu Health Information Service Centre** worked closely on a project that delivered HIV outreach education to key populations in Thimphu city. As men who have sex with men are hard to reach in Thimphu, the outreach teams utilized research data to tailor their approach to identify where these men may gather. They also engaged drivers at truck and taxi stops, and reached out to migrant workers where they work. Despite the considerable effort made and innovative approaches used, to date only 17 men who have sex with men and transgender people have been identified through this HIV outreach service.

Additionally, the teams have begun to provide services to men in closed settings such as prisons where sex between men is reported. Outreach for HIV prevention is also provided to women engaged in sex work and their male clients in the city.

The **Bhutan Youth Development Fund** has focused exclusively on programming to increase awareness and prevention of HIV among young people. The programming emphasizes peer outreach, distribution of condoms

and information sessions. The Bhutan Youth Development Fund currently does not provide HIV testing through its outreach services and drop-in centres but does provide referrals to clinical services.

### 3.2.2 HIV testing

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.

### 3.2.3 Treatment and care

In order to bridge the gap between HIV diagnosis and enrolment 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.

### 3.2.4 Enabling environment

Recently, the **Royal Bhutan Police** began providing HIV and STI education and treatment services in closed settings. The RBP collaborated with the Thimphu Health Information Service Centre and then increased their HIV prevention interventions, starting negotiations to provide HIV and STI testing in migrant worker camps and in prisons. The RBP acknowledges that sex between men in prison is likely and provision of condoms should therefore be considered, taking into consideration the potential security risks associated with condom distribution in prisons.



A transgender advocate participates in the United Nations Free and Equal campaign at the UN House in Thimphu. Photo: Tim Jenkins.

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## Chapter 4

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# WAYS FORWARD

**“It’s interesting how our attitude changes with sensitization. [The] more we hear the term men having sex with men, [the] less taboo it become[s]. So we should target more sensitization of [the] general public and discussion [to emphasize] that there are risk[s] for HIV from anal sex.**

”

– An NGO worker in Thimphu, Bhutan<sup>36</sup>

The following recommendations propose ways to improve the scale and quality of Thimphu’s HIV and rights response for men who have sex with men and transgender people. The recommendations are designed to guide the Royal Government of Bhutan, its related ministries and departments, municipal programmers and community-based organizations. They will also inform the technical, financing and advocacy work of Bhutan’s regional and international development partners.

### 4.1 HIV prevention and testing

- 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 utilization.
- Professionalize 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, migrant worker camps and among uniformed personnel, and strengthen referral to SRH and allied health services.

### 4.2 HIV treatment, care and support

- Introduce HIV viral load testing in Bhutan in order to monitor treatment efficacy.

<sup>36</sup> Wangmo, Dechen (2014). *Thimphu Report on Momentum Workshop for Review of Programmes and Policies in 7 South Asian Cities*. Thimphu, Bhutan.

- Update ART eligibility in Bhutan's treatment protocol so that people living with HIV can enroll in treatment regardless of their CD4 result, in line with current WHO treatment guidelines.
- Build or strengthen existing coordination mechanisms among local government entities and municipal-based HIV prevention, treatment, care and support service providers, including community-based organizations, to improve service retention for men who have sex with men and transgender people. Better coordination will strengthen prevention results and will support durable viral load suppression among these populations.
- Put in place a standardized monitoring system at national and sub-national levels to track the effectiveness of existing programming across the HIV prevention and treatment cascade for men who have sex with men and transgender people.

### 4.3 Enabling environment

- Develop an investment and transition plan to sustain a long-term HIV response. Currently, the Global Fund is the primary source of funding for HIV programming in Bhutan.
- Establish a multi-sector Thimphu HIV Working Group to increase stakeholder coordination on programme planning, implementation, monitoring, resource allocation and research priorities.
- Repeal Article 213 of the Penal Code of Bhutan that criminalizes sodomy. Criminalizing 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.<sup>37</sup>
- 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.

### 4.4 Strategic information

- Ensure that disaggregated data related to men who have sex with men and transgender people is collected and used for improved programme planning and service monitoring and evaluation.
- Systematically include men who have sex with men and transgender people in IBBS. Additionally, the option to disaggregate data based on location (i.e. city-based data) would benefit programme planning and monitoring efforts.
- Conduct research to evaluate the extent of gender-based violence involving men who have sex with men and transgender people, and utilize analysis and recommendations for concrete policy and programme design.
- Conduct 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. 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.

37 Global Commission on HIV and the Law (2012). *HIV and the Law: Risks, Rights & Health*.

# APPENDICES

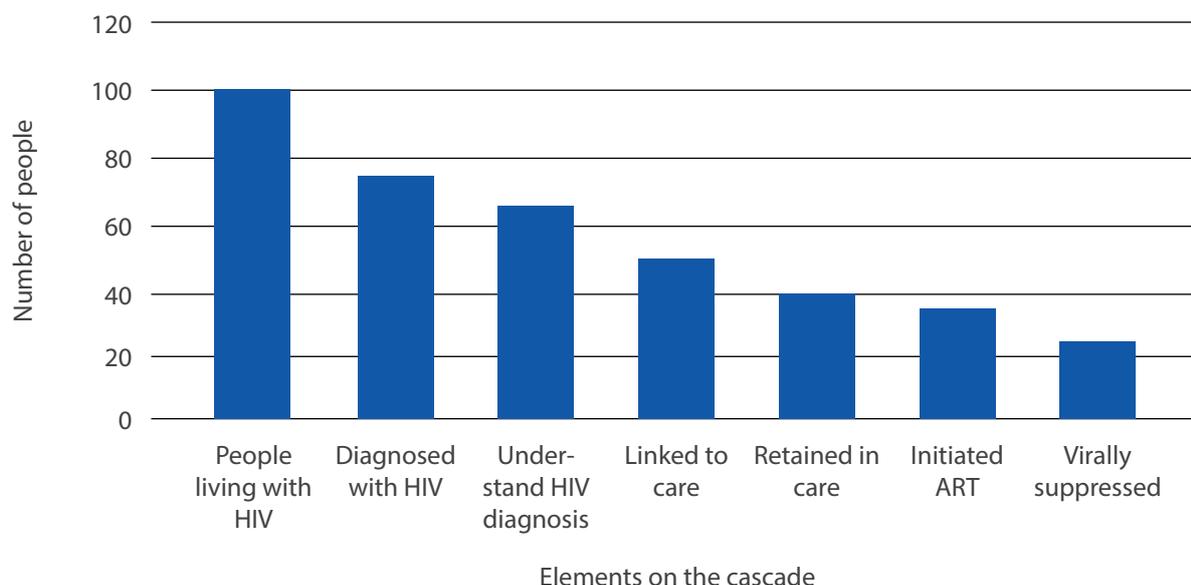
## 1. Guidance and questioning instruments for city review

The Thimphu city review followed the methodology of, and used the instruments developed for, the Six City HIV Initiative of 2011. This initiative supported innovative municipal policy and programming to respond to the HIV epidemic in six Asian cities. The three-step methodology for the city review includes detailed procedures and questioning instruments for each step in the process. The guidance note can be accessed online at: <http://apmglobalhealth.com/sites/apmglobalhealth.com/files/projects/docs/six-cities-methodology.pdf>.

## 2. Conceptual framework for the review

Two theoretical frameworks were adopted for the conception of the method used in the UNDP South Asia Municipal HIV and Rights Review. The first of these is the HIV Treatment Cascade and the second is the Comprehensive Package of Services to Support HIV Prevention, Treatment and Care among Men who have Sex with Men and Transgender Populations in Asia and the Pacific.

### The HIV Treatment Cascade



The HIV Treatment Cascade is sometimes referred to as the HIV continuum of care. Its purpose is to provide a system to conceptualize the numbers of people living with HIV who receive the services and treatment that they need. It was developed to better recognize the steps necessary to ensure people with HIV remain enrolled in care, and to better understand the points at which people with HIV may disappear from the service system.

From the total estimate of people living with HIV in a place (element one), the cascade prompts a comparison with the total number diagnosed with HIV (i.e. those who know they are HIV positive). Some people are diagnosed with HIV but are not properly educated about the virus and do not understand what it means, or how they can maintain good health. We therefore added an extra element to the cascade that refers to “people diagnosed with HIV who understand the result and what it means” (element three). The number of people diagnosed with HIV who are linked

to care (element four) and retained in care (element five) are part the cascade. Finally, the people with HIV (linked to care) who initiated HIV antiretroviral treatment (element six) and remain virally suppressed over the long term (element seven) are also important elements of the HIV Treatment Cascade.

## A comprehensive package of HIV services and programmes

The comprehensive package of HIV services and programmes for men who have sex with men and transgender populations in Asia and the Pacific is a framework of interconnected services, interventions and programmes that are tailored to engage and maintain ongoing contact with men who have sex with men and transgender people in order to reduce their risk of acquiring or transmitting HIV.

The package covers the spectrum from prevention to treatment, and from care programmes to services, all of which are supported by the maintenance of an enabling environment and informed by local and relevant strategic information. The four components underpinning the comprehensive package are:

- **HIV prevention** includes peer outreach, peer education and drop-in centres; promoting and access to means of HIV prevention; STI prevention and treatment and other sexual health services, and HIV counselling and testing.
- **Access to HIV treatment, care and support** includes ensuring a link between HIV testing and ongoing treatment and care services by mixing service methods to include: men who have sex with men and transgender ‘expert patients’ employed in clinics and hospitals; HIV treatment and care provided by NGOs; strong referral links between all sectors in HIV; training of HIV clinical staff by men who have sex with men and transgender community workers, and establishing men who have sex with men and transgender people friendly clinics.
- **An enabling environment for prevention and care services** includes harmonizing policies and practices; reducing harassment, violence and stigma; including men who have sex with men and transgender people in the design of policy and programmes; improving the quality and flow of information about men who have sex with men and transgender people; removing structural barriers to the use of services.
- **Strategic information** includes population size estimates; biological and behavioural surveying; social and operational research; programme and service monitoring and evaluation, and policy and legislative review.

## 3. Schedule of engagement for Thimphu city review

Stage Two of the methodology described above outlines a three-step process for the city review. The dates for each step are in the table below.

Process step	Activity	Date undertaken
<b>Step One</b>	Thimphu City Momentum Workshop	10 December 2014
<b>Step Two</b>	Five individual interviews with key leaders in the response	12-29 December 2014
<b>Step Three</b>	Thimphu City Visioning Workshop	30 December 2014





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