

GRANT OVERVIEW: BHUTAN

HIV : PROGRAMME BACKGROUND

- The first case was detected in 1993. Today the awareness among the people increased, capacity among health workers in voluntary counselling and testing and the establishment of health information and service center in four major towns in Bhutan has improved and it has considerably help in detecting in HIV prevalence in Bhutan.
- Bhutan, though isolated geographically, is not impervious to HIV. Increasing cross-border movement and international travel, combined with behavioral risk factors, makes Bhutan exposed to the spread of HIV infections. With HIV prevalence currently low, there is still time to stop its spread.

HIV : GRANT OVERVIEW

GF Round	Grant No.	Title of the project	Duration	Committed (US\$)
Round 6	BTN-607-G03-H	Scaling-up HIV prevention services among youth and other vulnerable population groups through multi sectoral approach	1 Feb 2008 – 31 Jan 2013	US\$3,182,320
Transitional Funding Mechanism (TFM)	BTN-607-G03-H	Scaling-up HIV prevention services among youth and other vulnerable population groups through multi sectoral approach (R6 Continuation)	1 Feb 2013- 31 Jan 2015	US\$ 601,332
New Funding Model (NFM)	BTN-H-MOH	Preventing HIV/AIDS and Strengthening treatment of PLHIV	01 Jul 2015 -30 Jun 2018	US\$1,191,655
Multi Country South Asia Global Fund Program on HIV (MSA)	MSA-910-G02-H	Reducing the impact of HIV on men who have sex with men and transgender population in South Asia	July 2013 - December 2015	US\$16,762,166 (Total grant) NACP- USD \$ 93,222. Lhaksam - USD 48,905

HIV : ISSUES AND CHALLENGES

- Difficult to reach the most-at-risk people.
- Few NGOs in Bhutan working to fight HIV/AIDs, and those few NGOs lack the capacity. Hence, limited collective voices from the NGOs to influence policy (to reach the services to the vulnerable populations) and program implementation and inceptions.
- There is a lack of peer groups. The DU support group and the PLHIV support group have weak capacities and poor linkages within and outside the community.
- Limited experience with peer educators and outreach workers. Lack of self help groups or CBOs addressing the needs of MARPS and vulnerable populations.
- More than 35 percent of the population lives below the poverty line.
- Low levels of literacy; Porous borders; Rural to urban and intrastate migration of male populations.

HIV : ISSUES & CHALLENGES

- Male resistance to condom use.
- High prevalence of sexually transmitted infections (STIs).
- Status of women still low, leading to an inability to negotiate safe sex. HIV/AIDS is a challenge that goes beyond the health sector. What is needed is the strategic involvement of all sectors – poverty reduction, education, transport and roads, urban and rural sectors, gender, social development and public health.
- Shortage of manpower at all levels and sectors: Lack of trained psychologist and psychiatrists in the country. There are no counseling training institutions and there is a lack of counselors with specialized counseling skills for HRG such as risk reduction counseling, psychological support, de addiction counseling.
- The HIV program has a separate M&E system which is not integrated with the HMIS thus posing challenges in reporting at the national level.

TB : PROGRAMME BACKGROUND

*TB is an age old disease and is still it remains a public health challenge causing morbidity and mortality among the general populations. TB Program was initiated in 1976. In line with the FYP, the TB prevention and control interventions were adopted in line with the DOTS strategy and WHO Stop TB Strategy. The Short Course Chemotherapy (SCC) was piloted in few selected districts in 1988 and gradually implemented nationwide in 1994. **DOTS programme was introduced nationwide in 1997.** Until mid 2000, the major funding source of funding for TB programme was through RGOB support. In mid 2000, the funding was sought from the Global Fund to fight against TB. Through this support, it is aimed at reducing the burden of TB and MDR-TB by ensuring early diagnosis, prevention and treatment to those affected by the diseases. With the investment of the GF it is aimed to produce high impact results with special focus to reach the vulnerable groups of populations like the prisoners, migrant workers, monks and nuns, cross-border related and hard to areas.*

TB : GRANT OVERVIEW

GF Round	Grant No.	Title of the project	Duration	Committed Fund in US\$
Round 4	BTN-405-G02-T	A Renewed strategy to reduce TB burden in Bhutan	2005-2008	913,633
Round 6	BTN-607-G04-T	Strengthening Quality TB control in Bhutan	2008-2012	1,871,171
Transitional Funding Mechanism (TFM)	BTN-607-G04-T	Strengthening Quality TB control in Bhutan	2013-30th June 2015 (Continuity of Round 6)	572,404
New Funding Model (NFM)	BTN-607-G04-T	To reduce TB and MDR-TB burden in Bhutan	01 Jul 2015- 30 Jun 2018	1,395,895

TB : ISSUES & CHALLENGES

- Limited management capacity at the central level
- Need to strengthen TB surveillance including data management
- Inadequate access to diagnostic and treatment facilities among people living in the border and remote areas
- Migration of people with TB freely across the open border with India

MALARIA : PROGRAMME BACKGROUND

- Malaria programme in Bhutan was started in 1964 as National Malaria Eradication Programme (NMEP). The main prevention and control strategy, then, was active surveillance, case management, and vector control by Indoor Residual Spraying (IRS) with DDT. Later was renamed as National Malaria Control Programme (NMCP). Since 2003 the programme has been functioning under the name of Vector-borne Disease Control Programme (VDCP) and also looks after other mosquito borne diseases. The prevalent vector borne diseases in Bhutan are malaria, dengue, Visceral leishmaniasis (Kala azar) and Japanese encephalitis. Malaria cases have been reported since 1965. The first dengue outbreak in Bhutan was reported in July 2004. In July 2007 about 12 (kala azar) cases have been documented from the Eastern dzongkhags of Tashigang, Tashiyangtse and Mongar. A few sporadic cases of Japanese encephalitis have been treated in the referral hospitals in the last few years.
- Malaria is a major public health concern in Bhutan, affecting more than 70 percent of the country's population and putting people in 15 of the country's 20 districts at risk of becoming infected. Malaria is considered endemic in five districts which border on the Indian states of West Bengal and Assam.
- **Malaria** is managed by Vector-borne Disease Control Programme (VDCP), Department of Public Health, Ministry of Health in Bhutan.

MALARIA- GRANT OVERVIEW

GF Round	Grant No.	Title of the project	Duration	Committed Fund in US\$
Round 4	BTN-405-G01-M	Enhance Malaria Control Programme in Bhutan	1 Apr 2005-1 Mar 2009	USD 1,343,198
Round 7	BTN-708-G05-M	Strengthening Malaria Prevention and Control in Bhutan	1 Jul 2008-30 Jul 2013	US\$ 3,691,285
Transitional Funding Mechanism (TFM)	BTN-708-G05-M	Sustaining Malaria control and prevention in Bhutan	1 Jul 2013-30 June 2015 (Continuity of Round 7)	\$820,766
New Funding Model (NFM)	BTN-M-MOH	Acceleration towards achieving zero Indigenous Malaria in Bhutan	1 Jul 2015- 30 June 2018	\$ 1,942,261

MALARIA: ISSUES & CHALLENGES

- Besides Malaria, the programme also observed the emergence of other vector-borne diseases such as Dengue/ Chikungunya/Scrup typhies etc, where programme have to intensified the control activities with limited human resource capacity.
- With the porous border and consistent influx of population with friendly migration for trade, jobs and tourist, the cross border issue has always been a problem with very little achievable solutions. However, these problems need to be revitalized and addressed in a more sustainable manner with collaborative efforts from both sides, especially on information sharing on diseases and its risk across the border.
- Despite existence of active malaria control for many years, bionomics of vector or suspected vectors is not known. Hence, there is a definite need to strengthen the local entomological capacity so that studies could be carried out for longer periods and get data of vector bionomics.

MALARIA: ISSUES & CHALLENGES

- Reviving the fishery ponds, intensifying irrigation channels and other developmental activities in the malaria risk areas poses greater threat; therefore, the vector-borne disease control programme has to re-strategize in harmony with the developmental activities in more collaborative ways.
- Malaria is the climate sensitive disease, with climate change and global warming; malaria can get introduced highland areas where malaria does not exist earlier.
- Rare disease events leading to malaria becoming a “forgotten” disease, in many countries and facing difficulties in sustaining the achievement made thus far.

MALARIA: ISSUES & CHALLENGES

- Besides Malaria, the programme also observed the emergence of other vector-borne diseases. With the developmental activities especially in coming up of megaprojects there was lots of migrants workers from malaria endemic state of India coming in and posing threats to our community. Our surveillance and monitoring of this migrant population is not well established and we are seeing increased number of imported malaria cases in the country increasing high possibilities of introducing malaria in the country as the vulnerability and receptivity was very high in all bordering areas with Indian state of Assam and West Bengal. At the same time, both these Indian states are highly malaria endemic in India.
- With elimination of malaria from the country, we will not be able to eliminate mosquitoes from the environment, therefore, the programme need continued support to sustain the achievement made with continued funding support from the government and collaborating partners.