### TECHNICAL ASSISTANCE REPORT

<table>
<thead>
<tr>
<th><strong>Country:</strong></th>
<th>Bhutan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dates of TA provision:</strong></td>
<td>Oct 19 – Nov 12, 2021</td>
</tr>
<tr>
<td><strong>Consultant(s):</strong></td>
<td>Dr. Christine Ho</td>
</tr>
<tr>
<td><strong>Clearance of the report:</strong></td>
<td>The content of the report has been fully cleared by the National Tuberculosis Programme and the National AIDS Control Programme</td>
</tr>
</tbody>
</table>
| **Sharing of the report:** | 1. The report has been shared with The Global Fund Portfolio Manager, Bhutan and the GF GLC Focal Point.  
2. In-country circulation of the report done via WHO Country office in Bhutan |
| **TA coordination:** | National TB programme, National AIDS control programme, WHO Country office Bhutan and the rGLC/SEAR Secretariat |
| **Summary of the TA provided:** | • Dr. Ho met with the Bhutan national TB and HIV Programmes virtually. Annual reports and updates on both Programmes were presented and shared. Other background information on HIV prevalence in Bhutan was also discussed.  
• National Bhutan guidelines for adult TB treatment (2020), HIV-TB collaboration (2013), HIV counseling and testing (2021), management of HIV/AIDS (2020), and viral hepatitis (2020) were reviewed  
• An assessment identified the areas of strength (e.g. 100% HIV screening of TB patients, high completion rate for MDR-TB) as well as areas where innovations might advance progress for the Programmes (high proportion of PLHIV undiagnosed, high proportion of primary MDR-TB).  
• Draft revised TB HIV collaborative guidelines were developed and shared for input from Programmes  
• Tools for monitoring long and short DR-TB regimens developed  
• Tool for tracking collaborative activities between HIV and TB Programmes to ensure bidirectional data flow  
• SOP for one-stop HIV/TB unit being developed |
| **Summary of the recommendations to follow up:** | • Key recommendations include—  
  o As majority of new HIV diagnoses result from medical screening, recommend expansion of HIV testing to people with presumptive TB being evaluated for TB. Currently they are tested for HIV only after diagnosed with TB  
  o A one-stop TB/HIV unit for patient-centric services for 4S screening, ART refills, IPT or TB treatment, active monitoring for adverse drug reactions (aDSM)  
  o TB/HIV ECHO sessions to provide mentoring and support to providers and staff for diagnosis and case-management of TB/HIV patients  
  o Scheduled M/E of TB/HIV activities using standardized tools |
ANNEX:

Virtual meetings with Bhutan national TB programme and partners:

October 19, 2021:

LIST OF PARTICIPANTS:

- Mr. Lekey Khandu, Programme Manager, NACP
- Mrs. Rada Dukpa, Programme Manager, NTCP
- Mr. Dolley Tshering (Sr. Programme Officer, NACP)
- Mr. Phurpa Tenzin (Sr. Programme Officer, NTCP)
- Dr. Tandin Zangpo (OSA- NACP & NTCP)
- Ms. Jamyang Pema, M&E Officer, NTCP
- Mr. Ugyen Dendup, Dy Chief Programme Officer
- Sylvia Murray (Global Fund)
- Parvina Odikhonova (Global Fund)
- David Bagoza (PSM specialist)

AGENDA:

- Presentations and updates from NTCP, NACP, and National hepatitis Programmes
- Discussion on Programme challenges and gaps
- Review of Terms of Reference for rGLC TA

November 9, 2021:

LIST OF PARTICIPANTS:

- Mr. Dolley Tshering (Sr. Programme Officer, NACP)
- Mr. Ugyen Dendup, Dy Chief Programme Officer

AGENDA:

- Review current system for HIV patients to receive care, ART treatment, and health screenings
- Review proposed activities and goals for collaborative HIV-TB activities GF application
- Discussed innovations proposed in draft collaborative HIV-TB guidelines and feasibility