COUNTRY SNAPSHOTS

BHUTAN

December 2012

HIV and men who have sex with men

I. RESPONSE HIGHLIGHTS

- Men who have sex with men (MSM) continue to be excluded from targeted HIV surveillance activities and, until 2012, had not received targeted HIV programming.³
- Bhutan's HIV response has enjoyed vocal political leadership from the highest levels of government since 2001 and demonstrates a commitment to a comprehensive response through its use of multi-sectoral task forces.⁷
- The National Strategic Plan-II for Prevention and Control of STIs, HIV and AIDS in Bhutan 2012-16 (NSP-II) incorporates several internationally accepted recommendations, including peer outreach activities for HIV prevention among MSM and support for the formation of national MSM networks.⁸
- Bhutan is one of the recipient countries of the approved South Asia Multi-country Global Fund Round 9 Programme on the prevention of HIV and sexually transmitted infections (STIs) among MSM and transgender people (Round 9).9

II. PRIORITIES FOR "GETTING TO ZERO"

- Increase domestic spending on HIV prevention services for key affected populations, including MSM, prioritizing highimpact interventions based on evidence.
- Prioritize outreach services in four major towns, Thimphu, Phuntsholing, Gelephu and Samdrupjongkhar, before expanding to other districts.
- Include MSM in routine HIV and STI surveillance activities and support socio-cultural research on same-sex sexual behaviours in Bhutan.
- While there is no evidence that Article 213 of the Penal Code of Bhutan—which states that, "A defendant shall be guilty of the offence of unnatural sex, if the defendant engages in sodomy or any other sexual conduct that is against the order of nature"—represents a possible barrier to HIV service delivery, the law should be revisited with the goal of ensuring universal access to health services. 10

III. THE CURRENT SITUATION

Bhutan's HIV epidemic is small relative to its neighbours, with 270 cumulative reported cases since the first case was detected in 1993.³ Presently, an estimated 988 people (or below 0.1 percent of the adult population) are living with HIV in Bhutan, making it a low-prevalence country.^{4,6} A recent behavioural assessment in two major towns found evidence of high-risk behaviour among key affected populations, including MSM.^{11,3}

The National STI and HIV AIDS Prevention and Control Programme (NACP) was established in 1988, five years before HIV was first detected in the country. Bhutan's HIV response continues to be led by the 2004 Royal Decree on HIV Prevention, delivered by the Fourth King, His Majesty

DATA SUMMARY

Indicator	Estimate	Year
Epidemiology		
Estimated no. of MSM*2,3	4,000	'10
% of all cases that are among MSM	-	-
HIV prevalence among MSM	-	-
No. of times higher than among general	-	-
HIV prevalence among youth MSM	-	-
No. of HIV-positive MSM needing ART	-	-
Syphilis prevalence among MSM	-	-
Behavioural data		
Condom use during last encounter, MSM	-	-
HIV test in last year, MSM	-	-
Prevention knowledge	-	-
Reported vaginal sex in past month, MSM	-	-
Programmatic situation		
Prevention spending on MSM, US\$	-	-
Spending as % of total prevention spending	-	-
Cost for full service coverage, US\$	-	-
Reporting on UNGASS indicators ³	0 of 4	'12
HIV prevention coverage, MSM	-	-
Existence of national network of MSM ⁴	No	'12
MSM-specific programme line in NSP ⁴	Yes	'12
Specific MSM and HIV strategy ⁴	No	'12
Inclusion in ongoing HIV surveillance ⁴	No	'12
Legal environment		
Male-male sex ⁵	Illegal	'12
Sex work in private ⁶	Illegal	'12
Soliciting for sex ⁶	Illegal	'12
Laws that pose obstacles for MSM ⁵	Yes	'12

^{*} In the absence of a country-specific size estimation study, the South Asia estimate of same-sex sexual behaviour provided by Cáceres et al. is used together with 2010 medium-range population estimate of men ages 15-49 in Pakistan (see reference).

JUDICIARY LEADERSHIP IN BHUTAN

During the Keynote Speech at the National Stakeholders Meeting on Advocacy and HIV Prevention, Justice of the Supreme Court of Bhutan, Tshering Wangchuk, formally recognized the importance of HIV prevention among MSM and transgender people and remarked that "the role of the Judiciary in protecting the rights of the people in relation to HIV/ AIDS [and effectuating] policy reforms are becoming critical." He evoked the Constitution of Bhutan, which "provides for the fundamental guarantee that all persons are equal before the law and are entitled to equal and effective protection of the law" and expressed continued confidence that the Royal Court of Justice "will reach a suitable conclusion, in the interpretation and implementation" of Article 213 of the Penal Code.1

Jigme Singye Wangchuck, and subsequent proclamations of support. In 2005, the Fifth King, His Majesty Jigme Khesar Namgyel Wangchuck, advocated for abstinence and urged Bhutan's youth to "use their strength of character to reject undesirable activities."⁷

Homosexuality is a taboo subject in Bhutan, though younger generations are thought to be more accepting. Little is known about the nature of same-sex sexual activity in Bhutan. Anecdotes exist of sex between men occurring in army barracks, prison cells, and monk dormitories. Online chat rooms, cruising websites, and restaurants and bars are cited as key places where MSM meet in Bhutan. 12,11

Article 213 of the Penal Code of Bhutan punishes sodomy with imprisonment of one month to one year though there have not been any prosecutions at time of writing. 12,14 The NSP-II emphasizes prevention interventions that target MSM and other key affected populations.3 It calls for a review of Article 213 of the Penal Code of Bhutan and the use of new guiding principles, many of which promote enabling environments for MSM. The imperative of ensuring universal access and equity in health service delivery were echoed in the Honourable Secretary for the Ministry of Health, Nima Wangdi's remarks at the Bhutan National Stakeholders Meeting on Advocacy and HIV Prevention Among MSM and Transgender People in May 2012.15 Bolstered by exceptional political will and a renewed, more inclusive strategy, Bhutan is well positioned to make timely progress in the fight against HIV.

IV. ADDITIONAL EPIDEMIOLOGIC INFORMATION

 There are no known epidemiologic studies focusing on MSM in Bhutan.

V. ADDITIONAL BEHAVIOURAL INFORMATION

 A sexual behaviour assessment performed in Thimpu found that 4 percent of the venues reported MSM clients. Discos and bars were most likely to host MSM; meanwhile, none were found to frequent public places, hotels/restaurants, and karaoke bars. In total, 22 MSM were reported to visit the 22 venues.¹¹

VI. ADDITIONAL PROGRAMMATIC INFORMATION

Community-based responses

- There is very little published information about the MSM population in Bhutan.
- There are no known community-based responses to HIV among MSM in Bhutan.¹⁶

National MSM networks

There are no known national MSM networks in Bhutan.¹⁶

International support

 The South Asian MSM and AIDS Network (SAMAN), which includes Bhutan, was awarded a multi-country grant in Round 9 of the Global Fund for AIDS, TB, and Malaria (GFATM). The grant will finance support from the Naz Foundation International (NFI), Population Services International (PSI/TOPS), and the United Nations Development Programme (UNDP).⁹

National health system

- There is no information on the extent to which Bhutan's national health system is inclusive of MSM or other sexual minorities.
- Given prevaling conservative beliefs in Bhutan with regard to human sexuality, it is reasonable to expect that MSM face barriers to accessing sexual health services in Bhutan. 12,14

VII. ADDITIONAL LEGAL INFORMATION

- At time of writing, there were criminal sanctions for consensual sex between male adults. Specifically, Penal Code 2004 Code 213 criminalizes sodomy or any other sexual conduct that is against the "order of nature". Penalties include a prison sentence of up to one year.¹⁴
- In part because there is no evidence that Penal Code 2004 Code 213 has ever been enforced, a recent UNDP report categorizes Bhutan's legal system as "moderately prohibitive".¹⁴

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The MSM Country Snapshots are intended to circulate condensed strategic information, share progress and good practices, stimulate discussion, and inform priority interventions and advocacy efforts. The designations and terminology employed may not conform to United Nations practice and do not imply the expression of any opinion whatsoever on the part of the partnering organizations. Development of this document was a shared effort between the partnering organizations, UN country offices and national partners, and was supported by UNDP under the South Asia Multi-country Global Fund Round 9 Programme (MSA-910-G01-H).

View all MSM Country Snapshots at: www.aidsdatahub.org, www.apcom.org, and http://asia-pacific.undp.org/practices/hivaids/

Edited by Diego Solares, MPH. Design by Diego Solares and Ian Mungall/UNDP.

KEY CONTACT INFORMATION

Civil Society Government UN Country Team

Not available. Namgay Tshering Dr. Ruben F. del Prado

Programme Manager, NACP
Country Coordinator, UNAIDS Nepal
Thimphu, Bhutan
Kathmandu, Nepal
ntshering@health.gov.bt
delprador@unaids.org









