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## **Executive Summary**

The Annual Health Conference of the year 2002 was held from 28<sup>th</sup> to 30<sup>th</sup> May 2002, at the Convention Center.

The Chairman of the Council of Minister, His Excellency Lyonpo Khandu Wangchuk graced the inaugural session of the Conference as the chief guest. Also present were Hon'ble Chief Guest highlighted the remarkable achievements of the health sector especially during the last decade under the leadership of His Excellency Lyonpo Sangay Ngedup and commended the commitment and the hard work of the entire health workers. His Excellency highlighted that the 'Move for Health' walk from Trashigang to Thimphu to mobilize fund for the Bhutan Health Trust Fund was a remarkable initiative undertaken by the Hon'ble Minister.

The Hon'ble Chief Guest also launched the Health Web Page.

The Representative of various development partners while addressing the inaugural session commended the health sector for its remarkable achievements made in the field of women and children's health, populated advocacy and the primary health. Their continued supports as expressed in the Country Cooperation Document were reiterated. The participation of the Crown Prince Dasho Jigme Khesar Namgyel Wangchuck, in the UN General Assembly Special Session for Children was highlighted as a testimony to the importance placed by Royal Government on the well being of its children.

The Secretary of Health and Education in his vote of thanks said that the 2002 Annual Health Conference would reaffirm the resolution passed during the last year's Annual Health Conference on the pledge made by health family to the cause of the country when it is going through a critical time.

The Business Sessions were chaired by Hon'ble Minister and Secretary, Ministry of Health and Education.

The three-day conference reviewed constraints and achievements of the health services and discussed the challenges that lie ahead and the 9<sup>th</sup> FYP objectives and implementation modalities. The Conference was not only briefed on the various studies that were undertaken but also on issues that were discussed in the 2002 World Health Assembly. Administrative and Personnel issues, subjects related to sustainability of health services like user fees, drugs and Health Trust Fund, and matter related to quality assurance of health services and legislations were discussed.

All recommendations of last year's Annual Health Conference were satisfactorily implemented. Further recommendations in relation to public health laboratory facility and store Management were made.

The Conference adopted the proposed Dzongkhag Health Organogram and made decision related to Health Management Information System, Staff Welfare Fund, frequent personnel issues and user fee options. A detail Emergency Medical Service (EMS) strategy was appraised to the conference. While full support was offered for Hon'ble Lyonpo's walk from Trashigang to Thimphu monetary support offered was declined. HIV/AIDS was discussed as one of the priority areas that need to be strengthened in addition to effort to curb the morbidity and morality arising out of ARI, Cervical Cancer, Rheumatic heart diseases and others. The 2002 Annual Health Conference made 15 recommendations.

His Excellency, Hon'ble Lyonpo Sangay Ngedup, Minister for Health and Education, graced the closing session as the Chief Guest.

The Chief Guest stated that the Annual Health Conference 2002 was a big success recapitulated the Health sector achievements and challenges. Lyonpo attributed the tremendous achievements in health to the wise and dynamic leadership of His Majesty and the dedication and commitment of the health workers. It was highlighted that the geog based planning, a concept originating from His Majesty, should be supported with full commitment. Hon'ble Lyonpo dedicated the 'Walk', scheduled to be undertaken soon, as a tribute to all the Health Workers for their dedication in serving the Glorious Pelden Drukpa.

The Director of health, in his vote of thanks, stated that the Health Family is greatly indebted to Hon'ble Lyonpo for this dynamic leadership in steering the health to what it is now.

### **I) Inaugural Address**

His Excellency Lyonpo Khandu Wangchuk, the Chairman of the Council of Ministers, and His Excellency Lyonpo Yeshey Zimba, Hon'ble Finance Minister, graced the inaugural session of the Annual Health Conference 2002. The representatives of bilateral and multilateral donor agencies, various guests and invitees were also present.

In his opening remarks, Lyonpo Sangay Ngedup welcomed all the guests and the participants to the Conference, stating that the Annual Health Conference is the most significant event in health services calendar, as it brings together all the health workers from the dzongkhags and the headquarter to jointly discuss various health issues, and reach a common consensus and decision. Lyonpo also extended his gratitude to the development partners and the Royal Government for according high priority to the health sector from the beginning of the first plan. Lyonpo stated that during his ten-year tenure in health, he never regretted having any of health workers and commended all the health workers for their commitment. He urged them to keep the spirit alive. Lyonpo attributed the improvement in the health of the Bhutanese people to all the dedicated health workers across the country. He said that it was due to their high level of commitment that the Health Services of Bhutan has received due global recognition, bagging a few awards such as Sasakawa Award in 1997.

The Representative of Liaison Office of Denmark, Dr. Bjarne O Jensen, said that the Annual Health Conference is, without doubt, the most important annual event for coordination and policy making in the health sector. He informed the Conference that the close relation and longstanding collaboration between Bhutan and Denmark were once again reinforced during the recent Joint Annual Sector Review. He said that there is a strong confidence between the two sides that the Danish side suggested a large percentage of the funding as budget support in the next phase.

The Resident Representative of UNICEF, Ms. Anoja Wijeyesekera congratulated the Minister of Health and Education for initiating the Annual Health Conference. She stated that children's health has been one of the top agendas in the Health Services of Bhutan. She informed the Conference of the UN special session for children where His Royal Highness the Crown Prince led the Bhutanese delegation. The world leaders, including 80 heads of states, had signed a document, "World fit for Children". She commended the achievement of Bhutan's health care system, especially in improving the child's health.

Dr. Orphin Singhadej, the WHO Representative highly praised the health sector's achievements. She briefed on the key issues discussed in the World Health Assembly 2002, and reiterated the WHO's continued support to Bhutan, especially in the health systems and human resource development.

Speaking in behalf of the UNFPA, the UNDP's Resident Representative Ms. Renata Lok Dessalien stated that UNFPA has been supporting Bhutan's population related activities since 1981. There have been great strides in health sector, which have direct impact on people's life expectancy and health. But she stated that despite tremendous successes there were still a number of challenges ahead. Reliable population data and social research remains a priority for population planning. Advent of health threats such as HIV/AIDS and adolescent's reproductive health should be further addressed. She informed that it was in this line that RGOB and UNFPA signed the fourth programme of assistance, focusing on reproductive health and population development strategies in March this year.

The Chief Guest, Hon'ble Minister Lyonpo Khandu Wangchuk, Chairman of council of ministers, in his keynote address recognized the hard work of health services from the beginning of planned development in Bhutan. He stated that improvement in health and social indicators such as decreasing IMR and MMR, increasing life expectancy, eradication of leprosy, and decrease in iodine deficiency syndrome within a span of 30 years indicate the efficiency of and improvement in health care delivery. The Head of the Government congratulated Lyonpo Sangay Ngedup on the able leadership and tremendous achievement that has been made during his ten-year tenure in health. He also commended the noble initiatives of Lyonpo to promote the well being of the people through the theme of "move for

health” and to generate funds for the Health Trust Fund through the strenuous walk from Trashigang to Thimphu. Hon’ble Lyonpo further reiterated the Royal Government’s emphasis on social sector, especially health and education since the inception of plan period. Further, Hon’ble Lyonpo stated that all the health personnel and the Bhutanese citizen should be highly grateful and indebted to Her Majesty, Ashi Sangay Choden Wangchuk, for her unfailing support in population advocacy campaigns. The Head of the Government wished the “Annual Health Conference 2002” a success. The Chief Guest then inaugurated the Health web page.

The Secretary of Health and Education, Dr. Sangay Thinley in his vote of thanks stated that the Annual Health Conference is an opportunity to reflect on the past, discuss both constraints and achievements, and put collective efforts to maximize Gross National Happiness. The Secretary stated that the concern His Majesty has for the well-being and welfare of the people and the free health services enjoyed by the Bhutanese is an exceptional privilege in the age of market economy. Health sector has been very privileged to be a vehicle for implementing His Majesty’s policy. He pointed out that the enhancement of nursing and technicians’ grades, granting of allowances for doctors and availability of quarters for essential staff in most hospitals is a boon and fruit for the long hours dedicated to alleviate suffering and save life.

In conclusion, the Secretary expressed profound gratitude and respects to Hon’ble chief guest and other dignitaries for their gracious presence and for generating a positive energy to make the Annual Health Conference 2002 a success. Further, he reiterated that the Her Majesty Ashi Sangay Choden Wangchuk’s tireless effort to improve the health programmes in general and reproductive health in particular has gone a long way in achieving rapid success. At the end, the Secretary made the forum aware that the resolution passed during the last year’s Annual Health Conference will be further reaffirmed.

## II) Business Session

Opening the business session, Hon'ble Chairman, Lyonpo Sangay Ngedup invited active participation of the participants to the Conference. Lyonpo said that this traditional participatory mechanism has matured over the years with rich experiences. Lyonpo drew the Conference's attention to the concern raised by the media on rising incidence of HIV infection. He reminded that the pressing health issues are ARI and childhood diarrhea, and encouraged the participants not to overlook their importance.

### 1. Selection of the Rapporteurs

The nomination of Dr. Pandup Tshering, DMO of Paro and Mr. Kinlay Penjor, Planning Officer, PPD were unanimously endorsed.

### 2. Adoption of the Agenda

The agenda proposed by the Secretariat of the AHC 2002 was adopted without any changes.

### 3. Report on the Follow-up of the 2001 AHC recommendations

The Director of Health presented the follow-up actions of all the recommendations made in the 2001 AHC. All the required follow-up actions have been implemented.

On the recommendation of having water-testing facility at district and BHU level, the Conference instead endorsed the establishment of the three regional laboratories for the eastern, western and the central regions for water testing and other public health activities.

On the medical store issue, the Conference recommended that store management software be developed to facilitate proper store management. Further another study on the adequacy of the space for medical store has to be conducted.

On the recommendation of the ambulance, the Conference resolved that all in-charges should ensure that all ambulances are required to be equipped with the standard list of equipments at any given point of time.

#### 4. Progress Review 2001

The PPD presented the progresses made within the health sector, besides the national and international events that had national significance in 2001. The presentation highlighted many high level delegations led by the Bhutanese officials. This year His Royal Highness Crown Prince Dasho Khesar addressed the UN Special Session for Children in New York. Hon'ble Lyonpo led the Bhutanese delegations to the SEARO health minister's meeting in Maldives and the 55<sup>th</sup> World Health Assembly in Geneva. Bhutan became one of the first countries to ratify the Convention on Rights of Child (CRC) in which Hon'ble Minister led the delegation. The presence of the ULFA-Bodo militants in Bhutanese soil is still a great concern to the Bhutanese people. The Business community of Bhutan made financial contribution to strengthen the country's security.

This year Her Majesty Ashi Sangay Choden Wangchuk also launched the HIV/AIDS Multi Sectoral Task Force. Lyonpo was awarded a certificate of recognition by WHO for tobacco control initiatives in Bhutan. Bhutan's contribution to tobacco control initiatives was further acknowledged when the second South East Asia Region Inter Country Consultation on Framework Convention on Tobacco was held in Thimphu.

The Conference noted with appreciation and gratitude to the collaborating partners for supporting the health sector. Some issues and concerns were also highlighted in the areas of human resource development, sustainability of health services, and likely reduction of donor assistance.

The Director of Health reminded on the increasing cost of the patient referral despite various cost reduction mechanism initiated by Hon'ble Lyonpo. He requested all DMOs and referring doctors to review all the referring cases. The conference resolved that the heading 'Terrorism' should be reflected as 'International Events'.

The Hon'ble Chairman again reminded the members that the 29 positive HIV cases was anticipated much earlier and hence should not be considered as priority over other pressing issues like Malaria, TB, cervical cancer, anemia and malnutrition. On the requirement of CPR and MMR reporting it was clarified that once the new HMIS system was institutionalized the requirements will be addressed.

#### 5. Brief on 55<sup>th</sup> World Health Assembly

The Hon'ble Chairman who led the Bhutanese delegation to the 55<sup>th</sup> World Health Assembly this year made a brief report. In his address to the Assembly Lyonpo has highlighted the importance of research component to addressing the risk for health. Lyonpo also shared various activities to initiated in conjunction with WHO's Move for Health Walk by Lyonpo himself from the east to west scheduled for September this year. The main purpose of the walk was to raise fund for the Health Trust Fund.

In the Ministers Round Table Meeting, Hon'ble Lyonpo reminded that more than the 'risk for health' theme, developing countries are facing the double burden of emerging non-communicable diseases when the battle for communicable diseases is far from over. A glaring example is on the consumption of tobacco where he reminded that in developing countries consumption of tobacco other than smoking is rising that was actually overlooked by the developed countries. The other issues that were dwelt on during the assembly included Tuberculosis, Malaria, Health System/Management and sustainability of the health care services.

#### 6. Status Report on Bhutan Health Trust Fund.

The Director of Health reported on the status of the Bhutan Health Trust Fund (HTF). Out of 24 million US\$ target, 10,638674.67 US \$ has been mobilized as of May 2002. Director also informed some of the HTF's new activities initiated to mobilize funds such as printing of brochure and launching webpage. The most important initiative is the "A Walk Across Bhutan to Sustain Health" where Lyonpo would be walking from Trashigang in the east to Thimphu in the west following the traditional route. The money mobilized through this noble initiative would be invested in the HTF.

The conference expressed its appreciation to Hon'ble Minister for proposing to undertake such a strenuous walk to mobilize fund for the

HTF, and the forum pledged to support and contribute through whatever means both at individual and institutional levels.

#### 7. Applied Research Methodology

The Research and Epidemiology Unit of PPD presented on the methods of data collection, constraints faced in data generation, usage, policy implications and recommendations. He mentioned that there is a lack of Data stratification, data triangulation and analytical resources. He also presented an overview of different past surveys such as making pregnancy sager, knowledge, Attitude and practice (KAP) survey on malaria and bed-use, Mental health survey and Tobacco prevalence survey. The Conference noted the importance of research capacity development and health research, and encouraged operational researches. In this line it was recommended that all research proposals should be routed through proper system and protocol to facilitate technical support from the programme.

#### 8. An Appraisal on Cervical Cancer Screening Program

The Gynecologist of Yebilabtsa Regional Referral Hospital reported on progress of cervical cancer screening programme. She reported that cervical cancer is preventable by doing pap smears and treating the abnormal smears at an early stage. The program highlighted impressive progress in terms of initiating activities like plan formulation, trainings of the cyto-technicians and gynecologists, and equipment procurement. However there were inadequate cyto-technicians and gynecologists, and LEEP equipment for screening. She also informed about the pilot project in Paro Dzongkhag. On the issue of "delayed supply of equipment, DVED clarified that the supply order has been made and the equipment should be arriving within this year itself.

The Conference recommended that every DMO should do necessary follow up on cervical cancer cases in their respective dzongkhag, and on the proposal to initiate cancer registry, it was recommended that the proposal be reviewed by HMIS and reported in the next AHC. Also an integrated registry system of all cancers and other important non-communicable diseases deserves consideration within the ambit of Health Management Information System.

#### 9. National Essential Drugs Committee

The Chairman of National Essential Drugs Committee presented the results of survey conducted in 10 Hospitals in which a total of 969

prescriptions were collected for analysis between January to June 2001 and in April 2002. Over-prescription of drugs, unnecessary use of antibiotics, along with increasing use of injections was highlighted. The result indicated a positive trend towards prescribing in generics for 1995. About 94% of the drugs prescribed were from the essential drugs list, which was a positive indicator.

An analysis of the most frequently used drugs as well as those that consume the maximum annual drug budget was presented. According to analysis, significant discrepancy in the demand and use of Ferrous Sulphate + Folic acid was found along with antibiotics which were over prescribed. Paracetamol was another frequently prescribed drug, revealing 45.7% prescription to adults. A gradual increasing trend in consumption of the named patient drugs was observed over the years. The National Essential Drugs Committee has proposed to include the commonly procured named patient drugs in the essential drugs list so as to effectively reduce the cost of the drugs.

After undertaking the survey and ABC analysis of the Drugs, it was felt that hospital therapeutic committee be formed in the major hospitals to fulfill the following objectives:

*To develop/implement antibiotic policy for each hospital*

*To promote rational use of drugs*

*To encourage rational prescribing practices.*

The participants raised issues on the sensitization of new and expatriate doctors in Essential Drugs Lists and prescription practices. Concern was raised regarding the laboratory facilities for effective and efficient diagnosis of diseases. Some felt that due to availability of more private pharmacy outlets in most dzongkhags, drugs not approved by essential drugs list like multi antibiotics are being sold. The Chairman stated that the Essential Drugs programme along with the Department of Health would take all the necessary actions and follow up. The Conference recommended that a hospital Therapeutic Committee be formed in major hospitals. Further. It was recommended, that some of the named patient drugs be removed and added in the Essential Drugs list to cut down the cost.

## **10. Health Management Information Systems**

Information Unit of PPD appraised the Conference on the status of the health Management Information Systems (HMIS). Conventional Information System has been a storehouse of data without capacity to

analyse. There was too much information to be collected at the health centers, whereby the center cannot manage it. The reliability and validity of data at the every level was then put into question. Therefore HMIS enhancement project was started in January 2000, to streamline and computerize data collection. The project is being hampered by inadequate involvement of the decision makers, frequent leadership changes and manpower shortage. The revised formats for the military centers, and the incorporation of Personnel information System into HMIS were presented for discussion and consideration of the conference.

The chair suggested that the points tabled for consideration and discussion may not be necessary to discuss at this august gathering since it could be easily resolved at the Departmental level. The Director said that from now on any other forms, which duplicate the new formats, would be discontinued. As far as the military centers are concerned a letter to this effect has been sent out from the Department, and the Chief Medical Officer of RBA would give feedbacks.

The Superintendent of Gelephu Hospital raised the issue on the inequity in the distribution of the computers. To this the Director added that the resources should be shared, and the problem resolved at the district level.

The DMO of Samdrup Jongkhar pointed out the difficulty in filling the RWSS forms since it has no guidelines to grade water quality as demanded by the form. On the incorporation of PIS into HMIS, few participants expressed their concern whether such incorporation would do justice with the existing weak information unit.

The Chair added that the presentation had more or less been an appraisal and therefore he felt that there was no need of having any recommendations. However the chair said that in the next Annual Health Conference a status report of HMIS should be presented.

#### 11. IECH Survey – 2001 Results

The IECH Division presented the results of IECH Survey-2001. The salient features of the results presented were as follows.

Respondents who understood Dzongkha and Sharchop were 60% and 52% respectively.

Ability to read among the respondents was only around 21%.

Out of the 66% of respondents who listened to BBS, 23% listened to health news making it the third most popular programme after News and Songs. 15% of the respondents watch TV.

About 86% visited a health center during the last one year and 65% of households were visited by a health staff more than twice a year.

On the recall of IECH materials, calendar was the highest at 71%.

About 95% had latrines, 64% had drainage system, 79% has garbage disposal pit.

On substance abuse 40% chew doma, 21% drink alcohol and 9% use tobacco products. In general the awareness of the different kinds of diseases were quite high though the knowledge in regard to its cause were not so good.

Hon'ble Chair commended IECH Division for bringing out this report. He mentioned that study of this kind was very essential since a lot of resources had been invested on IECH and as such there was a need to assess the impact of such investment. However, the honorable chair cautioned about the representativeness of the survey and using it as the national figure.

It was agreed in general that although it was not full proof, the results of this survey were good indicators to be used for the development of 9<sup>th</sup> FYP plans and strategies. The vital findings of the survey were that the health workers are still the most important vehicles for dissemination of health information.

It was further recommended that a report with further analysis be presented in the next AHC.

## 12. Report on Nutrition Programme

Nutrition program presented a situational analysis of the program status including the recent anthropometrical and micronutrient studies conducted during the 8<sup>th</sup> FYP. Cyclic monitoring report for 2001 indicates present Total Goiter Rate (TGR) of 5 percent, adequate Urinary Iodine Excretion (UIE) of 88 percent and iodized salt coverage of 95 percent. Preliminary analysis of hemoglobin concentration in school children aged 4-14 years indicated 58.6 percent of the study population as anemic, of which 2 percent had severe anemia.

The conference raised the issue concerning the method of hemoglobin estimation (Sahli method) and the need to adjust the hemoglobin reading for altitude. Specialist from the JDWNRH recommended that further studies be carried out to find the specific causes of anemia in the country so that measures for their prevention could be initiated. The issue of compliance to iron supplementation and potential role of alcohol in nutrition issues has been raised.

Program also informed that breast-feeding policy has been endorsed as the policy document of the Ministry by the CCM in 2002.

In the 9 FYP, Program proposed that institutional linkages with reputed institutes in the region be established for availing technical support. It was also felt necessary for the formation of a national nutrition task force to guide the Program. The program would be extending its nutrition to include adolescent nutrition, dietary profile of Bhutanese Population and the lifestyle related nutritional issues like obesity, diabetes, hypertension, cancer etc.

The Conference noted that micro-nutrient deficiency is still a public health problem especially anemia and recommended that specific studies need to be conducted to find the probable causes of anemia in the country and to garner program support through institutional linkages and formation of national nutrition task force.

### 13. Polio Eradication Status

The Chairman of National Committee for Certification of Polio Eradication (NCCPE) presented the report on NCCPE Activities - 2002. He reported that routine immunization and SNIDs should continue since there are active cases in our neighboring countries, and cases could be easily imported. Concerns were raised that there could be some flaw in the AFP surveillance reporting system. Recommendations to increase surveillance, especially active surveillance, review of the vaccine coverage and improvement of the reporting system were made.

The Chairman remarked that eradication of polio would be the next miracle of the WHO. He reminded that though there was no polio case reported since 1986, India (Bihar) is a polio endemic country. As long as some countries remain polio endemic, the world remains at risk. Therefore, he reiterated the need to carry on with the SNIDs and take it seriously to shield any wild polioviruses coming into the country.

Conference noted that all the health workers, especially EPI and PPD to ensure valid and reliable data and be presented internationally.

In regard to the need to set up the a small virology unit in the country to assist in defining EPI diseases, Director of health responded that a proposal has been submitted to WHO for developing the Lab which ultimately could be developed into a regional Lab. WHO Representative reported that SEARO is planning to have such a laboratory in Bhutan and will be considered shortly. The Lab will be later on used for screening measles and later upgraded into a regional WHO center. The forum endorsed the decision to set up the laboratory through WHO assistance.

There was also a lengthy discussion in the current surveillance and need for more active surveillance and the frequency of the surveillance. The forum finally agreed to carry on with the six monthly active surveillance by the center as prescribed by the NCCP/WHO document but active surveillance at district level should also be initiated. House to house active surveillance can also be initiated since it gives more strength to the current surveillance.

#### 14. EPI Survey Report

IMCI Programme Manager presented the history of Expanded Immunization Programme (EPI), EPI Survey report 2002, objectives of the evaluation and achievements, future proposals and targets. He said that the review carried out in 2001 was very timely since the last review was carried out eleven years ago in 1991.

Important findings of the evaluation were reported in the form of vaccination coverage, drop out rates and reasons for non-immunization. Suggestion was made to make it a policy to complete 5 doses of TT vaccines to young girls by the early part of primary education. Concern was also raised on how to reach the un reached.

The Chairman remarked that Bhutan is one of the few developing countries, which has been able to keep immunization above 90%, and to include Hepatitis B as one of the antigens in the EPI. All health workers must be proud, as our country has received regional and global recognition on EPI. But in the world of terrorism, even the eradicated diseases like small pox can re-emerge. Therefore, the heart and soul of primary health care is immunization.

The Conference acknowledged the achievements of the EPI and commended all the health workers for their hard work. It also expressed its appreciation and gratitude to WHO, UNICEF and other development partners for technical and financial assistance for the EPI survey.

#### 15. Appraisal on Indigenous Medicine Services

The Director of Institute of Traditional Medical Services gave a brief report of the Traditional Medical Services in Bhutan along with the broad outline of the institute. Two new district units were opened in the financial year 2001-2002. About 98946 patients treated during 2001 indicated a rapid rise in the number of people seeking traditional medicine. Further, the forum was made aware of the various activities to be under taken during the 9 FYP to strengthen the traditional medical services.

The floor raised few concerns on the high morbidity of hypertension and diabetes mellitus, and suggested that traditional medicines can work together with the allopathic medicine for better patient management. Few anti-diabetics drug, which has already been manufactured in ITMS, was also noted. The Conference noted the importance of integrating traditional with modern medicine. The Hon'ble Chairman pointed out that since the means of alternative medicine is gaining recognition world over, it is very important to further strengthen and integrate the traditional and modern medicines. One of the members of the floor appraised the forum that through the instructions received from Hon'ble Lyonpo, one of the traditional doctors is attached with the Psychiatric Department of national referral hospital to try and explore various means of treatment. The conference resolved that Drungtshos of Indigenous hospitals and Doctors from hospitals should meet together frequently to enhance information on various health care systems.

#### 16. Health Staff Welfare Scheme Fund

The Management of Health Staff Welfare Scheme (HSWS) presented on the status of the fund, and other issues pertaining to the health staff welfare scheme.

The scheme was launched on 1<sup>st</sup> July 1997 with the objective "to provide financial assistance as cash grants and welfare loan to assist members in times of emergencies and distresses". The management stated that various

benefits exist in the scheme. Total amount of contribution up to 30/04/02 was Nu. 11,288,631.00. various proposals such as increasing the benefits to the members, interest free loans etc, were also pointed out by the management.

The Chairman stated various means to enhance the proceeds of the scheme, like investments in industries. He stated that in sound investment policy “break up money in different baskets and investing in high risk investments to get high return” is necessary. In line with the Chairman’s suggestion and the endorsement of the Conference, a Management Board was formed.

#### 17. Ninth Five-Year Plan Objectives and Strategies

Before presenting the objectives and strategies of 9FYP, PPD presented the major achievements of health sector in the 8FYP. It was reported that the overall performances has been satisfactory as the achievement of the health sector is estimated to exceed 90% of its planned activities at the end of the 8FYP. Out of the total budget outlay of Nu. 2547.51 million, which gives the financial achievement of 155%. During the presentation to the objective and the strategy of the 9FYP, emphasis was on improvement of quality of services, development of human resource, institutional capacity and decentralization with focus on rural access.

As the presentation was just an appraisal, there was no discussion and the conference endorsed the objectives and the strategies presented for the 9 FYP.

#### 18. Perspectives on the Implementation of 9 FYP

The PPD presented the modality of the 9 FYP implementation scheme in view of the decentralization policy. The conference was appraised that the issue of decentralization is not a new, and that the 9FYP would be geog-based. It was also highlighted that there is no prescription for decentralization and is within the ministry to devise mechanisms of implementation.

The strategies highlighted included decision on the areas of need by the dzongkhags, provision of central support in terms of guidelines and the decisions and modalities of the individual dzongkhags to further delegate to the geog level.

The details of the activities that will continue to be handled by the central and dzongkhags were also highlighted. For the Geogs, the activities included planning and construction of ORCs and its services and the RWSS programme.

The Chairman reiterated decentralization to be the overall policy and the 9 FYP to be a geog based planning approach. Further, the conference was informed that once the geog and dzongkhag *chathrims* were launched, the main mechanism could be clear.

Issues on the role of the Dzongkhag Planning Officer in Health sector planning and the area of monitoring and evaluation were raised from the floor. The PPD clarified that the role of the Dzongkhag Planning Officer will be clear when the decentralization process is initiated. With regards to monitoring and evaluation of the dzongkhag work plans, there is still no clear indication from the government.

Issues were also raised on the concern of possible adverse implication of many public health programme activities with the initiation of the decentralization in view of the limited capacity at the dzongkhag level. It was suggested that at the program level consultation with the dzongkhags is needed to decide on possible areas. Financial decentralization as much as possible will also be looked into.

The chair concluded the discussion by informing the conference that decentralization as a policy is there and there is also existence of earlier guidelines on it till the dzongkhag level. Health as a sector has decentralized many activities and is far ahead of many other sectors. The focus now is on the issue of how to decentralize from the dzongkhag to the geog. Problems should be discussed together and learning by doing will give us an idea as to what needs strengthening, and what needs to be decentralized.

#### 19. Report on Malaria Status

The agenda could not be discussed due to some unforeseen circumstances, and the Chair requested the participants read the technical report distributed.

#### 20. Quality Assurance and Standardization

The Health Care Division presented the status report of Quality Assurance and Standardization Programme in the 8 FYP, and the decentralization of

the activities for implementation in the 9 FYP to the districts. The various facets of quality assurance such as standardization which involves services, supply and human resources, and institutional capacity involving HRD master plan, HMIS and research were presented. It was also mentioned that there were already quite a lot of protocols based on a review. The participants were informed of the final draft of the National Policy Document on Quality Assurance and Standardization Programme, and it would be finalized soon by the Committee on the Health Technology and Quality. This Committee will review the need of services, equipments and technology. The review of the Nursing Procedure Manual is ready for editorial and administrative clearance. For the 9 FYP, detailed plan of action was developed, besides QAS policy guidelines, training plans and monitoring were also framed. The Medical Council Act to be submitted to National Assembly this year would supplement the programme and provide guidelines on medical ethics etc.

The Chairman emphasized this programme would be one of the most important component of health services in the 9 FYP, and would crosscut all other programmes.

#### 21. An Appraisal on Mental Health

The Psychiatrists of JDWNRH Hospital appraised the Conference on the mental health cases reported from July 1999-Dec 2000. He cautioned that not all psychiatric cases should be treated as psychotic case. Out of the first 1000 psychiatric cases, depression amounting to 450 cases followed by anxiety is the leading mental health problems. Females are twice vulnerable than males to suffer from depression and the highest burden falls in the age group of 30-40 years. Around 17% of the cases are below 21 years of age. Among the youth, anxiety tops the list followed by depression and epilepsy. The cases from the districts seemed to be quite similar.

Since depression and anxiety are rising in Bhutan as in other countries, we should tackle the problems by combining the traditional and modern methods, and health workers should be involved in tackling the drugs abuse problems too.

#### 22. An Appraisal on CBR

An appraisal on the Community Based Rehabilitation Programme was presented to the Conference, and proposed strategies for 9 FYP.

According to the pilot studies in the two selected geogs, overall disability rate was 3.5% out of which deafness (41%) was found to be common, and majority of cases were above 15 years of age. Significantly, recent disability data collected from all the dzongkhags show similar results as that of the pilot studies.

The forum was appraised of the review findings of the programme. It was found out that the pilot project undertaken was highly relevant and was very effective with integration into primary health care systems. As it was an appraisal no discussion was held. In addition, the status report on Mental Health Programme was provided to the members of the forum.

### 23. Administrative and Finance Issue

The Director appraised the conference on various transfer strategies. The total transfer affected during the last 5 years was 1632. The transfer policy is to facilitate mobility among health workers, diversify experience and knowledge and to avoid vested interest. The Government's civil servants transfer criteria is being followed with due consideration for genuine cases.

Incentive package for Drungtshos and nurses was appraised in the conference. In view of the position classification exercises carried out by RCSC, it is expected that appropriate remuneration issues will be addressed adequately.

On the issue of facilitating trainings formalities the personnel section, clarified that the dzongkhags and institutes will be provided with necessary forms and the personnel section will process the required clearances and further necessary actions.

On the issue of the house rent exemption for field workers, it was appraised that the Ministry of Finance has been approached and the matter is still pending. On the up gradation of BHWs, the policy of one category staff for BHUs/CHUs will be implemented. For the existing BHWs distance education programme, in collaboration with the Education Department, to upgrade their qualifications is being considered. The new staffing norms for BHU II and III were also appraised.

As usual, the Deputy Secretary of AFD appraised the issue of OBA to the Conference. He stated that OBA had been a burning issue in the past discussions, and all were requested to clear the OBA as soon as possible.

He also stated that in the event of any discrepancies in the circulated list, the issue should be discussed and resolved with the AFD.

The Conference discussed the need to update the OBA list in respect to retired civil servants.

Specialized category of health workers should be transferred only to relevant places where there is need and adequate equipments in which they were trained for. Besides seniority, other equally important criteria such as performance and should be some of the yardsticks for considering transfers.

The Conference noted that the RCSC has recently introduced the hospital staffing pattern, and recommended that the hospital administrations should abide by the proposal and implement the proposed staffing scheme. The conference resolved that districts could present their proposals for improvements to the proposed staffing scheme in the AHC 2003.

#### 24. Medical and Health Council Act

The Joint Director of Health Care Division presented briefly, the purpose and the contents of the medical and health council act. He explained that the act was the legal framework to regulate the medical and health professionals in all aspects, including ethics and matters connected therewith. Such an act did not exist in the country so far, and it is very timely that health sector develop appropriate regulatory mechanisms with the changing times and demands of the general public.

The Conference noted that if the National Assembly passed the act as national legislation, the Ministry and Health Department would arrange appropriate meeting to brief the DMOs, DHSOs and other health workers.

#### 25. An Appraisal on Draft Medicine Act

EDP, DVED presented briefly, the purpose and the contents of the draft Bhutan Medicine Act. The objective of the Act is to safeguard the public health through regulation of quality and safety of medicines sold in Bhutan and to regulate and register import, sale and manufacturing premises of medicines in Bhutan. The challenges as highlighted are required to be further deliberated in the coming Intra-ministerial meeting so that the final draft will be updated in proper perspectives.

## 26. RWSS Status and Draft Water Policy

Presenting the status report of Rural Water Supply Scheme (RWSS), Public Health Engineering (PHE) reported 78% RWSS coverage, 60% school water supply coverage and 57% sanitation. Water supply for National Work Force (NWF) camps along the national highways has been started, and water quality study in three dzongkhags has also been completed, besides the development of draft water quality surveillance for the rural areas. The RWSS Sector policy is in final draft form. The Conference was also apprised of the Bhutan Water Act, which is in its initial stage, and Bhutan Water Vision and Policy is its final draft. Some of the major constraints faced by the project were inadequate budget for transport and lengthy procurement procedures causing delay on implementation. Some of the strategies adopted to enhance the implementation were private sector participation and decentralization of procurement to dzongkhags.

The conference did not endorse the proposal of the presentation on ensuring sustainability and effectiveness of community preventative health management since it was not in the adopted agenda. On the RWSS status presentation, the reservation on private sector involvement in a small project like water supply was raised especially in terms of its implications on ownership of schemes. The chairman clarified that the involvement will be first carried out on pilot basis and only after thorough study will it be implemented as presented and said it does not require further discussion.

The forum also raised the issue that with the increase in water supply coverage, there is no direct impact on the reduction of diarrhoea and other waterborne diseases. It was clarified that diarrhoea was the leading cause of morbidity few years back, now with access to safe water supply, ARI has taken over as the leading morbidity. The Conference questioned the method of measuring the coverage. It was explained that the coverage was calculated taking the average household numbers issued by the Planning Commission and on the actual household surveyed by the dzongkhags.

## 27. Health Human Resource Master Plan: An Appraisal

The PPD on behalf of the Sub-group of HRD Task Force presented an appraisal on the status of the on-going HRD Masterplan. The methodology used in the revision was highlighted and all the necessary

updating in terms of projecting the gap from the idealistic requirement and the existing supply of the manpower was completed. As a future milestone, the final draft will be presented to the multi-sectoral HRD Task Force for approval. The approved vision will then be presented to the Ministry and by 2002 June end the printed document will be launched and distributed.

As per the position classification and also in line with the structure of other sectors, a new Dzongkhag health sector structure was proposed from the HRD Sub-group for general views and comments.

The Chair highlighted the importance of Health Human Resource Master Plan as the living document. Participants suggested that the JDWNRH should be officially recognized a teaching hospital. It was clarified that Bhutan Medical Council Act would solve the issue, and it was further clarified that groundwork in terms of services configuration and introduction of new services was already underway.

On the proposed organogram of the Dzongkhag health Sector where the current problem of the dual responsibility of the DMOs (administrative and clinical) could be solved, it was clarified that it should be considered as a futuristic proposal. The experience of the education sector was referred, and provision for the DMO to switch from administrative to clinical function was considered. A presentation on the role of the present DHSOs has to be made in the next AHC. The futuristic organogram was adopted by the conference and the HRD sub-group was instructed to work in line with the new dzongkhag health sector organogram.

On the issue to update the ANs, the Conference recommended that a system to upgrade must be developed. Since basic qualification is a prerequisite to upgrade any professional personnel, the Conference recommended that the Department should come up with a system and procedure to upgrade those categories, and start negotiation with the Education Department.

The chair again reminded the importance of the Masterplan and as a living document opportunity for revisions exist whenever new issues and concerns need to be incorporated. As such any related issues must be discussed in the coming AHCs.

## 28. Health Care Financing: User Fees

PPD made a presentation on user fees, highlighting on whether user fees is a condition for sustainability of health care? Various options of health care finance mechanisms, and a report on pilot study on dental user fees were presented. It was found that there was a sudden drop in the number of patients from the villages, while increasing number of students are availing the services since they are exempted of fees. The exemption mechanisms were found to be difficult to implement, and as a result the health workers had to work under pressure. It was also found that dental health activity is more in Thimphu than in dzongkhags, and the reduction in dental health patients is less in dzongkhags.

Some major concerns highlighted were whether there is willingness to move deliberately towards a more *inequitable* health care system, whether user fee can be changed for services when patients have no alternatives, can high administrative cost and burdens the borne, and the complexity of developing an appropriate exemption mechanism. Some points put up for consideration were that tapping on Personnel Income Tax system would be far more equitable and less cumbersome, and distribution of revenues generated through national “mega-projects” ...to social sectors. It was also pointed out that user fees acceptable for certain categories of services such as non-medical services like private cabins, non-essential *luxurious* cosmetic services and medical certificates.

Conference noted that the user fees were charged only for selected non-emergency services. It was not intended to address the sustainability of free health care services. Conference also suggested the introduction of user’s fee in a few selected hospitals to discourage rural urban migration and over crowding of hospitals. Conference deliberated on the sustainability of free health care services and privatization of health services. It was clarified that the reason for not privatizing the health services was the fear of widening health services inequity. The discussion on sustainability of free health care was beyond Conference’s deliberation.

The Conference recommended that some nominal user’s fee on cabin privilege, dental and laproscopic services and for sophisticated diagnostic procedure should be continued. JDWNRH will study the patients requiring assistance of life saving device, and submit to AHC-2003. Also it was recommended that other feasible areas for introduction of user fees be explored and discuss in the next AHC.

### 29. The Rising Trends of HIV/AIDS Cases

The Public Health Division presented the trend of HIV infection and the mode of transmissions in Bhutan. The conference reaffirmed that the increasing trend is anticipated, and that conference need not be alarmed. Had it not been for the high political commitment and program strategies, Bhutan would have seen a much higher trend in the HIV/AIDS epidemic. Decentralization of the surveillance and counseling of the HIV positive cases was also presented by the program. The conference also noted that the HIV positive cases should be put on INH prophylaxis after proper screening for TB. Since condom is one of the main the tools we have for HIV prevention, the use of condom is limited, and hence social making of the condom must be considered as a priority activity by the HIV/AIDS program. It was also acknowledge that individual right and ethical consideration should be considered before drafting the policy papers.

The Conference recommended that disclosure to spouse must be treated as mandatory; if the infected person does not voluntary agree to share HIV status with the spouse.

### 30. Emergency Medical Services

The Joint Director of Health Care Division presented the purpose, guiding principles, organization and the status report of the emergency medical services. The presentation included detailed districts wise and area wise plans, patient movement plans and back up plans. The emergency medical teams have been formed as the health sector's response to disasters, either natural or manmade and are working in close collaboration with RBA for effective implementation.

## Closing Ceremony

The Hon'ble Lyonpo, His Excellency Sangay Ngedup was the Chief Guest for the closing session.

Hon'ble Secretary, Ministry of Health and Education, welcomed the Chief Guest and other dignitaries. He gave an overview of the three days proceedings and highlighted the key issues that have been deliberated at large. The 2002 AHC has deliberated on wide issues ranging from highly technical nature to management and administrative issues. The AHC 2002, being held in the last year of the 8FYP, has provided an opportunity to review and refine the coming 9FYP under the wise Chairmanship of Hon'ble Lyonpo. Hon'ble Secretary also highlighted that this year's deliberation considered the grave security situation that our country confronts as health sector's major concern and reaffirmed the commitment to the pledge that the health family had made in last AHC 2001.

The Secretariat of the 2002 AHC presented the 15 recommendations of the three days proceedings to the gathering.

The Superintendent of Gidakom Hospital and the DHSO from Thimphu representing the participants of the conference provided their impressions and feedback of the three days conference. They expressed full satisfaction of the deliberation and the outcome of the conference that have matured to be more technical and qualitative. They expressed their gratefulness to Hon'ble Lyonpo for guiding and providing able leadership for the past ten years. Special mention was also made on the novel imitative of 'move for health' walk scheduled to be undertaken soon by Hon'ble Lyonpo to mobilize fund for the HTF.

The Hon'ble Chief Guest, His Excellency Lyonpo Sangay Ngedup, Minister, Ministry of Health and Education in his concluding address, stated that the Annual Health Conference 2002 was a big success. Lyonpo

further informed that from henceforth the Secretary of Health and Education would chair the conference.

Lyonpo stated that Health has achieved tremendous success as proved by various health indicators. He further reiterated that this was possible due to the wise and dynamic leadership of His Majesty and the dedication and commitment made by the health workers. Lyonpo expressed his appreciation to all the health workers for their utmost dedication in providing quality care even while working and living in extreme and harsh condition.

The Chief Guest also summarized the focus of the health sector in the 9FYP as consolidation of present services, improving the quality of services and enhancing sustainability.

The Chairman remarked that the geog based planning, a concept originated from His Majesty should be supported with full commitment and pledge to make the geog based planning successful starting with the 9FYP.

In conclusion, the Hon'ble Chief Guest stated that the 'Walk' scheduled to be undertaken by him is a tribute to all the Health Workers for their dedication in serving the Glorious Pelden Drukpa.

The Director of health in his vote of thanks stated that the Health Family is greatly indebted to Hon'ble Lyonpo for his dynamic leadership in steering the health to what it is now.

### **Conclusion and Recommendations**

1. *The 2002 Annual Health Conference reaffirmed the unanimous resolution of the 2001 Annual Health Conference, pledging unstained support of the 'health family' to the country when it continues to face the grave security threat posed by the presence of ULFA/BODO militants in our soil.*
2. *To adequately cater to the water testing and other public health requirements, regional public health laboratories should be established in different regions.*
3. *To facilitate proper store management, appropriate software is to be developed. Adequacy of space for medical stores must be studied and steps taken to address the shortages.*
4. *In view of the importance of health research and the need to develop the research capacity in the country it was recommended that proposals be submitted for technical and financial support.*
5. *The Conference recommended that DMOs follow up on the cases of cervical cancer in their Dzongkhags. The issue of cervical cancer registry should be taken into account within the initiatives to start an overall cancer registry.*
6. *A hospital therapeutic committee in major hospitals are to be formed.*
7. *The essential drugs list is recommended to be revised so that some of the named patient drugs such as anti-cancer and immuno-suppressant drugs can be incorporated into the list to encourage good prescribing practice and promote rational use of drugs.*
8. *The Conference endorsed the proposal to establish a virology laboratory in the country for diagnosis of viral diseases through WHO assistance.*

9. *Noting that micronutrient deficiency is still a public health problem, specific studies be conducted to find the causes. Further to improve technical capacity, it was recommended that the Programme should garner support through institutional linkages and formation of national nutrition task force.*
10. *To guide a Board was recommended to be formed for the management of the Health Staff Welfare Scheme.*
11. *The Conference recommended the Health Department to develop a system to upgrade the health workers, particularly ANs and discuss the proceeding with Education Department.*
12. *User fees for cabin, selected dental procedures and laparoscopic services be continued and studied for one more year and user fees be introduced for on demand investigations and for advanced diagnostic procedures.*
13. *The Conference recommended that disclosure of the HIV status of a person to his/ her spouse could be made, if the infected person does not voluntarily agree to share the status with the spouse.*
14. *While the 9FYF will be implemented as per the geog based planning and the overall decentralization policy of the government, initiated from the 5FYF itself, the conference recommended that clear guidelines should be provided to facilitate implementation at all levels.*
15. *Keeping in view that condoms are the most important tools for the prevention of HIV/AIDS transmission, it was recommended that condom social marketing be launched to make condoms available widely.*

**\*\*\*Tashi Delek\*\*\***

**ANNUAL HEALTH CONFERENCE 2002**

MAY 28<sup>TH</sup> - 30<sup>TH</sup>, 2002

VENUE: ROYAL BANQUET HALL

**INAUGURAL SESSION, 28<sup>TH</sup> MAY 2002**

0830 - 0845	Arrival of guests and participants
0845 - 0855	All Guests to be seated
0855 - 0900	Arrival of the Chief Guest, H.E Lyonpo Khandu Wangchuk, Head of Government, Royal Government of Bhutan
0900 - 0915	Marchang Ceremony
0915 - 0925	Welcome Address by Hon'ble Minister, MoH&E
0925 - 0935	Address by Dr. Bjarne Jensen, CTA, Health Sector, on behalf of Liaison Office of Denmark
0935 - 0945	Address by Ms. Anoja Wijeyeskera, Resident Representative, UNICEF, Bhutan
0945 - 0955	Address by Dr. Orapin Singhadej, WHO Representative, Bhutan
0955 - 1005	Address by Ms. Renata Lok Dessallien, Resident Representative, UNDP/UNFPA
1005 - 1015	Inaugural address by the Chief Guest
1015 - 1020	Launching of Health Web page by the Chief Guest
1020 - 1025	Vote of Thanks by Secretary, MoH&E
	<b><i>(Master of Ceremony: Dr. Rinchen Chopel)</i></b>
1025 - 1055	<b>REFRESHMENT</b>
1055 -	Chief Guest departs

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May 28<sup>th</sup>, 2002

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**BUSINESS SESSION**

1100 - 1110	Opening Remarks- Hon'ble Lyonpo, Chairman, AHC
1110 - 1120	Nomination of Rapportuers (two)
1120 - 1130	Adoption of the Agenda
1130 - 1145	Report on the follow-up actions taken on the 2001 AHC recommendations - Director, Health Department
1145 - 1230	Progress review 2001- Mr. Pemba Wangchuk, PPD
1230 - 1245	Brief on World Health Assembly - Hon'ble Lyonpo, MoHE
1245 - 1300	Status report on Health Trust Fund - Director, Health
<b>1300 - 1400</b>	<b>L U N C H B R E A K</b>
1400 - 1430	Applied Research Methodology - Mr. Kado Zangpo, Epid/Research section
1430 - 1530	Cervical cancer screening programme - Dr. Ugyen Tshomo
<b>1530 - 1600</b>	<b>T E A B R E A K</b>
1600 - 1630	Report by National Essential Drug Committee - Dr. B.R. Giri, Chairman, National Essential Drug Committee
16.30 - 17.15	HMIS - Mr. Ugyen Wangdi, Information Section

**1900**

**Dinner by Secretary, MoHE at RIHS**

**May 29<sup>th</sup>, 2002**

0830 - 0900	IECH Survey result - Mr. Sonam Phuntsho, IECH
0900 - 0930	Report on Nutrition Programme - Mr. Gembo Sithey, PHD
0930 - 1000	Polio Eradication Status - Chairman, NCCP
1000 - 1030	EPI survey report - Dr. Thapas Gurung, PHD
<b>1030 - 1100</b>	<b>T E A   B R E A K</b>
1100 - 1130	Appraisal on indigenous medicine services - Mr. Dorji Wangchuk, ITMS
1130 - 1215	Health Staff Welfare Fund - Mr. Nado Drukpa, DVED
1215 - 1300	Administration and Finance Issues - Director/DS, AFD
<b>1300 - 1400</b>	<b>L U N C H   B R E A K</b>
1400 - 1430	9 <sup>th</sup> FYP objectives and strategies- Secretary/Thinlay Dorji, PPD
1430 - 1515	Perspectives on the implementation of 9FYP - Mr. Pemba Wangchuk, PPD
1515 - 1545	Quality assurance & standardization - Dr. Rinchen Chopel, HCD
<b>1545 - 1615</b>	<b>T E A   B R E A K</b>

1615 - 1645	An appraisal on psychiatric cases- Dr. Chencho, JDWNRH
1645 - 1715	An appraisal on CBR/Mental Health Program - Dr. Dorji Phub/Tandin Chogyel, PHD
1715 - 1745	Administration and Financial issues - Director/DS, AFD
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<b>May 30<sup>th</sup>, 2002</b>	
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0830 - 0900	Discussion on Administration & Financial Issues
0900 - 0915	Medical & Health Council Act - Dr. Rinchen Chopel, HCD
0915 - 0945	Draft Medicine Act - an appraisal - Mr. Sonam Dorji, DVED
0945 - 1015	RWSS status and Draft Water Policy - Ms. Payden, PHE
<b>1015 - 1030</b>	<b>T E A B R E A K</b>
1045 - 1115	Health Human Resource Master plan- an appraisal - Mr. Kinley Penjor, PPD & Dr. Rinchen Chopel, HCD
1115 - 1215	Health care financing user fees- Mr. Thinlay Dorji, PPD
1215 - 1300	HIV/AIDS a rising trend- Dr. Tenzin Penjor, PHD

1300 - 1400

L U N C H B R E A K

1400 - 1430

Emergency medical services- Secretary/Dr.  
Rinchen Chopel, HCD

1430 - 1445

Draft report presentation- Secretariat, AHC  
2002

1445 - 1500

Closing Remarks - Chairman

1530 -

**Closing Session**

***ANNUAL HEALTH CONFERENCE 2002***

MAY 28<sup>TH</sup> - 30<sup>TH</sup>, 2002

VENUE: ROYAL BANQUET HALL

**CLOSING SESSION, 30<sup>TH</sup> MAY 2002**

Chief Guest,

H.E. Lyonpo Sangay Ngedup, Minister,  
Ministry of Health & Education

1530 - 1545

Arrival of the guests

1545 - 1550

Arrival of the Chief Guest

1550 - 1600

Welcome address by Secretary, MoH&E

1600 - 1615

Presentation of recommendations of the 2002  
AHC - Mr. Kinlay Penjor, Rapporteur, AHC

1615 - 1630

Views of the participants  
DMO representative- Dr. Lungten Zangmo,  
Gidakom Hospital  
DHSO representative- Mr. Namgay Dorji,  
DHSO, Thimphu

1630 - 1640

Address by the Chief Guest

1640 - 1650

Vote of Thanks by Director, Health  
Department

1700 -

**REFRESHMENT**

**1900 hrs**

**Dinner by Hon'ble Minister, MoHE at Motithang Hotel**