

Executive Summary

The 1999 Annual Health Conference began on March 29th with three days for pre-conference, and two for the main conference. This conference comes at an important period of history. It is the last for this century, but the first since the historic changes in the country. Further, it is also significant in that the Hon'ble Minister assumes the chair for the conference for the first time since his election to Ministership. While the year had not been without problems, ITOIT} the review of the performance of activities in the district for the past year, most of activities have been implemented successfully.

In addition to the full participation by the staff of the DPHE at the conference they had a special session to sort out implementation difficulties' and streamline activities in their districts. This year's pre-conference, while deliberating 0 many diverse issues, it also saw the introduction of several new initiatives such as food and drugs, sex education in schools and environmental health. Further technical presentations on emerging issues such as screening for cervical cancer and cerebral palsy, 'enlarged the scope of this meeting.

H.E Lyonpo Sangay Ngedup, Hon'ble Minister for Health & Education, welcomed the Chief Guest and other dignitaries to the opening of the 19 Annual Health Conferences on April 1st. The Hon'ble Minister pointed out that the health conference had come a long way in terms of the process and spirit with which it is conducted. From a forum that discussed mainly administration and financial problems, the conference has now matured into a forum where strategies and new technologies are deliberated. It is an important forum straightens out difficulties and evolve consensus on future strategic approaches our quest for better health for our people

The Hon'ble Finance Minister, Lyonpo Yeshey Zimba, inaugurated the m conference. He said that it was the vision of His Majesty the King that had no brought us to the present state of an excellent access to health care services, n ot only within the country, but even beyond. A t the same time, he also pointed out that it was the same vision of our beloved King that Bhutan must ultimately strive to be self-reliant. Within that context, perhaps, it is time now to consider, the issue of sustainability.

At the same time, the representatives of GOI, DANIDA, UNDP, UNICEF&WHO spoke of the remarkable achievements in health, the dedication and commitment of the health workers, and the future challenges that lie ahead for the health sector.

Annual Health Conference

During the main conference, we also had the pleasure of having the Auditor General brief the forum on the objectives and the manner in which the ROGB' s resource utilization is monitored and guided by the Royal Audit Authority. At the same time, we also had the privilege of full participation at the conference by a senior auditor.

The conference saw discussions on such diverse issues as the progress towards HFA goals and targets, health information technology as the defining, technology of the future, and auditing and financial management issues. Also, curtailing cost and efficient utilization of referral system, equitable and appropriate training of people for human resource development/ and the process and plans for the celebration of Silver Jubilee on June 2nd, were deliberated at length.

After five days of intense deliberation, the 1999 Annual Health Conference closed on April 2nd. Hon"ble Minister for Health & Education outlined the processes, the discussions and the final outcome of the conference. At the closing session, Ms Ulla Baggoe, Dy.. Resident Representative, Liaison Office of Denmark, charted out briefly the progress in the bilateral relations between Bhutan and Denmark. She said that it was encouraging to note that the support from DANIDA had achieved the objective of securing a better standard of health for the people of Bhutan. She thanked the Hon"ble Minister for his kind words and promised to covey the warm appreciation of the RGOB to the people and government of Denmark, and that she would also convey the keen interest of the RGOB to establish the Health Trust Fund.

Recommendations of the 1999 AHC

The 1999 Annual Health Conference, after having deliberated thoroughly on all issues and with the commitment and interest to push ever closer to the goals set for us, makes the following recommendations:

- 1. That the retrenchment of non-national sweepers and, due to lack of nationals wanting to take up the job of wet sweepers in hospitals, maintaining a clean and safe hospital is becoming very difficult. Therefore it is recommended that the Division take up the matter with higher authorities to ensure the availability of such sweepers, at least for the hospitals*
- 2. That in order to smoothen the process of rural water supply implementation and to curtail cost incurred due to long diversions of the routes of water supply, in the interest of the community at large, a "Water Act" that takes recourse to unconventional process to ensure the availability of water to the community, be enacted. .*
- 3. That now there are emerging demands stemming from mass casualties or sudden disease outbreaks, it is recommended that appropriate guidelines be developed so that health workers can respond in time and professionally.*
- 4. Realizing that cervical cancer is a major threat to the lives of women, it is recommended that the reproductive health program develop a comprehensive plan for screening and early detection.*
- 5. Realizing that cerebral palsy is an issue that needs to be studied, it is recommended that the Division undertake a prospective study find out the prevalence and underlying factors that contribute to it.*
- 6. That our health workers work very sincerely in the remotest corners of the country and, in recognition of their efforts, it is recommended that house rent deductions for all BHUs be considered to be waived. Further, even at the district hospital level, some consideration be given by either the reduction of percentage deducted at present or fixing a nominal fixed rent, based on the quality of housing available.*
- 7. That Village Health Workers" though not paid or compensated by anyone, have contributed greatly to the achievements in health, and as incentive to attract quality and committed volunteers to take up the job, it is recommended that their DSA during training and re-fresher courses be enhanced.*
- 8. That to ensure quality in training and to meet the current shortage of faculty at the RIHS, it continues to encourage the use of services of professionals to support the training activities at the institute by developing appropriate remunerative mechanisms like in other institutes so as to attract the best of such professionals*
- 9. That now there are reports of failure in non-scalpel vasectomy; it is recommended that the reproductive health program carry out a complete situation analysis of it. Further- to keep the momentum of family planning services, IEC on it be intensified, including the training of health workers in interpersonal counseling.*

10. That to encourage the peripheral health workers, if found competent, they must be sent on training for family planning services, even if they are not considered senior enough to merit training consideration.

11. That the DMO/DHSO and the DPHE In-charge streamline their cooperation and coordination, as well as support to each other at the district level so as to facilitate the intensification of RWSS implementation. .

12. That to streamline the referral of patients outside the country, the referral guideline be followed strictly by all concerned.

13. That the Division, in collaboration with Telecom Division, streamline the use, user charges and duties related to telephones in the remote BHUs and issue clear guidelines so that the availability of telephones does not interfere with the actual work of the BHU

14. That the ambulance drivers are important cadres of people that cannot be compared with any other drivers, and in accordance with 1998 AHC recommendations, it is again reiterated that two drivers for each ambulance be pursued with the government. Further, training of drivers in first aid and emergency management of acutely ill patient should be encouraged. In addition, some special allowance for ambulance drivers should be considered.

15. That those people that were sent out on training, seminar or workshops carry out a proper evaluation to assess the inputs: future opportunities must be evaluated within that context.

16. While taking due note on the appropriate procedures for the release of fund to the districts, the interest of program implementation, for at-least another year, the modality of fund release be kept as before. Further, it was recommended that the possibility of re-issuing LC account to the DMOs in the districts be taking up with the Finance Ministry.

Pre-Conference, March 29th to 31st, 1999

RIHS

I. Address by the Health Director

The Director of Health Services gave a warm welcome to all the participants and outlined the objectives and the expected outcome of the conference. He pointed out that this year's conference comes at an important period of time: it is the last for this century, but the first since the historic changes in the governance of the Country. Further, It is also the first conference since our Minister was elected and retained as Minister for Health & Education, and also this meeting comes at a time of commemorating the 25 years of His Majesty's reign in Bhutan. He also outlined briefly some of the changes that have occurred since the change of leadership in the Division and some of the likely future changes that will be effected to make the Health Division competitive and on the cutting edge of technology.

II. Dzongkhag Group Presentation

The districts were divided into three groups *for* the Dzongkhag presentation. Following detailed discussions in the individual groups, the group rapporteurs then presented the summary of the group discussions in plenary.

It was noted that 1998 had seen a wide range of activities in all districts and most of the major activities were carried out successfully. Such activities included sNID, family planning, and community oriented programs such as IEC, population advocacy, water and sanitation. Also, it was noted that *there* was no major shift in the trend of diseases seen in the districts, but 1998 also saw some major accidents and the emergence of new problems such as epidemic dropsy.

In general all groups focused on some common issues such as:

. Manpower shortage is common to all districts, both within the medical cadre itself as well as within the RWSS. Such shortages range from technical to support staff, from managers to clinical personnel. Of particular issue is that of getting nationals to take up the Job of wet sweepers. Since the retrenchment of non-national sweepers, and there are very few nationals that come forward to take up such a job, the hospitals are facing all acute shortage of such sweepers, resulting in the difficulty of keeping hospitals clean and safe. Further, the need for an electrician in all hospitals was highlighted.

. Ambulance is a continuing issue though most of the districts have ambulances they are rather old. With the rising demands on the services and expanding network of roads within the districts, the need to have additional ambulance is becoming more apparent. In addition, with the intensification of RWSS the need to have transport support to shuttle materials to the sites of water schemes and to supervise construction is essential.

. There was a general concern on the shortage of supply of drugs in 1998. This was specially so with regards to supply of contraceptives. It was clarified that drugs supply was disrupted due to disruption of transport due to floods in India, and later due to late

release of funds to suppliers. The contraceptive, especially CuT, was not available as there was some confusion resulting from change of brand of CuT supplied. The Division is still awaiting clarification from UNFPA. In addition, the Chief of MSU pointed out that some of shortages were caused due to poor forecasting of needs as well as not communicating the opening of new facilities well in time to the MSU.

- Similarly, one of the recurrent problem in 1998 was the late or non-receipt of materials for sanction water schemes. This was so due to shortage of fund with .the program and the delay in mobilizing the required resources. Following the de-linking of DPHE from PWD, there are still some administrative problems persisting as me of the districts still have the DPHE staff under the Dzongkhag administration with additional responsibilities and, in some of the districts, the DPHE staff are now with health. The need for further discussion and better coordination between all concerned was expressed something urgent. With regards to coordination between health staff and DPHE staff, the 1998, AHC had provided detailed guidelines on the modality within which the RWSS and Health Services were to coordinate and cooperate.
- Another issue was the need to have a "Water Act" which would go a long way in the smooth implementation of the RWSS. At present due to lack of any guidelines or legal backing on this, if the water has to be piped over someone's land, it is difficult to do, as people do not allow such a thing. If there were legal requirements for cooperating in such issue, it would ensure the availability of water for all at an affordable cost. Further, in some situation modification of designs to protect from damage is necessary to prolong the life of the scheme installed.
- There are now some proven cases of. Non-Scalpel Vasectomy (NSV) failure, which may affect the program. Therefore it was expressed that intensified IEC efforts are required to ensure that there is no misunderstanding between the general population and health service providers. It was suggested that proper investigation be done to confirm that it was actually NSV failure. In addition, where NSV failures are reported, all details must be collected and investigated, and the result communicated to the program. The program will need to carry out a proper study to ascertain the true cause such failures. It was also pointed out that request for re-canalization is increasing and to support the effective implementation of the permanent methods for family planning, this is something that needs immediate attention.

In T/Yangtse, it appears that smokeless stove responsibility is given to DPHE Staff. At present the smokeless stoves project is with MTI, and as a general policy, smokeless stove is not the direct responsibility of Health Division. Further, given that achieving the target for RWSS is the *priority* issue right now, this additional responsibility might hinder the progress pf implementation of RWSS activity. Therefore, it is suggested that Health should not take on this additional task we already have huge task in reaching the targets for our RWSS.

- Information still continues to be a major problem. There are inconsistencies between the data submitted during the quarterly reports and annual reports. Many districts expressed the need to have an enumerator/statistician and also to train them in computer use.

Many of the districts hospitals also expressed the need now to strengthen both the laboratory services as well as other diagnostics facilities by supplying such items as portable X-rays, ECG machines, and office equipment such as computers and photocopiers.

Following the completion of Khoma BHU construction in Lhuentse, there was a landslide that is now threatening the BHU itself. The HEC is already looking into the matter to see what rectification can be done. In addition, there were request for the construction of staff quarters in district hospital and Dungkhar BHU. For district hospital at least a limited amount is already approved from GOI for construction of staff quarters, but for Dungkhar it will have to be from the RGOB.

In order to have competent stores management and accurate forecasting of needs, it was recommended that training for storekeepers and BHU in-charge be carried out

In some of the most remote areas, for example, Lingshi instead of BHW a HA should be posted. This is so given that these areas are cut off most of the times someone more capable and better trained is needed to provide better care to the people.

Another issue of concern to the districts was the difficulty of ensuring quality control for constructions. It was also pointed out that there is delay in technical and administrative clearance from PWD for Dzongkhag proposed RGOB constructions. Even for the other constructions, despite standard designs, there I often need for modifications for which gain technical clearance is required. This causes delay in the implementation of the construction and there is need to coordinate better prior to awarding the contract. In addition, once the constructions is over or if problems emerge, health sector is often asked to intervene or assume responsibility, but health sector is rarely involved in the initial stages of planning, drawing review, tender committee, etc. While the supervision of such constructions is the directly responsibility of the districts themselves, where there are many or large construction activity, the Division will try to post site engineers to supervise the construction; otherwise within the decentralized system, the districts must strive to carry out such supervision by themselves. It also suggested that health related constructions, the health sector should b involved right from the beginning.

Some of the districts still have problems of staff quarters: either they are non-existent or the ones that are existing require major renovations or repair.

The need for supply of hospital equipment of high quality was stressed. It was informed that now the MSU had come up with a standard list of equipment. Related to this issue was the supply of dental equipment to BHUs as HA is now trained in basic oral health service MSU agreed to look into this matter.

There was also request from the field that, due to sudden emergencies faced by many districts, the Division should develop some kind of guidelines so as to strengthen the district's capacity to respond to casualties. This also includes such aspects as industrial health and dealing with consequences of occupation hazards.

Day 2. March ~ 30th '99

1. *EEC Project Presentation*

Mr. Dorji Thinley outlined the background and the current status of the EEC supported project at the Institute of Traditional Medicine Services. While there is now a well equipped and functioning production and there are constraints such as lack of professionals people such as chemists, rarchers,etc. He pointed also pointed out that the EEC Project ends from June 1999 and a present there is no clear indication that further support would be forthcoming. And therefore, either th RGOB must take on the costs for running the unit or find other donors to support it.

He highlighted such emerging issues as intellectual property rights and property rights and patents protection and, also the prevention of bio-piracy. A clear and strong legislation related to production, quality assurance and sale or exports of products from this facility is urgently needed.

2. *AFP Surveillance*

An overview of the performance of the AFP Surveillance for the year1998 was presented. The completeness of reporting from all sites in the districts exceeded 90%, but the timeliness of receiving the reports at the headquarters wasn't that satisfactory. Since this could be an artifact due to the problem of postal services delay, it was requested that all districts must keep records that ensured that all reports went out of the districts before the 10th of every month.

For the purpose of ensuring quality and completeness of the reporting from all sites, I was recommended that all hospital records must be reviewed on a monthly basis an all BHUs, six-monthly. In addition, from the headquarters a team should visit selected hospitals on a quarterly or six-monthly basis and carry out the same. It is recommended that adjacent DMO or DHSO from the nearest district will visit the facility of the next district and carry out the cross-checking of the records in the hospitals.

It is also recommended that Imtrat/Dantak/ Army hospitals must now be included within the surveillance network.

3. Telecommunications

The Director of Health Services gave a background to the recommendation of last year related to telephones. The Division had recruited a consultant to assess the problem and, following that, a detailed discussion was held with the Division of Telecom. The following were some of the actions that Telecom agreed to take:

- Many of the areas such as Lingshi, Daifam, Nanglam, Panbang, Sakteng and Tendu are soon to be covered by a different satellite link to the national grids. All other local connections can be extended from this.
- By June/July Telecom will replace all defective phones outside those areas mentioned above with sets that are more robust and user-friendly.
- In those areas where it is not possible to make these phone connections at all, they will provide wireless sets.
- In terms of the wireless duty, other sector people can also be involved on rotation so that health workers don't have to always do the duty for the wireless.
- All telephones will be charged per call and if payments is not made, services will be disconnected.

In the discussion, that ensued it was pointed out that, from the beginning, there was no clear-cut direction as to whether this was meant only for the BHU or general public. In addition, due to calls coming in from all over, it was found that the health workers have to keep running to relay messages or call people from the villages. Further, it was found that in some areas where wireless sets were installed the Dzongkhag authorities had given the responsibility to attending to the wireless to the health workers. Due to this in some cases the health workers were not able to attend to either emergency calls or to conduct their regular work, as they had to stay close to the wireless. It was also pointed out that in some of the districts, the *money* collected was deposited to the national revenue, as there was no clear indication as to where to make the payment.

While the telecommunications were set up to improve referral and communications between health workers and district hospitals, it appears that now the need to attend to them is hindering the very work that health workers were meant to be doing. Therefore, it is recommended that this issue needs to be clarified to the district administrators so that alternative arrangements are made. Regarding this one of the options is to explore if there is alternative equipment such as a walkie-talkie. Otherwise, if there is a telephone, perhaps it should be given to private management even at the village level.

A sub committee was constituted to look into this and come up with appropriate recommendations.

4. New Guidelines for ORC constructions

So far out of the 228 ORC sheds constructed, the majorities were funded by UNICEF. The target for the 8FYP is to have sheds for at least 192 ORCs, and unless the districts speed up their construction activities, it is unlikely to achieve the targets set for this.

The findings of the ORC evaluation carried out both for structure as well utilization was presented. Also, the UNICEF new rules and regulations regarding the support to *ORC* constructions were presented. It was presented out that now onwards, it will not be cash advance but direct supply of only materials, procured directly by UNICEF. Since it was proposed that all materials would be procured and given to the RWSS Stores for further transport to the districts, the Chief of PHE pointed out that cost of transporting this must be built within the project or be borne by the RGOB. Otherwise RWSS cannot take the responsibility of ensuring timely transport of these material UNICEF, within their mandates, cannot support local transport cost as in-land freight cannot be borne by UNICEF. Therefore, the alternative is to explore if it is possible to procure a truck to support the RWSS Store. This is to be discussed further between the Health Division and UNICEF at a later date.

The other issue was that two man-months for carpenters is insufficient and it should be at least three man-months. Further, to ensure quality construction, a supervisor needs to be employed. In addition, her are forest restrictions where they do not allow use of timber except from sawmills: the cost of latter is much higher than projected.

5. Community Based Management System for Water and Sanitation

The purpose of this is to strengthen the community maintenance of rural water supply schemes. This is a pilot project that attempts to build on the lessons learned form the past approach to mobilize community participation and partnership. The basic framework for the process and the modalities for it were outlined.

6. *Water quality monitoring and Definition of safe water*

Chief, PHE, presented on the definition of safe water. The individual household is the denominator to define coverage. Accessibility is defined as source of water available within 100 m horizontally and 25 m vertically, and safe if water is tapped from a spring or stream source where there is no direct or visible source of contamination. This was followed by a presentation from the Stores In-charge of RWSS detailing out the various reasons why some of the materials could not be delivered on time or in quantities that were required.

The main concern expressed were the shortage of transport and lack of manpower at the stores to deal with the likely huge amount of materials that is to arrive soon.

7. *Ambulance and ambulance budget*

The present situation of the availability and distribution of ambulances in the district health system was presented. This also included the present status of new ambulances that were ordered, and upon arrival of these new ones, the priority districts where they would be distributed. The general guidelines already issued were reviewed to see if there was compliance. Further, regarding the request for actual expenditure for ambulance, the NBACD communicated their inability to approve such a request, but on a case-by-case basis, they are willing to consider some of the requests.

Regarding some of the major issues raised related to ambulances, a subcommittee was formed and requested to come up with some suggestions as to address the pertinent issues regarding ambulances and the control/coordination of drivers and ambulances.

8. Emerging Issues: Cervical Cancer

After an introduction to the need for paying attention on the need to address the issue of preventing cervical cancer by the Epidemiologist, Dr. Ugen Tshomo, Gynecologist from JDWNR Hospital discussed at length the need, process and the benefits of Pap Smear and the need for screening for early detection and management of cancer of cervix. Dr. PM Pradhan presented that in 1998 a total of 1717 histopathology were done at JDWNR Hospital, out of which 189 were malignant. Out of these 29.6% were stomach and 17.5% cervical cancers. In addition a total of 2106 Pap smear was received; of which 10 were Ca Cx.

The Program Manager, RH, indicated that already two cytologists are being trained and it is proposed that initial screening programs can be started at least in the regional referral hospitals. After further discussions, it was recommended that the Reproductive Health Program look into developing a preventive program for screening and early management of cervical cancers.

9. Health & Religion Project

The program manager for Health & Religion Project presented a brief background and the progress in the program. The future plans for the program was also highlighted. It is planned to carry out an evaluation in 1999. A request for a need assessment to help strengthen future planning had gone to the districts: response from most districts is still awaited.

10. In-country training and Training Co-ordination

Despite the continuing shortages and problems of recruitment, there also had been some encouraging development. All technicians have now been granted grade equivalent to the Health Assistants; a new training coordination unit had been started within the human resource and establishment unit at the headquarters. The Chief of HRD&E again pointed out some of the persistent problems such as delay in the release of staff when they are transferred, submission of incomplete forms for promotion, poor or inappropriate performance assessment.

Following this was the presentation of the tentative training/workshops or seminars planned by the various programs targeted at the peripheral health workers. It was suggested that in future, the districts should follow the fiscal year planning and that there should be coordination between district plans with that of what is planned from the headquarters.

Day 3 March ~ 1st 1999

(a) Discussion with specialists from the JDWNR Hospital and Patient Referral within the country.

The Superintendent of JDWNR Hospital presented some of the new initiative that are being taken at the hospital, primarily to deal with the emerging issues at the hospitals itself, and to support the peripheral hospitals for their information and referral reference. Further, a situation analysis of the referral within the country and the problems related to that was presented with some suggestions such as the development of a standard format for referral. Also, discussions were carried out on the prevention of unnecessary referral from the districts.

It is time now, as was pointed out by the Superintendent of JDNRH, that we must evolve some mechanism to prevent self-referral and by-pass of primary facilities. Otherwise, as people prefer to utilize only higher-level facilities, often the peripheral basic facilities that were deliberately put there for their benefits become redundant. All other of the issues pointed out was that of sharing information on outbreaks when it occurs in some other districts. The health information and epidemiology unit at the headquarters was asked to ensure that, in future, such information should be shared immediately.

(b) Pharmaco-economics

The National Essential Drugs Program presented the overall drug expenditure for the, fiscal years 1997/98 and 1998/99 and some of the problems faced by the program to ensure the availability of drugs. The cost analysis by top ten most costly drugs and the health facility-wise cost analysis were also presented.

Concern was raised regarding the escalating; cost of the anti-rabies vaccine, and it was suggested that further efforts be made to address this issue urgently. Further, the issue of providing human diploid cell vaccine on payment basis was raised, although a consensus was not reached, as this was a policy issue.

(c) House rent deductions

In the periphery, the type of available government quarters is far from suitable. By virtue of the need for health workers to stay in and around the facility, they must do so even if there are cheaper available houses in and around. And given that our health workers have to work in some of the most remote and difficult areas, deduction of 20% house rent seems rather hard. It is recommended that for the BHUs the house rents should be waived and, even at the districts level, instead of a fixed percentage point of deduction a fixed amount payment system should be established, worked out on the basis of quality of facility available.

(d) *GOI Assisted Projects*

The Project Director, GOI Projects, presented a brief outline of the GOI supported construction activities. In addition to the available funds from GOI, the project also made forecast of fund requirements for the total project. It appears that if the required fund cannot be mobilized, it is unlikely that major construction could be taken up for the main hospital complexes for both JDWNRH and Mongar during the current plan period.

(e) *DANIDA & UNFP, Assisted Constructions*

Mr. Pema Dorji, the in-charge for constructions, presented the constructions funded by DANIDA and UNFPA. The forum was appraised of the detailed planned schedule of constructions in the various districts.

(f) *Maintenance Capacity*

This was a conceptual paper for further discussions. Given that health sector has a wide network of health infrastructure and a wide array of equipment, the issue of maintenance is an important one to deal with. Therefore, as a component for the infrastructure development and maintenance, the establishment of a proper maintenance unit is of paramount importance. Consequently, this conceptual paper was developed with objectives, expected outcome and a tentative strategic approach to institute a functional and well-equipped maintenance capacity within the Health Division.

Pemagatsel DHSO pointed out that at present there exists a maintenance unit with some skilled workers employed by the Santhal Mission. The issue now is to see how in future these people could be integrated within the proposed maintenance unit. Further, clarification was sought regarding the role of HERM and the present proposal. HERM is a part of the overall maintenance system and the two are not parallel.

(g) *Emerging Issues: Cerebral Palsy*

Dr. Kunzang P. Tshering, Pediatrician, presented the data available from the Pediatric Unit of JDWNR hospital, on the number of children with cerebral palsy seen there. While this is certainly not a new disease that is emerging, it is necessary to focus on this problem. Out of a 98 children-undergoing physiotherapy at Thimphu, 79 are cerebral palsy cases. Even in the west, the incidence of cerebral palsy is known to be as high as 4 per 1000 live births. At present physiotherapy is the only definitive support that is being given to these children at the hospital. It is proposed that further research is needed to establish the extent of the problem and to understand some of the potential pre-disposing factors for the development of cerebral palsy. In such a study, since there is a potential that pre-natal infection may be potential pre-disposing cause, it is suggested that such prospective study should start from antenatal period and not only after birth.

Also, it is now become necessary to have a speech therapist as well as a development (or clinical) psychologist: either we have to recruit one each for the time being or send nationals for training.

(h) *New Program Initiatives:*

The program in-charges presented the new initiatives that the Health Division had taken to introduce some new activities.

(i) *Environmental Health Program*

Currently under this program, focus is on water and sanitation, model villages and health city initiatives.

(ii) *Food & Drugs*

At present this also, being a new program, starts with a modest beginning with emphasis on some of the major public health issues such as enhancing IEC on alcohol and, tobacco and promotion of food safety. Further, initial emphasis will also focus on substance abuse mitigation activities.

The request from the district was that such a program must have technically competent people who would be able to support the districts in times of sudden emergencies and when information is required urgently.

(iii) *Sex Education*

For the promotion of reproductive health awareness into the schools and target the teenagers that will emerge into their youth and adolescence, sex education is proposed to be introduced in the school curriculum. A standard guideline-cum-handbook had been developed already in collaboration with Education Division to be used for this particular activity.

It was suggested that a proper baseline survey should be conducted prior to the actual introduction of this so that we can conduct comparative analysis of program impact over the years.

Program Presentation

(1) *STD/AIDS*

The Chief of PHU presented the status of the sentinel surveillance for STD/HIV. Despite the surveillance being in place for many years and after having tested over 60,000 samples till now, the notable feature is that none of the presently diagnosed HIV positives were picked up through this surveillance. Therefore, while the need for surveillance is beyond dispute, we need to look at strengthening this surveillance system so as to make it more representative and sensitive by widening the selection of test client base. However, it was pointed out that since sentinel surveillance is meant to monitor trend over time, it may not be necessary to include representative geographic locations. But the issue will be studied further.

Another issue raised was the problem of shortage of testing kits. The program will strive to ensure that this aspect of logistics problems will be addressed.

The STD Program wanted reporting based on syndromic diagnosis for the BHUs while the hospitals should have aetiology based reporting. But it would be appropriate only to have one reporting format and, preferably, only syndromic diagnosis.

(2) Leprosy

By 1998, the number of new leprosy cases has dropped to 24 cases only. The trend is of rapid decline and, if those cases that are non-nationals are excluded from the calculation, we have already achieved elimination of this disease.

(3) VHW

The Village Health Workers have doubtless contributed to the many successes of health. One of the continuing issues is that of some form of remuneration to sustain their interest and support. The only incentive that is currently given is as DSA during the training period that they are called. Since they are not regular civil or other employed servants, to attract and sustain the interest of the VHWs, it is recommended that the DSA given to them during these training should be enhanced considerably.

It appears that at present there isn't a uniform rate of DSA paid as some districts were paying Nu.60 per day and some, Nu.75 per day. Also, from this DSA, about half is deducted to pay for their refreshments during the training period.

Unrelated to the VHW issue was the presentation from the DMO of Samdrup Jongkhar regarding detailed tracking information system to monitor EPI activities. While appreciating the efforts and initiatives of the DMO, it was pointed out that it may not be possible to introduce this without further assessment of the proposal with regards to manpower and financial implications. Also, already there is a detailed MCH Register that tracks in details of immunization at present. It was suggested that where the coverage of measles and other antigen coverage is low, it might be explored whether this system would be useful or not.

(4) TB/AJI/CDD

Dr. Tapas Gurung presented a brief overview of the situation of National TB Control, National Diarrheal Disease Control and National ARI Control Programs. ARI still continues to be leading cause of morbidity. With regards to tuberculosis control, due to poor reporting there are inconsistencies in the data available at the headquarters level and, also, it makes it very difficult to estimate cure rate. Therefore, it was proposed that all TB In-charges were to be given hands-on training in recording and reporting. Further, IEC materials will be developed on TB and DOTS as well as intensification of DOTS awareness to all health workers.

(5) Malaria

Over the last few years, there is a definite trend in the incidence of malaria. Also, from the available data the case fatality is around 2%. While there is improvement in the overall situation of malaria, increasing resistance to available drugs by *P. falciparum* is an important issue that needs urgent deliberations. The program manager wanted to introduce some new drugs such as artemether, mefloquin, etc. However, this requires further study and that the national Essential Drugs Committee is already looking into this.

It was reiterated that, for uniformity of distribution and ease of monitoring, all drugs supply should be channeled through MSU only.

(6) Nutrition: Langdurbi Pilot Project

Langdurbi pilot project is a small project primarily aimed at studying the nutritional status of children and other health related issues. Right now the project is very much in its early stages and, therefore, difficult to come to any significant conclusion.

The nutrition unit wanted to come to an agreement on fixed days distribution of Vit A to target groups such as under-five, pregnant mothers and school children. It was pointed out that this would be difficult, and probably unnecessary: Further, the proposal to introduce a separate Vit A reporting form was rejected as the utilization information is easily available from the six-monthly drug consumption reports from health facilities. The program was asked to circulate to all concerned, clear guidelines on the use of Vit A and how they would like to monitor that the Vit A reached the intended targets.

(j) Institute Reports

○ **RIHS**

Upon the presentation of the activities, future plans and some of the major issues confronting the Royal Institute of Health Sciences, the Principal informed the forum that the RIHS had received the WHO Award for achievement in Primary Health Care. Further, this is the 25th year since the inception of the institute and, therefore, the institute will be celebrating its Silver Jubilee.

It was also recommended that, when capacity is developed at the RIHS, even in-service training should become the responsibility or should be channeled through the RIHS. Also, the Reproductive Health Program requested to explore the possibility of increasing the intake of female categories of health workers.

Since the faculty at the RIHS is not enough and the institute must resort to requesting doctors and other professionals to take classes for the trainees, to attract the best trainers and teachers, in line with enhanced remunerative benefits for permanent faculty members, it is recommended that some form of incentives be worked out to those that must take on the additional task of teaching at the RIHS.

○ **NITM**

The Principal of NITM presented some of the relevant issues pertaining to the institute such as grade fixation on the new recruit trainee, both *drungtsho* as well as *smenpa*. Regarding this issue, the Division is already looking into resolving the problem. The problem of shortage of quarters for the faculty was raised, but this was not planned for implementation during the current plan period.

*Day 1 April 1st 1999**Inaugural Session*

H.E. Lyonpo Sangay Ngedup, Minister for Health & Education, welcomed the Chief Guest and other dignitaries to the inaugural session of the 1999 Annual Health Conference. He pointed out that it was the enduring vision of His Majesty the King to have a healthy nation by improving the health status of its people. And within the last few years, health sector had made tremendous progress many old diseases have been brought under control or on the verge of eradication, but there are now emerging new threats such as cancers, diabetes and heart diseases. The Hon'ble Minister pointed out that the health conference had come a long way in terms of the process and spirit with which it is conducted. From a forum that discussed mainly administrative and financial problems, the conference has now matured into a forum where strategies and new technologies are deliberated. It is an important forum to straighten out difficulties and evolve consensus on future strategic approaches in our quest for better health for our people.

The Representative of Government of India. Mr. Jacob John, Second Secretary, pointed that GOI is privileged to be associated with health, adding a new dimension to the Indo-Bhutan relationship. He congratulated the Royal Government for its consistent emphasis on the social sector and the significant achievements in the health and education sectors.

Mr. Andrew Gear, acting Resident Representative of UNDP, on behalf of UNDP, UNFPA and WHO addressed the forum. He pointed out that while significant advances have been made in health, now there are new issues such as cancers and HIV/AIDS. With Bhutan's young population, the need to address adolescent health is important. He also pointed out that with the acceptance by Her Royal Highness, Ashi Sangay Choden Wangchuck, to be the UNFPA. Goodwill Ambassador, a landmark achievement had been made in the promotion of reproductive health in the country. UNDP A renewed its strong commitment to the efforts of the Royal Government to provide a better standard of health to its people.

Dr. Bent Jensen, DANIDA Health Coordinator, outlined the progress in the bilateral assistance from Denmark to Bhutan. He also congratulated the health workers for their dedicated efforts that bore so many fruits of successes. While progress seems rapid and commendable, yet he- cautioned that to "hurry slowly" is an important dictum to bear in mind so as to ensure that adequate time is given for people's mind to adapt to changing situations.

Ms A. Mendoza, UNICEF Representative, also congratulated the Health Division and the health family on the good work and many successes. But there is still much more to be done to provide health, care, education and protection to the children of Bhutan. UNICEF is as committed as before to be a partner in Bhutan's long journey to a better quality of life for the women **and** children of the country.

H.E. Lyonpo Yeshey Zimba, the Finance Minister, as the Chief Guest pointed out that there are no other tasks more important than saving lives and assuaging pain. It was the vision of His Majesty the King that had now brought us to the present state of an

excellent access to health care services, not only within the country, but even beyond. At the same time, he also pointed out that it was the same vision of our beloved King that Bhutan must ultimately strive to be self-reliant. Within that context, perhaps, it is time now to consider the issue of sustainability. He hoped that on this auspicious occasion of the Silver Jubilee of the reign of our beloved King, the experts in health would deliberate on this most important national concern during this conference. .

The Director of Health Division offered the vote of thanks to the Chief Guest and other dignitaries for their presence at this inaugural session of the 1999 Annual Health Conference.

Business Session

(1) Adoption of the Agenda

The Hon'ble Minister for Health & Education chaired the business session. The agenda was adopted without any alterations.

(2) Review of the status of 1998 Annual Health Conference Recommendations

The Director of Health presented the status of follow up of the recommendations made in the last annual health conference. Except for a few recommendations, more than 90% of the recommendations made were implemented or followed up. It was pointed out that with regards to the assessment of the problem of rheumatic heart disease, perhaps the Division would be in a better situation to carry out the study rather than the districts, as the districts have no support facilities where they can carry out such an activity.

Further, there was a discussion as to the difficulty of carrying out two rounds of house-to-house visits by the BHWs due to lack of fund to pay TA/DA. It was clarified that only one visit was requested to be carried out comprehensively and at the same time all over the country.

(3) Progress on the Health Trust Fund

H.E. the Hon'ble Health & Education Minister outlined the progress made so far in the mobilization of support for the Health Trust Fund. He informed the conference that the overall situation of the HTF is very promising. Both the Asian Development and the World Banks had pledged to support the Royal Government's efforts to raise the required fund, in addition to the many countries that had promised to look into the possibility of finding some support for this very innovative initiative for health financing.

(4) HFA Goals and the Progress so far

Dr. Pem Namgyal presented the broad framework of the WHO's HFA goals and indicators for measuring progress. Within that framework, he also outlined the 12 important indicators that WHA endorsed in 1981 for global monitoring. Bhutan's progress and goals set for HFA was outlined. It was also pointed out that between now and end of 2000, there will be many assessment, evaluations and surveys to establish the

achievements status for the various HFA goals. The main purpose of the assessment is to see where we have reached and to provide us guidance as to where we would need to focus in the next century.

(5) Status report on the R WSS Program

The Chief of PHE, Ms Dorji Choden, presented the current status of the implementation of the RWSS Program. If all goes as planned, from the current 60% coverage, by the year 2000, it is possible to achieve at least 90% coverage by this program.

Following the de-linking of the DPHE from PWD, there are still some persistent problems in the coordination between with DPHE In-charge and the DMO/DH\$O. Following further discussion, some recommendations on re-designation of DPHE In-charge, provision of basic office equipment, allotment of two wheelers and streamlining of the present institutional setup.

It was finally agreed that at present the DMO/DHSOs must ensure that resources are shared to facilitate the smooth functioning of the DPHE staff activities. Regarding the two-wheeler issue, the Director of Health pointed out that even in the past we have provided such facilities to DHSOs and other program people. Unfortunately, the useful utilization of this facility and their impact on actual supervision are still dubious. Therefore, this will need further review with the Finance Ministry. The Hon 'ble Minister pointed out that at present the emphasis on providing the water schemes and, whatever money we have now, we need to put it in ensuring the availability of supplies for RWSS. Of course; if we can obtain project support, from next year onwards, there is no reason why the DPHE staff should not have all its office equipment need fulfilled.

(6) Status Report on Reproductive Health

Mr. Nawang Dorji, Program Manage, presented the progress report of the Reproductive Health. There have been tremendous achievements in the promotion of family planning and reproductive health due to the high level advocacy spearheaded by the Hon'ble Minister himself. In addition, with Her Royal Highness, Ashi Sangay Choden Wangchuck, becoming the Goodwill Ambassador for UNFPA, a new impetus is given to the program. If all activities go as planned, it is possible to achieve the targets set for the 8th FYP.

There were some discussions on the issue of calculating contraceptive prevalence rates, as condoms are distributed for many other reasons than mere family planning. The program was asked to consult technical people on this and issue guidelines to the field worker. Also, to keep up the momentum of the implementation of the RH Program, intensified IEC activities, including training of health workers in interpersonal counseling, was requested.

Although health workers are being sent for training in reproductive health such as CuT insertion and pap smear preparation etc., often the choice of candidates for such training is determined by seniority and other concerns. While it is important to accord due attention to such considerations, it was pointed out that often it is not the seniors at the

peripheral level, but more junior staff. Therefore, it was recommended that if a peripheral staff is competent and recommended by the direct district supervisors, such persons should be considered for training in family planning related activities even if he or she is Junior.

(7) Report of the National Polio Certification Committee

Dr. P.W. Samdrup, the team leader of the National Polio Certification Committee, briefed the forum on the activities of the committee. He also presented the timetable of the certification dates. There were some pre-requisites conditions as well as some documentation that the country was supposed to submit. Due to unavoidable circumstances, it was not possible to submit the document as was expected, but the document is in progress and will be submitted soon.

(8) Video: A King in the Service of His People.

The video made by the Health Division, to commemorate the 25th Year of the Reign of His Majesty the King was screened for the district participants.

Day 2 April 2nd 1999***1) Information Technology- the Future***

Dr. Pem Namgyal, gave a brief presentation on information technology and what it holds for the future. Bhutan's efforts and policy movement towards the promotion of IT in the country was outlined. The objective of IT was to introduce efficiency and better communications between various units, districts and organizations so that all society move progressively towards a paperless, but knowledge based society. Under the guidance of Hon'ble Minister, Health Division is already ahead of many other sectors, in that all districts now have a state of the art computer that has an integrated fax modem installed. Once Bhutan comes online with Internet, even districts should be able to dial into the Division's server for access to such facilities as e-mail. In the meantime, the districts were informed that by the start of next financial year, all districts should be able to send their data through computers directly to computer in Thimphu. Therefore, to prepare for the coming age of information, all managers, DMO/DHSOs and other key person must prepare themselves to become computer literate and that, all the Division must strive to ensure that all these people have access to workstations.

Hon 'ble Minister reiterated that IT is now the future and all our staff must make efforts to learn how to use them.

(2) Progress on Health Division Building Construction

Since the Health Division does not have a proper office complex, under the able leadership of our Minister, the Division will soon have a state of the art office complex with assistance from DANIDA. The drawings, site surveying and preliminary discussions on the building are all ready and the actual work is expected to commence either towards the end of this year or early 2000.

(3) Treatment Outside the country

Dr. Gado Tshering, Superintendent pf JDWNR Hospital, presented a comprehensive analysis of patients -numbers, type, costs, etc. -that were referred outside the country for treatment. He stressed that every year the total number of patients referred outside is rising fast and that the Referral Committee needs to enforce the referral rules and regulations more stringently. It was pointed out that the current Referral Guideline needs to be revised to adapt to some issues that had emerged.

If a person went out of the country, not on official or government business, but for private reasons and had to avail medical services, we should not entertain any request for reimbursement. Further, all military personnel that need referral should be routed through their medical officers and the JDWNR Hospital Referral Staff.

Regarding staff of corporations and international organizations, the referral system will be same except that the cost will be borne by the concerned organization.

The Hon'ble Minister reiterated the commitment of the Royal Government to strive for a healthy nation, but at the same time, it was pointed out that with the increasing number of patients going out and the escalating cost, it has become necessary for all concerned to streamline and institutionalize systems so that this system is used to the best advantage.

(4) Guest Speaker -Auditor General

Dasho Wangdi Norbu, Auditor General, outlined the history of the Royal Audit Authority and the progress that it has made so far in ensuring efficient and transparent use of government resources. He expressed that the main purpose of auditing is to guide concerned individuals and organizations on the proper financial management. Some of the key procedural issues and existing problems were also highlighted. As a means to encourage that people pay back what they had taken as advance, from now onwards interest will be levied on the amount that was due for the duration that it was not paid back.

(5) Training Outside

The Chief of HRD&E presented the details of the number and categories of individuals sent out in 1998 for training outside the country. While short term and managerial training is easier to fulfill the placement of doctors and nurses for postgraduate studies has been a persistent problem.

It was suggested that when a particular person is trained in a particular area, upon return, that person should be utilized for the purpose for which he or she was trained in the first place. In addition, while training outside is important no doubt, but now emphasis should be more on in-country training and enhancing the skills of health workers at the local level.

The Hon 'ble Minister informed the forum that now onwards, the output after such training and seminar will be monitored and assessed so that people are not sent out for meetings/seminars or training for the sake of doing so: if no visible output is forthcoming from such individuals, in future further training would be curtailed for them.

(6) Silver Jubilee Celebration

Dr. Rinchen Chopel, presented the plans and activities to celebrate the Silver Jubilee of His Majesty reign in Bhutan. He also briefed the forum on the activities already implemented.

Hon'ble Lyonpo informed the forum that on June 2nd, it is expected that Bhutan Television will make live broadcast of an Address to the Nation by His Majesty and that special honors and the King will award medals.

Within available resources, everyone *must* plan what they can to make preparations for the celebrations all over the country.

(7) Budget and Audit Issues

The Director of AFD pointed out that at present we are releasing money directly to DMOs and DHSOs. Within the existing government system, this is incorrect procedure, and as a result there are problems. Some of the people who handle money do not settle accounts in time, leaving large cumulative unrealized outstanding money, leading to audit observations. In order to protect our own people from financial problems that may have bearing even on their own career, it is necessary to take corrective measures right now.

The representative of Royal Audit Authority reiterated that release through the budget and accounts is the correct manner and that Dzongdags must be given the responsibility of handling the money and not individual officers at the district level. However the Hon'ble Minister expressed concern that the delays in the release implementation and the submission of accounts may impact negatively on the ambitious plans we have made in health for the year 2000. Therefore, it was proposed that at least for another year, status quo be maintained. This was agreed but the Hon 'ble cautioned that accounting must be done properly and in time by everyone concerned.

Also it was recommended that the possibility of re-issuing LC account to the DMOs in the districts be taken up with the Finance Ministry.

(8) Bhutan National Essential Drugs Committee Report

Dr. Tashi Wangdi, Chairman of the BNEDP, presented the recommendations of the National Committee that met recently. Some of the recommendations were to carry out nationwide antibiotic sensitivity study, the addition of AZT on named patient basis, and the development of a protocol for the treatment of hypertension. Also, it was suggested that a protocol be developed to use opiate analgesics in palliative care.

The Hon 'ble Minister pointed out that once availability AZT is established, and if in future the number of patients increase, there may be major cost and sustainability issues in it. Therefore, he instructed that a proper cost benefit and future impact analysis be carried out prior to formalization of its introduction in the EDP.

Recommendation on the use of Ambulance by the working Group

Dr. D. Wangchuk	S. Jongkhar
Dr. Sharma	Chhukha
Dr. Ngawang	Mongar
Mr. Tshewang	Zhemgang
Dorjee Dukpa	HQ.

1. Proper facilitation of the ambulance between JDWNRH/Regional Referral hospitals and district hospitals.
 - A focal point be identified and the same be notified to all other hospitals.
 - This focal point be manned round the clock and a Register be maintained.
 - The focal point should have job identified for the incoming ambulance.
 - DMOs/ ADMOs should instruct the drivers before leaving the station to report to the focal point of the place/hospital he is going.
 - A log-card system to be introduced which will be signed at the focal point.
 - Under no circumstances ambulance will be detained at the focal point after job has been identified for the driver.
 - All the ambulances will have to parked in the hospital premises if over-night stay is required.
 - If a terminal patient has to be lifted, the concerned Supdt./DMO to be communicated over phone.
 - There should be coordination between the Lab/EPI Stores/and *MSU* with the focal point.
 - A job chart for the ambulance/vehicle to be displayed at the focal point so that the person can give all the jobs to the drivers.

The 1998 AHC recommendation for appointing two drivers for an ambulance to be pursued immediately.

Incentives for drivers

Driver should be given uniform, same design and color for the nation Ambulance driver's allowances Best ambulance driver's award.

Report of the Sub-Committee on Telecommunications

The terms of reference, were:

Telephone charges, what has happened till now
Mechanism for wireless operation
Mechanism for telephone payment

Members:

DMO, Mongar
DMO, Samdrupjongkhar
DMO, Chukha
DMO, Tashigang
DMO, Zhemgang
Pemba Wangchuk, Planning Officer

Recommendations:

1. Revenue: DMO/DHSO to investigate what has happened to the revenue collected over the past year and provide a status report to the Health Division
2. Wireless set should not be installed in the health facility in future. And where already installed, the Health Division should communicate with Telecom Division on the mechanism of reporting so that health workers are not hampered in the performance of their normal duties. Also,
3. Telephones in BHU should be treated like any other telephones with call barring facilities. All local calls should be charged Nu.5/per call and Nu10/per call back, and the revenue so generated deposited in the government revenue account.

Summary of RWSS Technical Discussion

- 1) The quarterly progress report format will be modified which could accommodate numbers of schemes in a single sheet.
- 2) Spring source protection project is proposed to be decentralized and DPHE In-charge to have technical sanctioning authority as per the existing criteria. The maximum level of cost sanctioning authority requested is Nu. 50,000/-. This will be further discussed with the Division and finalized.
- 3) A new tap-stand control valve, which is presently under field test if found effective will be introduced in near future.
- 4) With regard to the spring source protection technique, original design will be adopted in general. Only for special cases where there is blockage problem due to roots, a new design may be used. The surveyor shall decide the option depending upon the site situation.
- 5) The new design with perforated steel plate for stream intake will be dropped and the original design be retained and adopted as earlier.
- 6) High Density Polythene Tee need not be supplied henceforth as it can be made easily at site.
- 7) The revised certificate for caretaker training and project completion be distributed to Dzongkhags.
- 8) Additional construction tools as requested by the districts will be made available after procurement.
- 9) After the technical discussion, the following issues were raised for which some recommendations were presented in the main conference.
 - The administrative line of command is still not clear.
 - Many of the DPHE Unit has no proper office and office facilities.
 - DPHE Unit office in the hospital is not convenient due to different timing.
 - In Wangdue Dzongkhag, DPHE unit is not delinked from PWD.

DPHE staff face problem for supervision due to lack of transport facilities.

List of Participants in AHC -1999

Chairman : Hon'ble Lyonpo, Health & Education.

Vice –Chairman: Dr Sangay Thinley, Director, Health Division.

Sl.No.	Name	Designation/Organization Health Division:
1.	Dr Pem Namgyal	Chief, P&D (Chief Rapporteur)
2.	Dr Kunzang Jigmi	Chief, MSU
3.	Dr Rinchen Choiphel	Chief, TECH
4.	Dr Tenzin Penjor	Chief, PHU
5.	Dr Tapas Gurung	Programme Manager, <i>TB/ARI</i>
6.	Mr Nado Dukpa	Chief, HR & E
7.	Mr Tsheten Gyeltshen	Programme Director, GOI
8.	Mr Dorji Wangchuk	Principal, RIHS
9.	Mr Nawang Dorji	PM, RH,
10.	Mr Tandin Dorji	Incharge, PHL
11.	Mr Pemba Wangchuk	Planning Officer, P&D.
12.	Mr Rinchen Dorji,	P.O., Environment, Water & Sanitation
13.	Ms Neyzang Wangmo	Nursing &Referral Coordinator
14.	Kaka Tshering	PO, LP, Gidakom hospital
15.	Mr Chungsela	PO, VHW
16.	Mr Thinley Dorji	PO, EPI,
17.	Mr Ugyen Wangdi	Information Officer, P&D
18.	Mr Sonam Dorji	National Co-ordinator, <i>EDP/MSU</i>
19.	Mr Kinley Penjor	Planning Officer, P&D
20.	Mr Gyembo Sithey	PO, Nutrition
21.	Ms Sonam Wangmo	PO,STD/AIDS
22.	Ms Pema Udon	PO, Food & Drugs
23.	Mr Norbu Gyeltshen	PM, Mongar Hospital Construction
24.	Mr Kinzang Narngyal	PO, ARI
25.	Mr Pema Dorji	Construction Coordinator
26.	Mr T. R. Ghalay	Documentation Officer
27.	Mr Kuencho Tenzin	PO,MSU
28.	Mr Dorji Tshewang	PO, CDD,
29.	Mr. Tshewang dorji	PO,STD/ AIDS
30.	Mr.SonamPhuntsho	PO, School Health, IECH
31.	Mr. P.K.Sharma	I/C, HEC
32.	Mrs. Ugen Wangrno	P .0, Mental Health/IECH
33.	Mrs. Sonam Peldon	P.O, UNFPA/IECH
34.	Mr. Nim Karma	Training Officer / Health

DISTRICT MEDICAL OFFICERS:

Dr Tashi Dhendup Wangdi	DMO	Wangdue.
Dr Guru Prasad Dhakal	DMO	Haa
Dr Yeshey Penjore	DMO	Bumthang
Dr Pakila Dukpa	DMO	Dagana
Dr Gosar Pemba	DMO	Tsirang
Dr T B Rana	DMO	Thimphu
Dr Manbir Ghising	DMO	Lhuntse
Dr Ngawang Tenzin	DMO	Mongar
Dr Chabilal Adhikari	DMO	Pemagatshel
Dr Nor Tshering Lepcha	DMO	Punakha
Dr Dorji Wangchuk	DMO	S/Jongkhar
Dr D K Mohanty	DMO	Samtse
Dr Karma Lhazeen	DMO	Sarpang
Dr Kashinath Sharma	DMO	Tashiyangtse
Dr Chencho Dorji	DMO	Trashigang
Dr Ritulal Sharma	DMO	Paro
Dr Damber Kumar Nirola	DMO	Trongsa
Dr Hemlal Sharma	DMO	Chhukha.
Dr Chandralal Mongar	DMO	Zhemgang
Dr Ugyen Dophu	Supdt.	Phuentsholing Hospital
Dr Garjaman Rai	Supdt.	Riserboo Hospital
Dr. Samdrup Wangchuk	Supdt.	Gelephu hospital
Dr Karma Wangchuk	PM	NMCP, Gelephu
Mr. Golong Tshering	WO	MSD/P.Ling
Dr. Naresh Sharma	DMO.	Lhuentse

AFD/MINISTRY OF HEALTH & EDUCATION:

- | | |
|-------------------------|-------------------|
| 1. Mr. R.K. Chhetri | Director, AFD/MHE |
| 2. Mr. Tshewang Tobgyel | Sr. F.O/AFD |

RBA HOSPITAL:

- | | |
|-------------------------------|--------------------------|
| 1. Major (Dr.) Karma Tshering | CMO, Lungtenphu Hospital |
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NATIONAL INSTITUTE OF TRADITIONAL MEDICINE SERVICES

Drungtsho Pema Dorji	Director, ITMS
Drungtsho Tshering Tashi	Supt.ITMS
Drungtsho Yeshey Dorji	Principal, NITM
Drungtsho Nidup	Punakha,Dzongkhag Dungtshos Rep
Mr.Dorji Thinley	Incharge, Pharmacy Unit, ITMS

RELIGION & HE~TH PROJECT:

Gelong Rinchhen Wangyel Project Manager/ Dratshang Lhentshög

PUBLIC HEALTH ENGINEERING (HQ):

Ms Dorji Choden,	Chief, PHE
Mr Sonam Tobgay,	AE/PHE
Mr Prem Rai,	AE/PHE
Ms Payden,	AE/PHE
Mr Tandin Dorji	JE/PHE
Mr Ugyen Rinzin,	JE/PHE
Mr Karma,	JE/PHE
N.B. Yonzon,	JE/PHE
Darjey Tshering	AE,RWSS Store,P/Ling

DPHE Staff from Districts:

1. Yeshey Dorji	Thimphu
2. Ugyen Tshering,	Chhukha
3. P.L. Subba,	Paro
4. Thinley Gamtsho,	Haa
5. Karma Tenzin,	Gasa
6. Sangay Dakpa,	Punakha
7.Tshering Wangchuk,	Wangdue
8. Karma Jamtsho,	Trongsa
9. Kesang Lhendup,	Bumthang
10. Chador Phuntsho,	Monggar
11. Karma Wangdi,	Lhuntse
12. Tshering Phuntsho,	Trashiyangtse
13. Sangay Tenzin	Trashi gang
14. Keuncho Dorji,	S/Jongkhar
15. Lekjey	Pemagatshel.
16. Sangay Tenzin,	Tsirang
17. Tashi Gyeltsen,	Sarpang

- | | |
|-------------------|----------|
| 18. Pema Namgyel, | Samtse |
| 19. I.P Phugyel, | Dagana |
| 20. Gopal Rana, | Zhemgang |
| 21. Karma Tenzin | Gelephu |

POLIO COMMISSION:

Dasho(Dr)P,W.Samdrup
Dasho Phub Dorji
Dasho Kinzang Tangbi
Dr.S.Y.Anayat

AHC Organising Committee Members

Miss Rinzin	AFD/MHE
Mr. S.B. Rai	IECH
Mr. Leki Dorji	IECH
Mr. Leki	RIHS
Mr. Kinga	IECH
Mr. Kaka Dukpa	MSU
Ms. Mingma Deki	HD
Ms. Gayatri Chhetri	IECH
Ms. Tshering Dema	HD
Ms. Tenzin Wangmo	HD
Mr. Tshewang Dorji	IECH
Mr. Cham Thinley	AFD/MHE
Mr. Dophu	HD
Mr. Pala	HD
Mr Dorji .Dukpa,	AdmO/HD
Mr Dorji Penjor	PO/HD
Mr Yeshy Dorji	HD
Mrs Dhendup Pem	HD
Mrs Tshering Yangchen	HD
Mrs Deki Choden	HD
Mr Thinley Jamtsho	HD
Mr Tshering Dorji ,	SO/JDWRNH
Mr Lungten	Electrician/JDWRNH
Ms. Thinley Wangmo	HD.

ROYAL AUDIT AUTHORITY, THIMPHU:

1. Mr. Minjur Dorji Deputy Chief Auditor RAA/Thimphu