UPDATED PROJECT INFORMATION DOCUMENT (PID)

Report No.: AB625

Project Name	HIV/AIDS and STI Prevention and Control
Region	SOUTH ASIA
Sector	Health (100%)
Project ID	P083169
Borrower(s)	ROYAL GOVERNMENT OF BHUTAN
Implementing Agency	Ministry of Health
Environment Category	[ ] A [X] B [ ] C [ ] FI [ ] TBD (to be determined)
Safeguard Classification	[ ] S_1 [X] S_2 [ ] S_3 [ ] S_F [ ] TBD (to be determined)
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1. Country and Sector Background

Though isolated geographically, increasing cross-border migration and international travel is creating a situation where the Himalayan Kingdom of Bhutan is no longer impervious to HIV/AIDS. Bhutan appears to be at the early stages of a low-grade HIV epidemic. UNAIDS estimates that about 100 Bhutanese were living with HIV/AIDS at the end of 2001, which amounts to a prevalence rate of less than 0.01%. Only 45 cases have been detected through a combination of sentinel surveillance, contact tracing, and clinical screening, since 1993 when the first case was reported. However, there are mounting concerns because the number of new infections reported each year appears to be rising. The majority of these infections were acquired through unprotected sex.

Bhutan has several risk factors and conditions that could fuel the spread of the virus: neighboring countries experiencing generalized or concentrated epidemics, high mobility across borders and within the country, high levels of STIs, relaxed sexual norms, existence of sex work, limited access to condoms, and an emerging problem of substance abuse. It is important to note that Bhutan does not appear to conform to the typical pattern of the HIV epidemic in Asia where the spread of HIV is initially driven by commercial sex and injecting drug use (IDU). Commercial sex work in Bhutan appears limited and is focused in border towns. Injecting drug use is also believed to be limited. However, non-paid casual sex is common among long distance drivers, armed forces, migrant workers and drug users.[1] These behaviors tend to occur in specific locations (e.g. bars, restaurants, vegetable markets) and events (e.g. festivals). The nature of casual sex behaviors in Bhutan requires more extensive examination to provide critical information for improving HIV and STI prevention interventions.

National Response. In 1988, five years before the first HIV infection was detected, RGOB established a National STD/AIDS Control Program (NACP). The program is situated in the Ministry of Health

[1] A risk and vulnerability study using qualitative methods was carried out in the project preparation phase among five priority groups identified prior to the data collection as follows: long distance drivers, migrant workers, commercial sex workers, drug users and armed forces. The study also identified other groups that are potentially at high risk for HIV, such as market vendors, young women working in restaurants and bars, and civil servants who receive training abroad.

(MOH), under the Department of Public Health, and has two full time staff members. Information, Communications Bureau (ICB), which is responsible for IEC, and the Royal Institute of Health Sciences (RIHS), which provides basic training to mid-level health workers, also provide input into the national program. In 2002, multisectoral task forces (MSTFs), composed of government officials and individuals from the private sector and civil society, were established in all Dzongkhags with the mandate to carry out health promotion and HIV/AIDS awareness. They serve as an important mechanism to ensure involvement of key sectors beyond health and the public sector in HIV/AIDS prevention efforts.

The donors, including DANIDA and UN agencies such as WHO, UNICEF, UNDP, and UNFPA, have worked closely with the government over the past decade in supporting the health sector in general, including HIV/AIDS prevention and control efforts. DANIDA has strengthened the health infrastructure and information systems, and WHO has provided both technical and financial assistance to the country's HIV/AIDS prevention program that included short-term consultants in the areas of sentinel surveillance and health education as well as financing travel to conferences and to global and regional events. UNFPA has supported development and distribution of national guidelines for contraceptive services to field staff, and condom procurement. UNDP provided US$200,000 to strengthen the capacity of the MSTFs in planning and managing Dzongkhag-based HIV prevention and advocacy activities.

RGOB recognizes that at this epidemiological juncture, the country has a unique opportunity to act vigorously, tackling the abovementioned challenges, and effectively scaling up and accelerating the national response to ensure that the level of infection in the country remains low.

Key Challenges. The national response of RGOB has been commendable, especially given the low level of HIV prevalence. However, Bhutan faces several issues and challenges in scaling up the HIV/AIDS response: (i) efforts to date have been hampered by lack of a national HIV/AIDS strategy; (ii) there is inadequate information on the nature of the epidemic and risk factors; (iii) NACP has staffing shortages and weak capacity; (iv) the stigma attached to HIV/AIDS, especially people living with HIV/AIDS (PLWHA) is widespread; (v) the response lies solely within MOH. The following areas would need to be addressed and supported:

(i) Instituting a strategic response and focused prevention. The project would support development of a national HIV/AIDS policy, strengthening of existing institutions for sustainability, and interventions that will have the highest impact in reducing the spread of HIV. In a low prevalence setting, such as Bhutan, this entails HIV/AIDS prevention interventions reaching subpopulations that have higher rates of sexual partner exchange or needle sharing, in addition to targeting geographical hot spots.

(ii) Gaining better understanding of the epidemic through improved strategic information systems. There are little or no systematic data to accurately describe risk behaviors in the Bhutanese population or assess the potential for HIV spread in the country. A strong behavioral and sero-surveillance system and monitoring and evaluation strategy will be financed by the proposed project.

(iii) Strengthening institutions. The proposed project would strengthen NACP in its technical capacity (a program manager has been recruited), and put in place a project management team to facilitate NACP and other implementing agencies, which include divisions and programs within MOH, NGOs/CBOs, dzongkhag authorities, and other line ministries. Considering human resource constraints in Bhutan, the project would institutionalize a well-planned and sustained technical assistance and training program.

(iv) Reducing stigma. PLWHA in Bhutan report a high degree of stigma associated with HIV/AIDS and fear of disclosure of their status. Care and support is limited with little or no medical treatment available for HIV/AIDS related diagnoses. The project would support efforts to reduce stigma and discrimination

by: (i) advocacy by opinion leaders to promote positive attitudes towards PLWHA; (ii) providing care and treatment for PLWHA, including ART; and (iii) involving PLWHA in prevention programs.

(v) Engaging in a multisectoral approach through involvement of key line ministries other than health and civil society. The project would promote multisectoral involvement, among key sectors, such as education, labor, and the armed forces, NGOs and community based organizations, by setting aside funds for the multisectoral agencies to implement prevention programs. In addition, the project would support and strengthen technical and implementation capacity and increase advocacy to heighten high-level political commitment in other sectors as well as at central and Dzongkhag levels.

2. Objectives

The proposed project aims to reduce the risk of HIV and STI transmission among the general population, in particular groups whose sexual behaviors put them at high risk. This project development objective would contribute to the goal of reducing HIV incidence and prevalence in Bhutan, maintaining its low level epidemic status.

3. Rationale for Bank Involvement

The Bank is presently financing HIV/AIDS programs in India, Bangladesh, Sri Lanka, and Pakistan through both IDA credit and grant. As one of the largest financiers of HIV/AIDS control programs in the world, the Bank brings to the fore global and regional expertise and experience in assisting Bhutan. In addition, the Bank's unique experience in Bhutan, garnering lessons from analytical work and from previous and ongoing investments in many sectors (i.e. education), enriches the project design and implementation strategy. The Bank's involvement creates a higher visibility politically and socially to the issue of HIV/AIDS, underscores a development dimension of HIV/AIDS, more than a health-sector focused approach. Moreover, the Bank places emphasis on improving the national program to produce the greatest impact given the stage of the epidemic and resource constraints, and strengthening capacity of local institutions in the public and private sectors, and provide regular and sustained implementation support, which will be required for scaling up, enhancing, and accelerating the Bhutan's fight against HIV/AIDS and STIs.

The Bank assistance would represent the largest source of funds for HIV/AIDS and STI prevention and control in Bhutan, complementing the financial and technical support from donors, such as DANIDA, and UN partners, in particular UNICEF, UNFPA, UNDP, and WHO.

4. Description

The project has four components. **Component 1 – Prevention of HIV/AIDS and STIs** will promote political and societal leadership in the fight against HIV/AIDS, improve community knowledge and attitudes about HIV prevention, promote risk-reducing behaviors amongst priority groups, and increase access to condoms. **Component 2 – Institutional strengthening and building capacity** will enhance the ability of national institutions to lead the fight against HIV through training and technical assistance, and will strengthen laboratory and blood transfusion services. **Component 3 – Care, support and treatment of AIDS and STIs** will establish VCT services, strengthen management of STIs and HIV/AIDS (comprehensive care and treatment approach, including introduction of ART), and improve infection control and waste management in health facilities. **Component 4 – Strategic information for HIV/AIDS and STIs** will promote evidence based decision making by improving health information management, strengthening operations research capacity, and instituting M&E and second generation surveillance systems.

5. Financing

Source:		($m.)
BORROWER/RECIPIENT		0.2
IDA GRANT FOR HIV/AIDS		5.6
	Total	5.8

6. Implementation

Estimated Period of Implementation: 5 years

Institutional arrangement. The brief description of roles and responsibilities of the MOH and other key implementing agencies are as follows.

National HIV/AIDS Commission. The NHAC, chaired by the Minister of Health, includes high level policy makers from key ministries, representatives of MSTFs and civil society (i.e. National Women's Association of Bhutan, Bhutanese national newspaper). NHAC is responsible for overseeing the overall national effort on HIV/AIDS and STI prevention, care and treatment, formulating HIV/AIDS policies (i.e. treatment and blood safety), coordinating the response across the many sectors, and mobilizing resources, commitment and collaboration from the public and private sectors, and civil society.

Ministry of Health. MOH would continue to assume the technical leadership and management of NACP and the proposed project. The Policy and Planning Division, Departments of Public Health, and Medical Services, through central and Dzongkhag level medical staff, health workers and technicians, would be responsible for implementing many of the activities across the project components, in particular laboratory support, HIV/AIDS care and STI management. MOH would provide technical support to other agencies—other line ministries and Dzongkhags—in implementing HIV/AIDS and STI prevention.

National STD/AIDS Control Program (NACP), situated in the Ministry of Health under the Directorate of Public Health, is headed by a Program Manager. NACP will (i) provide technical leadership on HIV/AIDS and support to all implementing agencies consistent with national policy directives; (ii) monitor and ensure technical quality of interventions; (iii) identify HIV/AIDS training needs and coordinate with Master Plan for HRD; and (iv) in collaboration with PPD, manage HIV/AIDS information generated from surveillance and M&E system. NACP will collaborate with and receive management and administrative support from the Project Management Team.

Other Line Ministries. Reaching at risk populations with HIV and STI prevention would also be achieved through involvement of line ministries other than health. Each selected line ministry, with a designated individual/team responsible for initiating and coordinating HIV/AIDS activities, would prepare an annual workplan to be reviewed and approved by the PMT and Technical Committee. Each Ministry would implement HIV/AIDS related activities consistent with the components of the national program appropriate to their constituencies and target populations. The workplan exercise would be incorporated into the existing RGOB planning and budgeting process. The first year would focus on developing the workplans with technical input on best practices from MOH. Annex 6 and OM detail the annual workplan process, including eligible expenditures, results monitoring, and reporting.

Dzongkhags. The support at the Dzongkhag level would be two-fold: (i) facilitating the implementation of centrally managed activities (i.e. surveillance, training) and (ii) Dzongkhag initiated and managed activities. Dzongkhags would be responsible for developing an annual workplan for Dzongkhag-managed activities, which would be submitted to and approved by PMT and the Technical Committee, to ensure that proposed activities are in line with national objectives, are of sound quality, and follow procedures and eligible expenditures that are detailed in the OM. The Dzongkhag workplan would

consist of two parts—one to be implemented by the Dzongkhag health authorities and the other by MSTF. The Dzongkhag Medical Officer (DMO), who presently is the leading health official at the dzongkhag level, would be responsible for managing and coordinating prevention activities through a network of outreach workers/peer educators and health workers.

Multisectoral Task Force. MSTFs, chaired by the Dzongdag (Governor), are set up to (i) oversee prevention activities at the Dzongkhag level; and (ii) undertake advocacy to mobilize local authorities and civil society to increase support for HIV/AIDS prevention and to reduce stigma. The task forces include Dzongkhag health authorities and representatives from other ministries, such as education, and armed forces, as well as opinion leaders and key NGOs/CBOs within the Dzongkhags. MSTF would receive funds through the Dzongkhag.

NGOs/CBOs and private sector. In Bhutan, emerging local NGOs and CBOs, although limited at the present time, provide an opportunity for the program to expand access to prevention services to the grassroots level, including highly vulnerable populations. The role of both NGOs/CBOs and the private sector in the project would be two-fold: (i) undertaking prevention activities for priority populations; and (ii) engaging in advocacy among target groups, including civil society, the private firms and business leaders.

Consultants, Contractors and Suppliers: Consultants, contractors, and suppliers, including NGOs/CBOs and private organizations, operating across the country and the region may be contracted to support program activities.

Project Management. With an objective of building in-house capacity of MOH, a Project Management Team will be established to provide management and administrative support to implementing agencies. Situated in the Secretariat and under the overall responsibility of the Secretary MOH, the PMT would have the following role and responsibilities: (i) coordinate and manage implementation of project activities with IAs (e.g., MOH departments and divisions, other sectors, Dzongkags, MSTFs, and NGOs); (ii) regularly supervise, monitor, evaluate, and report on project activities to relevant government agencies and the Bank; (iii) oversee financial management and overall procurement of goods, civil works, and consultancies; and (iv) liaise with the Bank on a regular basis regarding all project-related activities, including planning and preparation of missions.

Technical Committee: The Technical Committee would ensure that preparation and implementation by NACP, PMT staff, and consultants is in conformity with the objectives of the project and is carried out according to the terms of reference for specific components/activities. The Technical Committee will be chaired by the Director of the Department of Public Health and would comprise staff from PMT, PPD, and NACP, and invitees from representatives of relevant institutions and programs, including donors and UN agencies.

Implementation mechanisms. The project would employ three types of implementation mechanisms: workplans, subprojects, and contracts. The type of implementing agency and type of intervention would determine the mechanisms (see Annex 6 for further details).

Workplan. MOH divisions and programs, other line ministries, Dzongkhag-level health authorities, and MSTFs would prepare an annual workplan for project activities, following the existing annual planning and budgeting mechanism (determined by MOF) and according to the cycle and criteria established in the OM. Funds would be disbursed in tranches, based on utilization certificates and the results achieved.

Subprojects. NGOs/CBOs and private organizations would be eligible for small grants, awarded as subprojects, primarily to undertake HIV/AIDS prevention activities. Interested organizations would

develop a proposal and financing plan for a subproject and, upon approval by PMT and the Technical Committee according to selection criteria detailed in the OM, would sign a innovative grant agreement (IGA) with the Ministry of Health. Funds would be disbursed in tranches, based on utilization certificates and reporting on progress and results.

Contracting. IAs (e.g., suppliers, contractors, private firms) would be recruited and hired based on IDA Guidelines and Standard Bidding Documents and, upon selection, IAs would sign a contract with the Ministry of Health. Payment would then be released upon meeting the specified indicators and deliverables.

7. Sustainability

RGOB has indicated strong commitment to fighting HIV/AIDS. It heeded the HIV/AIDS threat early, recognizing the dangerous repercussions of apathy, inaction, and denial that frequently accompany a low prevalence setting. More recently, the National Assembly addressed HIV/AIDS issues over each of the past four consecutive sessions. The Ninth Five-Year Plan has also identified HIV/AIDS and STD prevention and control as one of the country's most important programs, in the context of addressing emerging health issues for the Bhutanese population and promoting healthy outcomes of women and adolescents. In addition, Her Majesty Queen Ashi Sangay Choden Wangchuk is the UNFPA Goodwill Ambassador, and an outspoken advocate of HIV/AIDS and STI prevention. In February 2004 the Cabinet of Ministers called upon revitalization of the National AIDS Committee. A newly named National AIDS Commission with expansion of its membership to civil society and private sector, has been reconstituted to strengthen multisectoral involvement in HIV/AIDS. Although commitment from sectors, other than health and at district level varies, the project would support advocacy, training, to increase awareness and relevance of HIV/AIDS as a multisectoral and development issue.

To ensure implementation sustainability, the project design and strategy utilizes and builds capacity of existing institutions to manage and implement the project and relies on leadership and champions within MOH. The leadership from MOH is expected, given that the epidemic remains invisible to many other sectors. The project would strengthen engagement of other line ministries and civil society in HIV/AIDS prevention and cultivate leadership from all sectors.

8. Lessons Learned from Past Operations in the Country/Sector

This project builds on key lessons learned in designing and implementing HIV/AIDS projects in the region and around the world:

- Key stakeholders from the public and private sectors, civil society, and donor agencies, have been involved in project preparation and will continue their involvement throughout implementation to ensure the country's ownership and reduce political and social risks.
- Emphasis is placed on improving strategic information systems for planning and policy decisions, given the lack of data on risk behaviors and conditions.
- Prevention of HIV and STIs remains the core of the response, in particular at this early stage of the epidemic. However, the increasing numbers of PLWHA make the development and implementation of a comprehensive care and treatment package essential.
- Prevention and treatment are synergistic, both biologically (by reducing infectivity) and socially (by encouraging use of VCT services and increasing involvement of PLWHA in advocacy). The BCC strategy will address the potential increase in risk behaviors due to a perceived mitigation of the effects of HIV infection as a result of ART availability.
- Respecting rights, specifically in HIV/AIDS testing and treatment of PLWHA and highly vulnerable populations, is a critical aspect of prevention and control. This effort would prevent the epidemic from going underground, and thereby, further fueling the HIV spread.

9. Safeguard Policies (including public consultation)

Provision of preventative and treatment services under the HIV AIDS project will generate hazardous medical wastes which, if not managed and disposed properly, can have direct environmental and public health implications. However, the negative impacts are reversible and easily mitigated through systematic management of such clinical waste from source to disposal. The wastes of highest concern expected to be generated by project activities are sharps (infected needles and syringes, surgical equipment, IV sets) infected blood, HIV test kits used in VCT centers, blood banks and laboratories and pharmaceutical wastes. There is no construction waste envisaged, as there are no major civil works, other than the establishment of a small-scale waste management system and refurbishment and minor works related to VCT.

While there is no national legislation on healthcare waste management in Bhutan, the RGOB has taken different initiatives for enforcing good practices and measures for handling general biomedical waste. There are Infection Control Guidelines and Environmental Codes of Practices for Hazardous Waste Management which provides some basic guidelines for segregation and disposal of biomedical waste. Waste management and infection control is also a part of the curricula offered by the Royal Institute of Health Services. Additionally there are new guidelines with regard to solid waste management including biomedical waste generated from healthcare facilities. An assessment of waste management and infection control in the country carried out in 2002 noted that health workers have a reasonably good knowledge of occupational safety and good practices but these are not always practiced often because of lack of resources and proper equipment.

The project envisages the establishment of proper management system for the treatment and disposal of the waste related to the treatment and prevention of HIV/AIDS and STI. Once these systems are put in place and efficiently implemented, the negative environmental and environmental health impacts will be controlled. Proper training of healthcare workers is also planned under the project to ensure that good infection control and waste management practices are sustained over time.

The above will be implemented as defined in an Infection Control and Healthcare Waste Management Plan, which has been developed by the RGOB. The detailed Plan has been disclosed to the public.

Safeguard Policies Triggered by the Project	Yes	No
Environmental Assessment (OP/BP/GP 4.01)	[X]	[ ]
Natural Habitats (OP/BP 4.04)	[ ]	[X]
Pest Management (OP 4.09)	[ ]	[X]
Cultural Property (OPN 11.03, being revised as OP 4.11)	[ ]	[X]
Involuntary Resettlement (OP/BP 4.12)	[ ]	[X]
Indigenous Peoples (OD 4.20, being revised as OP 4.10)	[ ]	[X]
Forests (OP/BP 4.36)	[ ]	[X]
Safety of Dams (OP/BP 4.37)	[ ]	[X]
Projects in Disputed Areas (OP/BP/GP 7.60)*	[ ]	[X]
Projects on International Waterways (OP/BP/GP 7.50)	[ ]	[X]

* *By supporting the proposed project, the Bank does not intend to prejudice the final determination of the parties' claims on the disputed areas*

10. List of Factual Technical Documents

HIV risk and vulnerability study
Study of People Living with HIV/AIDS in Bhutan
Strengthening STI primary prevention and HIV diagnostics
Surveillance assessment : Next Steps
Infection Control and Health Care Waste Management Implementation Plan
HIV/AIDS Treatment: Economic Analysis
Operational Manual (April 27, 2004), including Project Implementation Plan

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