

ANNUAL HEALTH CONFERENCE

27 - 29TH MAY, 1998

MINUTES AND RECOMMENDATIONS



**Health Division
Ministry of Health and Education
Royal Government of Bhutan**

EXECUTIVE SUMMARY

The Annual Health Conference of 1998 commenced with two days of Pre-Conference on the 25th & 26th May 1998. The Dzongkhag presentations and the technical discussions on major programme and administrative issues like RWSS, Reproductive Health, AFP Surveillance, Telecommunications, Personnel issues, Comprehensive School Health Programme, Vehicle budget were deliberated. The main conference began on 27th May at the Royal Banquet Hall complex under the Chairmanship of Dasho Sangay Ngedup, Deputy Minister, Health and Education Divisions. Dasho T. Rixin, Hon'ble Dy Minister, Ministry of Health & Education, in his welcome address reinforced the commitment of the Royal Government of Bhutan in the health sector with special emphasis on Population Planning Intensification.

He also acknowledged the support of all collaborating partners in the health sector. Further, he informed the august gathering that the Health Trust Fund launched recently in Geneva at the 50th World Health Assembly is another landmark, in health care development in Bhutan, marching towards an innovative sustainable development future.

Dr. Kan Tun, WHO Representative as the Chief Guest commended the Royal Government and the health services for the many successes achieved in such a short time span. He also highlighted the global issues confronting the region and its impact on developing countries. He said that WHO appreciates and supports the innovative idea of Health Trust Fund as a landmark development. .

Representatives from the partner agencies dwelt on the successes in the health sector and threw light into the future planned strategies to appropriately deal with existing situation and the impending problems.

AHC 1998 saw much higher degree of participation ensuring a healthy outcome for the conference.

This year's conference had the pleasure and satisfaction of the following highlights:

1. Launching of the Bhutan Health Trust Fund.
2. WHO No tobaccos Medal awarded to Lhuentse Dzongkhag.
3. 50TH Anniversary of WHO.
4. Merging of RWSS with Health Division.
5. Signing of the Third Cycle of UNFPA Project.
6. Status report by National Polio Commission.
7. Launching of the HRH MasterPlan

Address from the senior officials of the RGoB guided the deliberating on issues of national interest. The closing remarks of Dasho Sangay Ngedup, Deputy Minister, Health and Education Division fitting finale to the whole conference deliberations where by professionalism, personal integrity. National interest and family health workers as primary requirements.

The conference concluded on 29~! May 1998. The recommendations that have emerged from this conference will help guide the health proper implementation of the planned activities and appropriately future strategies and intensification of programmes under developmental policy of the Royal Government of Bhutan.

ENDORSEMENTS:

The 1998 AHC endorsed the following:

1. Report of the Sub-Committee on HIV Policy issues.
2. Report of the Sub-Committee on ORC.
3. The future course of action for SNID and other; EPI targets
4. The proposals for the Reproductive Health Programme as outlined by the Dzongkhags.

5. The Nutrition Programme to refocus activities to address the U5 population.

RECOMMENDATIONS

1. That the DMOs and DHSOs explore alternative routes to facilitate drug supply in the disturbed areas.
2. That the National Drug Committee studies the possibility of further streamlining the VHW drug list.
3. That the Division explores the possibility of creating posts and recruitment of support staff by the Ministry of Health & Education.
4. That the 1998 AHC taking note of the increasing problem of Rheumatic Heart Disease, requests the Dzongkhags to make adequate assessment of the problem to guide the Division.
5. That the BHWs make two visits a year, and that the 1st visit be done in January - February to facilitate uniform collection of household information.
6. That the 1998 AHC taking note of the concerns related to pregnancy resulting from contraceptive failure in reproductive health services, directs the Health Division develop a well defined, and appropriate guideline on Medical Termination of Pregnancy.
7. That the 1998 AHC taking note of overall manpower shortage in the Health Sector, directs the Division to accord due consideration to meet the needs in Epidemiology and Research Unit while pursuing manpower strengthening.
8. That more lucrative investment of the Health Staff Welfare Scheme fund be explored after the fund crosses Nu. 20, 00,000 to accrue maximum benefit.
9. That the Division reviews the existing problems in telecommunication services before further expansion.
10. That the Division pursue the appropriate enhancement of ambulance budget with Finance Ministry while giving due I consideration to the age of the vehicle, the mileage coverage, insurance and major repairs.

11. That the Health Division explores the possibilities duration of the Pre-Conference adequate to provide to enough time to discuss important technical issues.

12. That the Health Division and Public Health Engineering Unit prioritise and detail out coverage and logistic systems

Implementation and that innovative approaches increase the coverage to meet the HFA goals..

13. That the RWSS be a separate unit with appropriate line of (ommaJ11d at the Dzongkhag level.

14. That the Education Division staff at the comm. level involved to improve and monitor the RWSS

15. That the 1998 J~HC w11il~ commending the Health taking active initiatives to mobilise resources for Supply and Sanitation, requests to further pursue the bridge the resource gap that exists.

16. That the Division reviews the Malaria Programme effectiveness and IEC component of malaria to strengthening.

17. That the Division is requested to develop an appropriate handbook for health workers on the estimation of and ratios.

Plenary Address

The Pre-Conference started with the plenary address of Dasho (Dr) Jigrr Singay, Director of Health Services who was also the Chairman of the 1998 Pre Conference. The Director, while welcoming the participants, extended a specie welcome to the Rural Water Supply Scheme members headed by the Executive Engineer to the health family. The Director said that the Annual Health Conference (AHC) is the most important annual event for the health sector. I set the stage for retrospective analysis of health activities, development 0 strategies for activities in the pipeline, and framing of policy proposals for future development of health services. He said that this year besides the other important agenda items, Population Planning under Reproductive Health Program and the Water and Sanitation will be the main areas of discussions and that the Division is expecting a definitive direction from this conference. He also ! Stressed that the AHC not only has the privilege of hosting many important guest speakers from both the Royal Government and the Collaborating Agencies, but is also an occasion when all attention of the country is focused on the health sector. Therefore, it is very important for us to ensure that no untoward incident~ mar the image of the Health Sector and that all must consciously ensure tha personal etiquette, conference decorum and Driglam Namzha are maintained throughout. The Director in his concluding remarks also raised important issue~ related to transport, social events and participation during discussions.

1. Briefing on Dzongkhag Presentations and Group Formations

Dr Sangay Thinley, Jt. Director of Health Division, introduced the agenda item. He briefed on the importance of conducting the two days Pre. Conference to ensure that adequate time is devoted to discuss the annual dzongkhag activities, personnel and administrative issues and other programme areas requiring more technical debates. The main conference could then devote to addressing the health care policies and future programme strategies in line with the developmental activities of the "Health Sector.

He then outlined the Dzongkhag presentations to be done in the standard prescribed format of which, the compiled report is to be presented to the main conference for discussions and directions.

MINUTES OF THE PRE-CONFERENCE

Following this, the participants were divided into two groups and dzongkhag presentations commenced.

2. Drugs Supply and Budget (Pharmaco-Economics)

The EDP Co-ordinators presented the Drug Supply and Essential Drug Programme for the year 1997-98. The indicated a marginal increase in the national budget. The wastage showed a down ward trend in comparison to the I More than 80% of the drugs are available at any given point in a Health Centre. The Chairman after reviewing the presentation forum on the importance of proper drug prescriptions so drug resistant. The chair also directed the EDP to look into further minimizing the ratio of drug consumptions versus population view of our population.

The Chairman informed the forum that maintaining adequate drug supply was one of the challenges faced by the Division problem at the entry point. He urged the DMOs and DHS alternative routes to get the drugs in time and safely, Division would look into the budgetary implications caused

.1 The Conference Chairman also directed the *Chairman 0 Drug Committee* to study the *possibilities of further stl VHW drug list in consultation with the Programme.*

3. Administrative and Personnel Issues

The Personnel Officer, Health Division presented and 01 Health manpower status and the related issues sub Dzongkhags. Further, proper utilization of the existing mc Health Services was also presented.

The issues of up-gradation, promotion, transfer and equal for the health workers were also discussed in response raised from the Dzongkhags.

The issue of irregular deposit of GIS and PF of the Health concern to many of the participants. The Chairman noting 1 of the issue *recommended that it must be raised conference during the presence of the guest spea Ministry of Finance for further guidance.*

MINUTES OF THE PRE-CONFERENCE

It was requested that the names of *all* the *personnel* who are *not involved* in *nursing care should* be deleted from the *total list* 01 name in order to give a *clear picture* of the actual number to people *providing nursing care*.

Since the *recruitment* of the support staff like *sweepers, wardboys, night guards etc. took a long time to process* from the RCSC, it was *requested* that the *possibilities of recruitment* at the *Division/Dzongkhag level* be looked into.

4. Plan of Action for HIV/AIDS Action Year

The Programme Manager, STD/AIDS, while introducing the agenda informed the forum that the Health Division has declared 1998 as the HIV/AIDS Action Year. He then outlined the overall plan for the Action Year including the need of developing definite policy directives in the areas of screening, management of full blown AIDS and issue of confidentiality to guide the Programme. After prolonged discussions on the above issues it was decided to constitute a Sub-Committee to come up with a proposal that can be presented to the AHC for review and endorsement.

5. Comprehensive School Health Programme:

The CSHP Co-ordinator, IECH Bureau, presented the final version of the Comprehensive School Health Programme (CSHP). The team from

Education Division headed by Director of CAPPS also participated. During the presentation, Many of the Issues raised by the forum were clarified

By the team as already included in the CSHP document. The issue of 1-5 year children was agreed to be beyond the

scope of the CSHP and needs to be addressed by the Nutrition Programme. The provision of providing

Spectacles at subsidised cost was found to be within the scope of the

Primary Eye Programme, but the modalities to provisions needs to be clearly worked out.

6. AFP Surveillance

The Chief of Epidemiology and Research Unit, while presenting the agenda acknowledge the co-operation received from the Districts in carrying out the activity. During his presentation the following issues were highlighted.

MINUTES OF THE PRE-CONFERENCE

1. Inconsistency in number of reporting sites.
2. Confusion in sending reports.
3. That Some hospitals like the Military Hospital still need to be brought into this scheme.
4. Further scope of training for health workers ANMs.

7. Telecommunications.

The agenda on telecommunication was introduced by the Health encompassing the over all status and future plan a

During the discussion the floor cautioned the Division on installations without doing a proper review of practicalities. The existing experience of managing already operational needs to be carefully studied.

8. Vehicle Budget

The Division has been confronting a constant problem of budget for maintaining the health vehicles and keeping them on road. The Issue is more complicated when the request from the Dzongkhags are constant while the budget for them is , Dzongkhag budget and not :with the Health Division.

The Joint Director presented some of the major issues related to vehicle budget possible mechanisms to Improve to complications. He also highlighted some of the step taken by the Division to resolve the crisis.

- Process supplementary budget. .
- Enforce the circular from Ministry of Finance appropriation of budget from FY 1998-99.
- Increase budgetary provision to a reasonable for ambulances and MSU vehicles.

Some of the additional proposals that came up during the discussion were

- Budget allocation be made considering the age of the vehicle and road network (mileage).
- Separate budget for POL and maintenance parts).

MINUTES OF THE PRE-CONFERENCE

- Budget for comprehensive insurance & spare directly by the Division.

The Joint *Director* stressed that many of the above issues were beyond the purview of the *Division* and must be taken up during the address of the Hon'ble *Deputy Minister of Finance* in the *AHC*.

9. Report from the Medical supplies Unit.

The MSU in this agenda appraised the forum on the developments in the Medical Supplies Unit including the future directions in medical supplies and procurement.

The MSU also reported that future location of MSD will be reviewed in depth by the Division, and that the Dzongkhags will be informed of all the out come.

10. Growth Monitoring Card.

The Nutrition Programme Officer introduced the new growth monitoring card and the basis on which the changes were proposed. The forum while deliberating on the proposed changes raised the following issues:

- Combination of ANC with the growth monitoring card and packaged in a plastic jacket
- The need to retain and use the treatment column.
- Inclusion at height measurement In the card.
- Entry weight to start at 2.5 kgs.

The Chairman after considering the issues raised directed the '*Programme* to take necessary *action* before *finalising* the *proposal*.

11. Low Birth Weight

1 Chief of Epidemiology & Research Unit appraised the forum about Low Birth Weight analysis of five years record of JDWNRH and the finding of only 13.49% L.BW of the total deliveries analysed. He, therefore felt that the cause of malnutrition in children is most probably related to feeding/weaning practices In

MINUTES OF THE PRE-CONFERENCE

order to draw a more definitive conclusion. He said that he will need to review the data from other hospitals.

12. Kitchen Garden Project

Programme Officer, Nutrition, presented the following Kitchen Garden Project:

- Due to inability to mobilise funds at the district level the Dzongkhag Health Sector could not procure seeds to implement the activities.
- Training of community on kitchen garden could not be carried out by the programme.
- Annual reporting of kitchen garden activity needs to make the programme effective.

In light of the issues raised, the programme has been followed up on the implementation.

13. Rural Water Supply & Sanitation Report

The EE: PHE presented the agenda on Rural Water Supply & Sanitation Programme. The following points were discussed:

- RWSS Project Standardization and Design Overview.
- Problems and constraints.
- RWSS project implementation procedures.
- Plans and programmes for the 8th Five Year Plan.
- Action Plan for 1998-99 FY.
- Highlight of areas for co-operation and co-operation Health & Public Health Engineering staff.
- Organization structure at district and its linkages

Following the presentation, the participants expressed interest in the following issues:

- The need to clearly define the role and responsibilities between health and RWSS"
- The need to outline the organizational structure at dzongkhag and central level.
- Catch-up plan for the dzongkhags with very few RWSS be initiated.

MINUTES OF THE PRE-CONFERENCE

In view of the importance of the issues raised and the urgent need to streamline them, the Chairman directed that a sub-committee be formed spearheaded by EE, PHE, and that the outcome be presented to the AHC for review and endorsement.

14. NID Result and Future Course of Action

The Division presented the result of 1995 NID and SNIDs of 1996 & 1997. The results for the three consecutive years were 99.94%.

The future course of action as listed below was endorsed for implementation.

1. To conduct two more years SNID i.e. 1998 & 1999.
2. To conduct the measles mop-up campaign.
3. To conduct the TT immunization catch-up campaign in high risk areas.
4. Booster dose in childhood (OPT 4, DT).
4. Routine immunization of pregnant women and or women child bearing age.
5. Neonatal Tetanus Elimination Target 2000.

15 Mental Health Programme

The APO of Mental Health Programme presented the status and future plan of action on the programme. As the programme has just been launched the forum cautioned the programme that the community package needs to be reviewed and proper analysis conducted prior to its implementation

16. Purposes and Frequency of BHW's House Visit

The Chief, Epidemiology, Research and Information Unit, stressed the need to collect relevant and accurate data during the house visits by the BHWs. The participants felt that the new household forms should include all relevant data required on village summary form.

It was recommended that the BHWs should make two visits in a year and the first visit should be done in January-February. The Village summary sheets should then be submitted to the Information Unit by the month of March.

And the first visit should be done in January -February. The village summary sheets should then be submitted to the Information Unit by the month of March. This is to maintain uniformity throughout the country

Inaugural Session

The Inaugural Session was chaired and compered by Dasho Sangay Ngedup, Deputy Minister, Health and Education Division.

The Inaugural Session of the 1998 Annual Health Conference commenced with the address of Dasho T. Rixin, Deputy Minister, Ministry of Health and Education. On welcoming the distinguished delegates of the Royal Government and the collaborating partners" he outlined the role of WHO and other collaborating partners in the health care development of Bhutan. The Hon'ble Deputy Minister said that 1998 is the WHO 50t year, and that the presence of the WHO Representative as the Chief Guest of this important conference signifies the spirit of our relationship. He reiterated the commitment of the Royal Government in supporting the Regional Motto of "Health for All and All for Health". '

The Hon'ble Deputy Minister also touched on the history of evolution of the Annual Health Conference since 1979 and said that the Conference has now developed into a body that guides the country's health care development. He also highlighted the importance of the programme areas that will be discussed in this conference. (ANNEX - 1)

The Representatives from GOI, UNICEF and Danida also addressed the Inaugural Session. They all commended the health services on the achievements and the commitment of the RGOB in improving the quality of life of the people of Bhutan. They also expressed pride in being partners in this most crucial effort and also committed their continuing support in achieving the global goals by the end of the century.

Following this, the Chief Guest awarded the 1997 WHO No Tobacco Medal to Lhuentse Dzongkhag, received by Dasho Dzongdag and his team. Dasho Dzongdag, Lhuentse expressed his happiness for being awarded the medal and certificate and thanked WHO and the Health Division for this honour to his Dzongkhag. He also outlined the efforts put in by his administration in combating the tobacco menace and reiterated their continuing commitment.

The Chief Guest, Dr Kan Tun said that although the developmental activities in modern health care system are only little over three decades, the achievement has been highly commendable. In order to safeguard the gains already achieved, the RGOB has initiated a very innovative approach by creating a Trust Fund for Health. He urged all collaborating partners to support this noble venture.

Business Session

Chairman's *Address*

Hon'ble Dy Minister, Dasho Sangay Ngedup, Chairman of 1998 Conference welcomed the participants especially the RWSS conference. He reiterated the praises, expressed by the donor: the opening session and informed the forum that all these because of the continued dedication, selfless services of our However, he cautioned that there is no place for complacency, r services should strive for further improvement in the existing hea in reaching the unreached people of our country. He informed the forum that the three years membership in the Executive Board, and the one ye Chairman of Executive Board was successful and saw Bhutan ~ role at the global and regional level in working towards a healthier Health Trust Fund which was launched at Geneva during Anniversary was successful and that there was a very positive support.

Following this address, the Chairman then put the 1998 Agenda and adoption. He urged the participants to be very frank and discussing all the issues in order to ensure the success of the 1998 AHC agenda was adopted as it is.

Review of the Recommendations of the AHC 1997

Director, Health Services, presented the status of 1997 AHC recommendations and follow up. He appraised the forum that out of 16 recommendations been implemented successfully except in the area of medic. Where the Division is not able to get a candidate. He asked the come up with suitable proposals since the plan is already formula

The Chairman commended the Health Division for the successful of the recommendations. He reminded that 100% achievement is rarely possible but we are very close to it.

1. Dzongkhag Presentations (ANNEX -2)

Major achievements and constraints were presented and discussed elaborately. The following recommendations were proposed from the Dzongkhags:

- ❖ KAP study on all family planning method, its immediate and long term side effect to be conducted. .
- ❖ Clear cut policy guidelines to be formulated for pregnancy cause by contraceptive failure.
- ❖ IUD Insertion Training for ANs and BHWs; NSV for HAs and Minilap for doctors. ,
- ❖ Training for husbands in Safe Motherhood.
- ❖ Research in family planning and pap smear.
- ❖ Reconsideration of duration of Pre-conference. Present duration is found to be inadequate.

The Programme Manager¹ Reproductive Health informed in regard to the issues/recommendations raised related to Reproductive Health are already incorporated in the Divisional plan. He also informed the IUD Insertion training for BHWs and ANs needs to be discussed with the Training Institutes and RIHS.

The issue on abortion was highlighted in this AHC in terms of rise in total number of cases reported by the dzongkhags. It was further proposed to have an etiologic case reporting by the dzongkhags on abortion to enable more fruitful discussions in the future.

The Vice Chairman informed the floor that abortion was a very complex issue. Therefore, he urged the conference to dwell mainly on medical termination of pregnancy. He further reminded that if family planning is successful, the need of abortion would not arise. He stressed that the legalisation of abortion was not within the purview of this conference, and needs further guidance and directives from the RGOB.

The Chairman on summing up the discussion informed the floor that MTP as a measure to save a woman's life should be the basis. He directed the Division to develop and circulate a well-defined guideline sensitive to the country's need.

On the issue of training in the area of statistics, the Chief, Epidemiology .Research & Information Unit was asked to plan training as per the capacity existing in the country.

Following the discussions on Rheumatic Heart Disease and prevalence of cervical cancer, it was recommended that the dzongkags respond urgently on the magnitude of the problem justifications about cases and their capabilities in handling the Division can take appropriate measures.

Regarding Non-Scalpel Vasectomy (NSV) training opportunity Health Assistants & Assistant Clinical Officers to undertake activities, the Vice-Chairman informed that the Division position to give a blanket approval but could consider on basis depending on institutional concurrence.

Regarding ARI, the Chief of Epidemiology, Research & In informed that this was still the leading cause of morbidity and that the programme should strive to reduce the rate from 7% to 2%.

On the issue of staff accommodation, the Chair informed the Division was fully aware of shortage of staff quarters and for further reductions in the house rents will be discussed with Ministry of Finance.

2. Reproductive Health Programme and Population Planning Intensification

The Programme Manager, Reproductive Health focused on and the future plan of action to achieve the following targets:

- ❖ Reduce population rate from 3.1 % to below 2%
- ❖ Increase ANC attendance from 51.1 % to 80%.
- ❖ Reduce IMR from 70.7 to 30 per thousand live births
- ❖ Reduce MMR from 3.8 to 1.5 per thousand live birth
- ❖ Increase access to FP education/services from 74.7% to 100%
- ❖ Increase contraceptive prevalence rate from 18.2% to 60%

After detailed deliberations on various issues the Chairman summed up, the discussion as follows:

- ❖ The Programme should involve the referral hospital proper re-canalisation services, the need and criteria for re-canalisation referrals must be carefully developed by the programme.

On the issue of incentives, the Chairman stated the views expressed, the conference endorses the quality FP services and the proposal to phase out E of incentives also. The proposal of introducing an additional card for family planning was agreed to be more of an administrative burden than of any practical use.

Since there was a lot of debate on ORC, the chairman instructed that a sub-committee be formed with appropriate Terms of Reference (TOR) to debate on the various issues raised and submit it to the conference for endorsement.

Regarding institutional versus home delivery, the Chairman felt that further review needs to be done by the relevant authority.

On the concern expressed by the forum regarding the good Health and well being of under five children age group, the dzongkhags reerral hospitals in co-ordination with the Nutrition Programme should review the feeding and dietary habits more closely in the country.

3. Shortage of Manpower

The forum discussed on the manpower shortage in various dzongkhag, units and programme. The division was asked to look into the various manpower shortage and requirement and accordingly plan on fulfilling it, especially taking note of the acute shortage expressed by the Epidemiology & Research unit.

4. Recommendations of the Annual Programme Review of the Health Division.

Jt. Director , Health, presented the above agenda. **(ANNEX- 3).**

On the issue of maintaining quality control of constructions in the Chairman informed that monitoring guidelines will be consultation with Health Engineering Cell and GOI Project 81 made available to the concerned people.

Following this presentation, the AHC had the honour of Hon'ble Minister of Planning to address the forum. The Chairman of the conference in welcoming the Hon'ble Lyonpo, expressed the gratitude of the health services for Lyonpo's gracious presence and acknowledged the continued SUPP9rt of the Hon'ble Lyonpo Ministry of Planning to the health sector.

5. Address by Hon'ble Minister of Planning

The Hon'ble Minister reiterated the unprecedented progress health sector and the dramatic achievements made over the years. He also expressed that it was all the more reassuring to hear the comments of the donors during the inaugural session.

Hon'ble Lyonpo then briefly outlined the visions of His Majesty and the 8th FYP of the Government. Hon'ble Lyonpo also Health Sector's 8th FYP objectives and urged all the members of the services to continue the good work in order to fulfil the aspirations of His Majesty and the Royal Government. The Hon'ble Lyonpo

also informed the conference participants that the social sector has been and will be one of the priorities of Bhutan's development agenda.

The Chairman of the AHC, on behalf of the conference participants reinforced the strong commitment and assurance of the health services in fulfilling all the targets set by the RGoB for the sector. The DHSO Bumthang, on behalf of the participants, expressed the deep gratitude of the 1998 AHC participants for Hon'ble Lyonpo's most inspiring and Visionary address.

6. Report from the National Polio Commission.

The Chairman of the National Certification Committee for Polio Eradication presented the progress report and current status of their activities. He' touched on the background, justification and rationale of the commission and also highlighted some of the progress made by the Team.

The Vice Chairman of the conference in his capacity as the Director of Health Division, supplemented that Bhutan is committed to polio eradication and that the health services must ensure full compliance for providing all the necessary report/information.

The Chairman after reviewing the issues raised by the forum directed the formation of a Sub-Committee to discuss on the issues related to fund, training and submission of report from the AFP reporting sites. The Chair also endorse (j the requirement of adequate support to the Commission member\$ to ensure a successful validation of the activity.

7. Health Sector Highlights of the Dzongkhags gih FYP Tour

Director, Health presented the agenda and highlighted the following:

- ❖ .Reduction of population growth rate from 3.1 % to 2% or below.
- ❖ .Increase of contraceptive prevalence rates and intensification of family planning services.
- ❖ To reach the un-reached.

He appraised the forum that. 8% of total outlay is kept for health sector, which is the highest percentage in the region and also on the capital and recurrent budget outlay of different dzongkhags.

The Chairman informed the floor that the Division has made commitment to the people to reach the un-reached. Therefore, he urged all the districts to conduct a survey to identify this un-reached population available, range of services and submit a report, to the Division for appropriate plan of action.

8. Status of Community Based Rehabilitation Pilot Programme and Future Plan of Action

The CBR Programme Officer presented the agenda. The pilot programme was launched in Trashigang Dzongkhag coinciding with start of 8th FYP. After discussing the status report, the Chair reminded the forum that CBR is mainly directed to disability prevention rehabilitate' vocational training to the physically disabled (including iff order to ehable. them to lead a more independent I programme has been asked to look into the aci prbsthetic/orthotic technicians. All dzongkhags were information on disability so that the programme utilises it.

9. Status of Communicable Disease under Eradication/Control strategies (Polio, Measles, IDD, Leprosy, TB, Vit A)

Programme Manggers of EPI, Leprosy, TB, IDD and Vita presented the status of the programmes in the country.

". APO; EPI highlighted that no polio cases have been dell and that polio eradication activities have been fully lau Surveillance.

Measles status including the cyclic pattern of the disease was also reported to the forum. The Chief, Epidemiology Information Unit urged the districts to be vigilant, on The possibility of having an upsurgues of measles cases in the coming year.

There were elaborate discussions on the TB presentation endorsed the following.

- ❖ The programme to identity TB in-charges in hospital caseloads are maximum and to study the causes (in-spite of adequate nutrition. " ,
- ❖ Ensure adequate and continuous supply of TB drug in all hospital and BHUs.
- ❖ To minimize the non-availability of drugs during treatment protocol.
- ❖ For better reporting and follow up in the Dzongkhag over all the TB patients registered and establish

Better co-ordination and collaboration with MTRAT hospital.

10. 7th FYP Spill over Activities and 8th Plan First 2 Years Activities.

Chief of Planning presented the agenda. He informed the forum that the spills over activities were in the area of construction of BHUs and Hospitals. He further emphasised that the overall plan is to complete the spill over works as early as possible and to complete the majority of BHU constructions in the Dzongkhags by the first two years of 8th FYP.

11. Patient Referral System

Dy Superintendent, JDWNRH presented the agenda.

At the end of an elaborate discussion, the Chair informed that patient referral outside the country is a privilege enjoyed by very few countries in the world. In order to ensure a fair, just and equitable opportunity to all, the Referral Committee was established initially at JDW.NRH and subsequently to Mongar Regional Referral Hospital. In view of the substantial increase of expenditure on patient referrals, sustaining the service is an issue that needed consideration. The initiative taken to strengthen the referral hospitals with our own expertise and resources was an effort to address this concern.

A proper review to further strengthen the in-country referral system was highlighted with particular emphasis on co-ordination and feedback mechanism. Further, the system that exists to co-ordinate ambulance

movements' needs to be simplified to ensure more practical implementation. ,

The Chair informed the AHC '98 that no patients will be referred for organ transplant outside the country. He also appraised the forum that there is a need to review the institutes/hospitals nearby for patient referral so that they are more patients friendly and cost effective.

On the issue of transfer of Radiology, Primary Eye Care and Dental Programme to the Division, the Chair informed that whilst it is logical but other factors needs to be reviewed carefully before taking any decision.

12. Health Staff Welfare Scheme (HSWS)

After the introduction of the agenda item by the Manager, the forum for compliance endorsed the following issues.

- ✚ Prompt dispatch of contribution.
- ✚ Status of member (new/transfer/regular).

- ✚ Clear cut recommendation/certification of the format should be done and forwarded.
- ✚ Destination for dispatch of claim after approval.
- ✚ RWSS members will also be members of the

The Manager was also" directed to include the following clauses in the HSWS.

- ✚ Entitlement to avail the benefit should be given the nominee written in the claim format.
- ✚ To make a claim, the minimum age of the child should be 12months (1 year).

Considering the amount already collected, the chair stated that the Manager should find more lucrative means of investing crosses Nu.20,00,000/- mark to accrue maximum' benefit.

The 3rd Day of Annual Health Conference started with the auspicious launch in of the Human Resource Master Plan Book by the Hon'ble Dy Minister of Health I Education. A copy was distributed to the Dzongkhags.

1 3 Sub-Committee's Report on Water & Sanitation (ANNEX... 4}

The Executive Engineer, RWSS presented the Sub-Committee report on RWSS. Following the presentation, the Chair said that since RWSS was being discussed for the first time, the conference should look at broader issues and not, deliberate on specific dzongkhag or activity lines this will guide the Division to develop more focused strategies. The forum after discussing various issues recommended that the Health Division and the Public Health Engineering Unit should priorities and discusses administrative and logistic system for better RWSS implementation and initiate innovative approaches to increase the coverage.

The forum proposed that a separate Unit for RWSS with the appropriate administrative line of command at the dzongkhag level needs to be constituted. Regarding budget, the Chair 'appraised that the Division will look into bridging the resource gap. It was also endorsed to form a committee at the dzongkhag level with representation from Health, District Engineer, RWSS and Community leaders under the Chairmanship of Dasho Dzongdag. The Chairman also asked the Dzongkhags to involve the educatiorn people at community and district level to improve and monitor the RWSS,

14 Bhutan Health Trust Fund

The Chair informed the forum about the launching of BHTF at Geneva during the 51st World Health Assembly. He gave a brief scenario of the present status of BHTF and said that the main objective is to enable us to provide free health services.

The Chair then welcomed the Hon'ble Dy Minister of Finance and added that the presence of the Dy. Minister argues well to Bhutan Health Trust Fund as the conference just finished deliberating on the subject that will provide a sustainable means to cater health service.

15 Address by the Hon'ble Dy; Minister of Finance

The Hon'ble Dy. Minister expressed his appreciation for all the work done by the health workers and the achievements made till date the forum that 30% of the total budget A of development social sector which is one of the highest in the world. The main concern expressed was on the recurrent expenditure.

He congratulated the Division for the innovative idea of Launching Bhutan Health Trust Fund which would help to supplement recurrent expenditure and wished all the success in this venture. However, he for stringent anti proper handling of budget in order to sustain the activities.

The issues raised by the dzongkhag during the Pre-conference were put up to Dy Minister, Finance for due consideration.

The Dy, Minister, Finance informed the floor that vehicle budget is a tricky issue but nevertheless, in view of the rendered by the ambulances and after reviewing the proposals Division, he assured that the Ministry will enhance the budget allocation for ambulances. He informed the forum that the Ministry the process of looking into the issue of increase in TA/DA, mileage of two wheelers and even four wheeler.

DHSO, Trashigang offered a vote of thanks on behalf of thanks on behalf of the participants and also for having kindly taken note of the issues raised and giving due consideration to them.

16. National Malaria Control Programme.

Programme Manager, NMCP presented the case coml from 1994 to 1997 after the introduction of K-Othrine and; action, I-le also introduced the proposal for phasing out 1998 and alternative arrangements planned and initiated ~

- ❖ Impregnated bed nets.

- ❖ Environmental management.
- ❖ Introduction of larvivorous fish.
- ❖ Multi-sectoral involvement and approach in the field environmental engineering.

After the discussion the Chairman instructed the programme to follow up on the following issues raised by the forum:

- ❖ Conduct review meeting to make the programme more effective.
- ❖ Strengthening of IEC activities in malaria.
- ❖ Training on routine lab investigations to be provided to the Malaria

Technicians in areas where they can also function as laboratory Technicians.

- ❖ Supply of white apron, ruck-sacks, sleeping bags and two wheelers to malaria workers to enable them to provide better services.

The Chair appraised the forum that there is always a danger of importing malaria from the region and the importance of strengthening and sustaining the programme.

17. Sub-Committee Report on HIV/AIDS

Programme Manager, STD/AIDS presented the Sub-Committee report. The forum endorsed the ammended report and directed the programme for necessary follow up. (ANNEX -5)

18. Sub-Committee Report on ARC

Programme Manager, Reproductive Health presented the Sub-Committee report. The forum endorsed the report and instructed the programme for necessary follow up. (ANNEX -6)

19. Training/Seminar/Workshops

The Personnel Officer, Health Division appraised the forum on the training, seminars, workshops availed by the health workers in the 1997 fiscal year. An attempt has been to ensure wider and uniform coverage for such opportunities and the Health Division has been more than successful in this direction. The Human Resource Development is a crucial goal of the health services and the HRH Master Plan document launched today is an indicator of the commitment of the Health Division towards that goal. The whole objective behind the Master Plan is to make it a living document that will meet the needs of our sector and contribute to the overall national human resource goals.

19. Training/Seminar/Workshops

The Personnel Officer, Health Division appraised the forum on the training, seminars, workshops availed by the health workers in the 1997 fiscal year. An attempt has been to ensure wider and uniform coverage for such opportunities and the Health Division has been more than successful in this direction. The Human Resource Development is a crucial goal of the health services and the HRH Master Plan document launched today is an indicator of the commitment of the Health Division towards that goal. The whole objective behind the Master Plan is to make it a living document that will meet the needs of our sector and contribute to the overall national human resource goals.

20. Closing Remarks by the Chairman.

The Hon'ble Chairman while concluding the business Annual Health Conference expressed his happiness at the participation during the sessions. He also said that as Organization is very proud of the commitment and the mc health manpower throughout the length and breadth of the country. He also thanked all the health workers for the support , extended to him when the Royal Government conferred on him the orange scarf in January.

He stressed that all of us have a mission in life and that the profession one chooses should be the mission of ones life. He urged all the AHC members that the loyalty and devotion to ones profession ones loyalty and commitment to Tsa Wa Sum. He appraled to all, that's under the current situation due to ULFA and BODO problem in some parts of our country, health services must be alert and comply to the RGoB directives faithfully. The transfer of PHE/RWSS to the health services 0 scenario of opportunities to improv~, the quality of life people. But we must fulfill the commitment and the e RGoB and of our people. He called on all to renew efforts to meet this demand.

The Hon'ble Deputy Minister reminded the forum that tt must thrive on institutional strength and team spirit and on individual capacity.

CLOSING SESSION

The DMO of Punakha Hospital, on behalf of the participants and the Division, extended a warm welcome to the Chief Guest H.E Akiko Naito Yuge, RR, UNDP and the other distinguished guests for gracing this closing session. On behalf of the health workers, he fully committed that every effort will be made to achieve the goals and objectives set by the Royal Government of Bhutan for the Health Sector.

The Chief Rapporteur presented the 1998 AHC Executive Summary and Recommendations.

The Hon'ble Dy. Minister Dasho Sangay Ngedup, Health & Education Divisions delivered a brief overview of the 1998 AHC. He said that the conference has been a great success and that he as the head of the Division is greatly encouraged. He also thanked the UNDP/UNFPA RR for the 1 million US\$ contribution to the Bhutan Health Trust Fund.

The Representatives of the participants of RWSS and the Drungtshos while expressing their views thanked the Hon'ble Deputy Minister and the Division for an excellent and most productive conference,

The RR of UNDP expressed her happiness at being invited as the Chief Guest for this important occasion. She said that the Annual Health Conference is an important event and that she has been always impressed by the outcome. She is also convinced that the health services will succeed in achieving the HFA and World Summit goals in time. As representing the UNFPA in Bhutan she is extremely impressed by the political commitment and the will of the Royal Government of Bhutan to better the quality of life of the Bhutanese people through population planning, gender equity and sustainable development. Bhutan's Population policy was commended for being in line with the principals of the ICPD Plan of Action. She also commended The RGoB for achieving the 20-20 goal even before it was set in the Social Summit

The DHSO of PemaGatshel offered the Vote of Thanks.

Hon'ble Chief Guest,
Excellencies,
Representatives of our Health Sector partners,
Distinguished guests,
Distinguished participants of the Annual Health Conference, 1998

Ladies and gentlemen,

On behalf of Ministry of Health and Education, the Health Division and on my own behalf, it is an honour and a privilege for me to welcome you to the Inaugural Session of the Annual Health Conference -1998. It is my great pleasure to extend an especially warm welcome to our Chief Guest, Dr Kan Tun, Who Representative to the Kingdom of Bhutan. I know that your presence will be a source of Encouragement to all our health workers who have gathered here today from diverse location of all the 20 districts of Bhutan.

This year marks the 50th Anniversary of the founding of the World Health Organisation. Bhutan became a member of this august international body in the year 1982, and in 1983, the Country Office of WHO was established in Bhutan. This was a beginning of a new chapter in the collaborative relations between Bhutan and WHO. While WHO has actively supported and participated in all activities of WHO, WHO became an important development partner for our Health Sector. In the spirit of this relationship. It is a great pleasure to have the Distinguished WHO Representative, Dr Kan Tun as our Chief Guest today. On the auspicious occasion of the Delegation to you and your office. We assure you sir that Health Sector of Bhutan will continue to give its fullest support to our region's motto "Health for All – All for health.

From a Historical perspective, the Zonal Medical Officers Meeting held only periodically, that started 1979, was the precursor of the Annual Health Conference. From 1989 onwards, the conference has been held as Annual Health Conference of Health Division. In its earlier years, the forum of the Conference was used for discussing mostly administrative and managerial issues like personnel, logistics and annual reports of Dzongkhags Health activities. Today, the scope and the mandate of the august forum encompasses the whole gamut of not only issues, but policy and strategies to sustain the momentum of progress for the achievement our Health for all goals by the dawn of the new millennium.

I believe it is most fortuitous that this year, the Annual Health Conference is taking place at the end of the 8th plan districts tour by His Majesty the King. You have experienced and seen for yourself personally, the extent of His Majesty's unwavering commitment and the highest priority accorded by him to the social sector. It is incumbent on all of us to draw inspiration and make a pledge during this Conference, to translate his noble vision into reality.

Among the many important objective that have set for this year's Annual Health Conference, will be the clear definition and endorsement of strategies for the reduction of our high population growth rate to 2% or below during the 8th plan. To this extent, it is an auspicious coincidence that the 3 sub-program of the UNFPA for the cycle 1998 – the

year 2000 was signed with Royal Govt., only 2 days ago of 25th of may. The three important will be namely, Reproductive Health, Population Advocacy and Population Education.

The new initiative of a Health Trust Fund for Bhutan, which was presented to a donors group in Geneva recently by the Deputy Minister of Health and Education, Dasho Sangay Ngedup will also be a focus of in depth deliberation of this Conference.

The achievements of the Health Sector in the past 24 years, under the golden reign of His Majesty Jigme Singye Wangchuk have been truly remarkable. There have been dramatic improvements in the health indicators of our population. IMR and MMR are continuing their sharp decline; life expectancy of a Bhutanese has gone up from 45 – 66 years. Polio is on verge of eradication and leprosy very close to total control. The control status of disease like neonatal tetanus, iodine deficiency disorders; TB and malaria continues to make steady progress inspite of new challenges. The Conference will no doubt come up with recommendations of intensified programs of action which will be essential to tackle these challenges effectively.

I would be guilty of a serious remiss if I omit to mention the important of the role of our development partners in health. In all honesty, our achievements thus far, would not have been possible without your support without your commitment and your belief in the cause of health for the people of Bhutan. So, please allow me to convey to each of your singly and collectively, the heartfelt appreciation and ‘Thank You; not only of the Ministry of Health and Education and the Royal Government, but more importantly, of every man, women and child of the entire country of Bhutan.

With you marching side by side and shoulder to shoulder with us, I see no obstacle that we cannot overcome, no challenge that we cannot meet, in reaching our ultimate destination of “Health for ALL”

May I once again, extent a very very warm welcome to all of you.

TASHI DELEK.

Major Achievement:**I. Vaccine Vial monitor Trial- Ist phasc done successfully in selected Dzongkhugs**

2. Spillover of 7th Plan activities almost completed especially construction and rehabilitation of BHUs. Many new BHUs are now completed and functioning.
3. Intensification of family planning Services initiated with IUD insertion services starting in BHUs.
4. AFP surveillance firmly in place in all Dzongkhag.
5. Third year of sNID completed with near 100 % achievement.
6. EPI coverage maintained above 85%.

Major Constraints:**I. Transport and Communication**

- Inadetyguacy of transport facilities for patient referral and ever increasing health activities. In addition the budget for running the vehicle(s) is inadequate
 - Although communication was improved with the installation of telephones, at the same time, more than 30% of these telephones were out of order.
2. Lack of adequate staff quarters and the poor physical state of existing quarters continue to be a problem in same hospital and BHUs.
 3. Some new BHUs no provision for water supply and fencing.
 4. Manpower shortage-doctors, nurse, peripheral health workers technicians continue to plague all districts
 5. No timely disbursement of funds for some of the core program activities. At the same time, implemement of some program activities are hampered due to lack of proper guidelines.
 6. Construction Works: delays in technical sanction, supervision, quality control, design requirements.
 7. Militant activities hampering movement of Health Workers/supplies in some Dzongkhags.

Recommendation/Proposals for Division's consideration:

1. For the timely referral of patient and for adequate supervision to carry out many program activities in the district, it is recommended that the division to carry out many program activities in the district, it is recommended that the division looking into the transport needs of the dzongkhag and adequate budgetary allocation based on road network and the age of currently existing Vehicle.
2. Givcn that the significant proportion of telephone installed so far are not functioning, before going ahead with further installation of new telephones, the Division may like to conduct a thorough review regards to their repair/replacement: the type and quality of the future instrument.

3. Since the major thrust of the 8th 5YP is on Reproductive Health, it is recommended that the Program looks into the following

- a) A KABP study conducted on all major Family Planning Methods is conducted.
- b) Given that contraceptive failures cannot be prevented, abortion serious consideration. It is recommended that a clear MTP policy be formulated so that appropriate service can be rendered to clients in the event of a failure of contraceptive or pregnancy resulting from rape
- c) Since most of the equipment for family planning are now old, they need to be replaced. In addition some of the facilities require additional supplies.
- d) It is recommended other category health workers like BHWs/AN be also trained in IUD insertion and, Has in NSV. Further more doctors need to be send for multi-lap training.
- e) Since the issue of reproductive Tract infection cuts across both Reproductive Health as well as STD/AIDS Programs, the two programs need to coordinate their efforts in area.
- f) Training of Husband in Safe Motherhood considered
- g) In order to increase the acceptors of permanent methods of family planning.
- h) PAP smear study is extended to district hospital.
- i) Infertility case investigation and referral services need to be strengthened.

4. Shortage of Staff quarters in some BHUs and Hospital require immediate attention.

5. Consultation with concerned units/specialties be sought regarding requirements during designing of new facilities. New Construction should also have provision for water supply fencing.

6. Some sort of mechanism for supervision and monitoring and quality control of construction work from the division's side be developed.

7. The duration allocated for pre-conference is short Perhaps; it would be fruitful to extend the pre-conference or to readjust the number of days given for actual conference. This is so as most of the important issues related to district implemementation of activities require thorough discussion. This has become all the more important now that Water and Sanitation is part of Health.

8. For a comprehensive but concise presentation, the Division need to develop revised format for Dzongkha Presentation for next AHC.

Recommendations

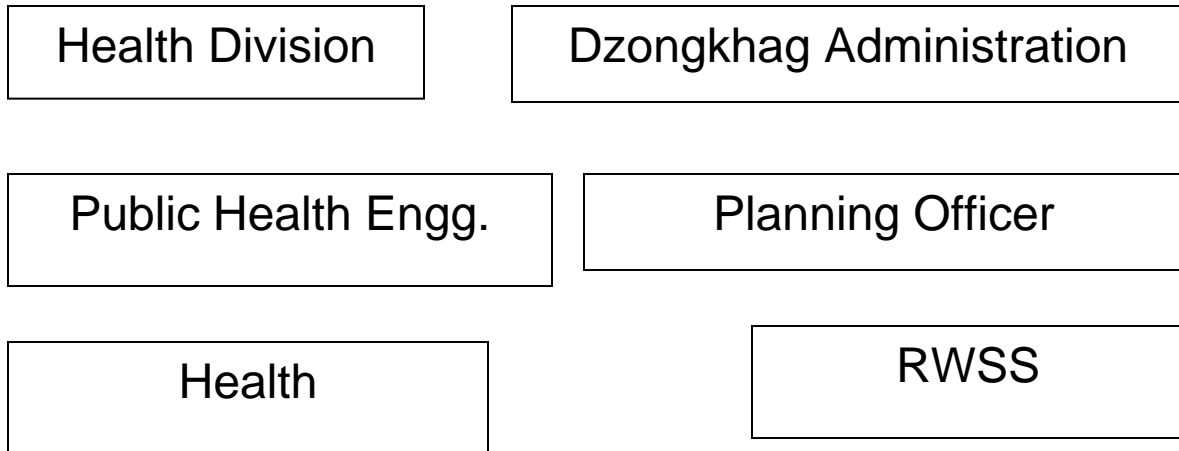
1. Monthly co-ordination meetings to be an in-house forum.
 2. Epidemiology and Research Unit to:
 - a) Present impact of various health activities/programme from next time.
 - b) Be sole authority to release timely information on disease trend
Emergency issues and public concerns.
 3. RIHS faculty shortage to be addressed through recruitment of expatriates.
 4. A team to be formed to look at the need, standardisation and maintenance of equipments.
 5. Zoning of big urban areas to address health coverage of urban population.
 6. IECIH to:
 - a) Strengthen monitoring and evaluation.
 - b) Make qualitative improvements in IEC activities.
 7. A Construction Unit to be formed in the Division.
 8. A Conference and Documentation Unit to be established in tile Division.
 9. Strengthen Public Health Laboratory to meet programme as well as Forensic Laboratory needs.
 10. Training components of the programmes to be trimmed down.
 11. In addition to JDWNRH, other Regional Hospitals should also participate in the review in future.
 12. Health camps to be instilutionalised
 13. Introduction of new technologies to be properly assessed, in terms of implication on the manpower, cost and ustainability.
 14. Review tflfJ utilisation and follow up of Technical Assistance througll programmes.
 15. Focus orl qualitative implementation of activities raL/ler Ulan financial Irnplementation.
-

Advantages;

- Clear role, better accountability.
- Coordinated planning and programming.
- Better planning for staff development and training. I
- Common administrative control. ~ Sharing of facilities.
- Focused attention to R WSS.

Disadvantages:-

- DMO not competent to provide technical guidance.
- Practical problems due to location of DMO's office the Hospital.
- There could be delay in work implementation.



ENHANCEMENT OF RWSS IMPLEMENTATION IMMEDIATE PLAN

1. Finalize the restructuring of engineering staff in the Dzongkhag.
 2. Collect detailed data on water supply from the following Dzongkhag, which have surfaced to have low coverage.
 - ❖ Wangdue
 - ❖ Chukha
 - ❖ Trashigang
 - ❖ Trashiyangste
 - ❖ Mongar
 3. Intensify construction of new schemes in these Dzongkhags.
 4. Intensify rehabilitating existing water supply schemes and improve O & M capacity in the following Dzongkhags.
 - ❖ **Paro**
 - ❖ **Thimphu**
 - ❖ **Punakha**
 5. Improvement of water supply and sanitation improvement to school in consultation with Education Division.
-

SUB-COMMITTEE REPORT

ON

POLICY GUIDELINES

FOR

HIV/AIDS

A. Confidentiality

1. Testing

- Background:
 - Strict confidentiality for HIV testing.
- Policy Proposal :
 - Status Quo

1. HIV Case

- Background
 - Strict Confidentiality
- Policy Proposal
 - Share HIV status information
 - Confidentiality of Personal identity
 - Govt. Should support incase a HIV +ve wants to go public.

B. HIV cases constituting threat to society

- Appropriate legal clauses including disclosure of identity must be clearly outlined.
 - On admission of a case, must notify the head of the Institution to constitute an appropriate and responsible management team.
 - Counseling services must be established and strengthened in all hospitals

C. Prophylaxis

- A competent technical body be constituted to frame appropriate policy guidelines to address this crucial area taking into account our country situation.

D. Surveillance System

- The SS needs to be carefully reviewed in the light of existing experience

E. HIV Certification:

All national and non-national must produce HIV Certification for employment.

REPORT OF THE SUB-COMMITTEE ON ORC CONSTRUCTION REVIEW

During the reproductive Health/Population planning presentation the following issues were raised by the forum for clarification.

- 1) Equipment not supplied for ORCs construction by SNV in Zhemgang.
- 2) Utilisation of ORC sheds after new BHUs are built in and around the same vicinity.
- 3) Provision of latrine and water supply.

Based on the above issues the Honourable chair directed to from a sub-committee to review on the outreach clinic construction under the following terms and references:

- 1) To review the existing guidelines on outreach clinic sheds.
- 2) To establish uniform guidelines on services, equipments and designs for outreach clinic

The Sub-Committee after reviewing the existing guidelines and design proposes inclusion the following in the exiting ORC Construction designs and guidelines.

- 1) The community does not have the capacity to meet the cost of timber or the royalty including sawing charges. Therefore it is recommended that funding agency should cover these masons.
- 2) To ensure the quality and timely completion of the construction works, It is recommended to have financial provision for one supervisor (Lajab) in addition to the two carpenters and two masons.
- 3) When the BHU is constructed in vicinity of the existing ORC or the ORC is replaced by BH than the ORC should used for the community purpose and not on individual purpose. Where ever a BHU is established in the same vicinity, the ORC should be phased out. Further the equipment of the phased out ORC should be transferred to the new ORC or be kept in that particular BHU.
- 4) As per the existing ORC design the provision for a pit latrine is there. It is therefore requested the DMO, DSHO to reinforce the construction of the latrine for all the ORCs in their districts.
- 5) In regards to the supply of water in the ORC, it is suggested that further review be done in the future considering the actual need and feasibility.
- 6) As outlined in the guidelines, the community has to be made fully aware of the term and conditions of the ORC construction. Before the construction is launched, the community commitment for maintenances should be completed and submitted to the Health Division.
- 7) The existing approved two designs for ORC construction by SNV in Zhemgang should be considered by the Division.

The equipment for the seven numbers of ORCs constructed by the SNV in Zhemgang should be considered by the Division.

List of participants for AHC – '98

SL NO.	NAME	DESIGNATION/ORGANISATION
1)	Dasho (Dr)Jigmi Singay	Director,Health
2)	Mr.R.K.Chhetri	Director,AFD
3)	Dr.Sangay Thinley	Joint Director,Health
4)	Dr Kunzang Jigmi	Chief,MSU
5)	Dr Rinchen Chopel	Program Director,IECH
6)	Mr.Tsheten Gyeltshen	PD, GOI
7)	Dr Pem Namgyel	Chief,Epidemiology & Research
8)	Dr Tenzin Penjor	PM, STD/AIDS & TB
9)	Mr Nado Drukpa	PO, HD
10)	Mr Dorji Wangchuk	Principial,RIHS
11)	Mr Rinchen Namgyel	APO,HD
12)	Mr Rinchen Dorji	AdmO,HD
13)	Mr Nawang Dorji	PM/RHP
14)	Mr Tandin Dorji	PHL, JDWNRH
15)	Mr Dophu	SI,HD
16)	Ms Neyzang Wangmo	TO,HD
17)	Mr Kaka Tshering	I.CO,Gidakom
18)	Mr Chungsela	PM, VHW, HD
19)	Mr Ugyen Wangdi	IO, HD
20)	Mr Thinley Dorji	APO, EPI, HD
21)	Mr Dorji Phub	PO, CBR
22)	Mr Sonam Dorji	Co-ordinator, EDP, HD
23)	Mr Kinley Penjore	Planning Officer,HD
24)	Mr Gyembo Sithey	PO,Nutrition
25)	Ms Sonam Wangmo	APO.STD/AIDS
26)	Ms Pema Yuden	APO, Nutrituion
27)	Mr Norbu Gyeltshen	PM.PHC
28)	Mr Sha Gyetshe	Staff Welfare Scheme
29)	Ms Pem Zam	APO, RH
30)	Mr Kinzang Namgyel	APO, ARI
31)	Mr Pem Dorji	APO, Health Construction
32)	Mr T R Ghallay	SMU/MSU
33)	Mr Dorji Phuntsho	APO.MSU, HD
34)	Mr Dorji Tshewang	APO.CDD.HD
35)	Mr Cham Thinley	Jr.AO,AFD
36)	Dr Karma Wangchuk	PM.NMCP
37)	Mr Rinchen Tshewang	EPI, P/ling

38)	Mr Tshewang Tamang	EPI/Gelephu
39)	Mr Nawang Pelzang	EPI/S/jongkhar

DMOs, Supts., & DHSOo

40)	Dr Yeshey Penjor	DMO,Bumthang
41)	Dr.Naresh Sharma	DMO,Lhuntse
42)	Dr Ritu Lal Sharma	DMO.Paro
43)	Dr D.K. Nirola	DMO.Paro
44)	Dr.Dorji Wangchuk	DMO.S/Jongkhar
45)	Dr.D.K Mohanty	DMO.Samtse
46)	Dr Tapas Gurung	DMO.Zhemgang
47)	Dr Chencho Dorji	DMO.T/gang
48)	Dr.T.B.Rana	DMO.Thimphu
49)	Dr. Nor Tshering	DMO.Punakha
50)	Dr.Ngawang Tenzin	DMO.Mongar
51)	Dr Guru Prd.Dhakal	DMO.Pemagatshel
52)	Dr Gosar Pemba	DMO.Tsirang.
53)	Dr.Pakila Dukpa	DMO.Dagana
54)	Dr Ugyen Dophu	Supt.Phuntsholing
55)	Dr.Hemlal Sharma	DMO,Chukha
56)	Dr. Karma Lhazeen	DMO.Sarpang
57)	Dr.Garjaman Rai	Supt.Riserboo
58)	Dr.Kashinath Sharma	DMO.Tashiyantse
59)	Dr.R.I Patil	Sr.M.O.Gomtu
60)	Dr.Tashi Dhendup	DMO.Wangdi
62)	Mr Tshewang Rinzin	DSHO.Zhemgang
63)	Mr Dawa Tshering	DSHO.Dagana
64)	Mr.Kaloo Dukpa	DSHO.Damphu
65)	Mr Sonam Dorji	DSHO.Lhuntshe
66)	Mr Thinlay Wangchuk	DSHO.Mongar
67)	Mr Tshewang Phuntsho	DSHO.T/Yangtse
68)	Mr Lok Bdr Ghallay	DSHO.Wangdue
69)	Mr Mindu Dorji	DSHO.T/gang
70)	Mr Namgay Dorji	DSHO. Punakha
71)	Mr Tenzin	DSHO.P/gatshel
72)	Mr Chakchu Tshering	DSHO.Chukha
73)	Mr Sonam Zangpo	DSHO.Trongsa
74)	Mr Gem Dorji	DSHO.Bumthang
75)	Mr Karma Wangdi	DSHO.Samtse
76)	Mr Ganga Prd.Rai	DSHO.HAA
77)	Mr Pema Wangchuk	DSHO.Sarpang

78)	Mr Sonam Chopel	DSHO.S/Jongkhar
79)	Mr Wangchuk Drukpa	DSHO.Paro
80)	Mr Gunja Raj Gurung	DSHO.Gasa
81)	Mr Chhewang Rinzin	DSHO.Thimphu

NURSING

82)	Mr Dechen Chopel	Incharge/JDWRNH
83)	Mr Lungten Jamtsho	Incharge/JDWRNH
84)	Sr.Sumitra	Mongar Hospital
85)	Incharge	Yebileptse Hospital

JDWRNH, Thimphu

86)	Dr.Gado Tshering	Supt.JDWRNH
87)	Dr Nado Zangpo	Dy.Supt.JDWRNH
88)	Sr Tandin Pemo	Nsg.Supt.JDWRNH
89)	Dr.D.S.Mothey	RP/JDWRNH
90)	Dr Kunzang Gyeltshen	PEP/JDWRNH
91)	Mr Taneja	HERM
92)	Dr.Pratap Singh Tamang	DP/JDWRNH
93)	Dr.Ballabh Sharma	NDC/JDWRNH
94)	Mr Choki Gyeltshen	Admo.JDWRNH
95)	Dr.Burragohain	MO, RH Unit

NITM

96)	Drungtsho Pema Dorji	Director,NITM
97)	Drungtsho Tshering Tashi	Supt.NITM
98)	Drungtsho Yeshey Dorji	Principal.NITM
99)	Drungtsho Ugyen Tenzin	Gelephu
100)	Drungtsho Nima Wangdi	Trongsa
101)	Drungtsho Karma Gaylek	S/Jongkhar
102)	Drungtsho Nidup	Punakha
103)	Drungtsho Nawang Tshering	Bumthang
104)	Drungtsho Nawang Gyeltshen	P/gatshel
105)	Drungtsho Tendrel Wangdi	Mongar
106)	Drungtsho Tshering Peldon	Paro
107)	Drungtsho Jambay Dorji	Trashigang
108)	Drungtsho Tshewang Dorji	Yebileptsa
109)	Drungtsho Sangay Dorji	Haa

RWSS/PWD

110)	Ms.Dorji Choden	EE,RWSS
111)	Ms.Payden	AE
112)	Mr Sonam Tobgay	AE
113)	Mr Prem Rai	AE
114)	Mr Tandin dorji	JE
115)	Mr Karma T Chopel	JE
116)	Mr W.J.Fellingsa	SNV
117)	Mr Sonam Tobgay	DE
118)	Mr Ugyen Tshering	JE,Chukha
119)	Mr Karma Tenzin	Offtg.DE.Gasa
120)	Mr.T.N.Sherpa	DE.Haa
121)	Mr Pema Wangchen	JE.Lhuntse
122)	Mr D.R.Girir	SO.Monggar
123)	Mr Sangay Drukpa	JE.Punakha
124)	Mr thsering Nidup	DE.Samtse
125)	Mr Tashi gyeltshen	DE. Sarpang
126)	Mr Sangay Tenzin	DE.T/gang
127)	Mr Yeshey Dorji	DE.Thimphu
128)	Mr Phuntsho Dorji	DE.Trongsa
129)	Mr.D.K.Pradhan	SO.Wangdue
130)	Mr.P.B.Mongar	JE.Zhemgang

AHC O/C'TTEE MEMEBERS

131)	Mr Baby G	AFD
132)	Mr D.B.Giri	EPI
133)	Mr S.B.Rai	IECH
134)	Mr Leki Dorji	IECH
135)	Mr Leki	RIHS
136)	Mr.Nim Karma	IECH
137)	Mr.Sangay Dorji	IECH
138)	Mr.Kinga	IECH
139)	Mr Kaka Dukpa	EDP.HD
140)	Mrs Karma Yangdon	RIHS
141)	Mrs.Mingma	MSU
142)	Mrs.Gayatri Chhetri	IECH
143)	Mrs.Sonam Peldon	IECH
144)	Ms.Ugyen Wangmo	IECH
145)	Mrs.Tenzin Wangmo	HD
146)	Mrs.Tshering Dema	HD

147)	Mr Tshewang Dorji	IECH
148)	Mr.Sonam Dorji	NITM
149)	Mr Rinchen Dorji	HD
150)	Mr Cham Thinley	AFD
151)	Mr Dopu	HD
152)	Mr Pala	HD
153)	Mrs Radha	HD