

## **Minutes of the Annual Health Conference 2003, 3rd April 2003**

### **I. Inaugural Session**

His Excellency Lyonpo Kinzang Dorji, the Chairman of the Council of ministers, and His Excellency Lyonpo Yeshey Zirnba, Hon'ble Finance Minister, graced the inaugural" session of the Annual Health Conference 2003. 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 and extended his appreciation to the Chef Guest for kindly gracing the inaugural session. Lyonpo also extended his gratitude to the development partners and the representatives of various Government agencies for their participation. Hon'ble Lyonpo highlighted that the annual health conference among other issues will primarily deliberate on prevention and treatment of diseases, discuss constraints, review present status and outline future strategies. He also said that unlike in previous conferences this year there will be group discussion to further dissect the issues.

Mr. Vinod Kumar, the Deputy Chief of Mission, Indian Embassy, Thimphu, in his address said that the Royal Government of Bhutan, under the guidance of His Majesty the King, has always had a major focus on providing health care to the people of Bhutan and that the health sector had been accorded high priority in the development plans. He lauded the contributions made by Hon'ble Lyonpo to the Health Development, and called Hon'ble Lyonpo's move for Health Walk from Trashigang to Thimphu a "commendable feat of endurance". He said that the concept of using health workers to reach remote areas of the country had served the people well and commended the hard work put in by them. He reminded the meeting that the Government of India had been participating closely in the development of the health sector in Bhutan including providing education for Bhutanese medical students in India and some Indian doctors are also working in some hospitals in Bhutan. He assured that the Government of India would continue to be involved in the health sector as per the development priorities of the Royal Government and further stressed the commitment of the Government of India to complete the expansion of JDWNRH and construction of Monggar Regional Referral Hospital within the 9FYP period. He highlighted that India and Bhutan could possibly collaborate in the areas of the use indigenous herbs and traditional medicine in the future.

The Resident Coordinator of LOD, Thimphu, Mr. Torben Bellers said that the conference was part of a long tradition assisting in linking the health practioners from all over Bhutan into a close and important network. He said that Denmark had been a substantial partner to the health sector for the last decade and reminded that only a few weeks earlier the two governments had signed a new agreement for the next five years. He stated that the agreement between the two governments to allocate almost 75% of the Danish assistance as direct budget support was a sign that there was a lot of trust not only in the health sector and its ability to prioritize but also in the Government of Bhutan's financial management, audit procedures and budget transparency. The overall goals of the 9FYP improving the quality of live and income of the rural population, especially the poor, was fully in line with Danish development priorities, he said. He expressed his pleasure in noting that primary health care system has been accorded high priority on the agenda for the AHC since primary health care system was the main priority of Danish assistance. He stressed on

the importance of good facilities as part of a well functioning health care system and human resources in sufficient numbers and quality for the provision of quality health care services, and remarked that the new initiative of the Medical and Health Council Act was an important step to ensure quality among the health care personnel. In concluding his address, Mr. Bellers on behalf of the Danish Government thanked the Royal Government for a long and fruitful partnership and hoped that it would continue for many years to come.

Ms. Anoja Wijeyesekera, Resident Representative of UNICEF, addressing the inaugural session of AHC 2003, applauded the long-standing and productive partnership between the Royal Government of Bhutan and UNICEF, which has yielded positive results for children of Bhutan in reducing child mortality and morbidity. The achievement of universal child immunization is a landmark. She also expressed her happiness for being able to support the Royal Gov. in elimination of iodine deficiency disorder. Though significant achievements have been made in reduction of maternal mortality and under 5 mortality, more work needs to be done in enabling women to gain access to antenatal services and in the area of nutrition and iron deficiency disorders. She also expressed appreciation for the initiative taken by the RGOB in formation of multi-sectoral task forces in all Dzongkhags to combat HIV / AIDS. Lastly, she extended her gratitude to the Royal Government for reflecting the child health in the policies very strongly and hoped that Bhutan's development goal of Gross National Happiness would be achieved successfully.

Resident Representative of UNDP, Ms Renata Look. Dessalien, addressed the conference on behalf of WHO and UNFPA. She highlighted the WHO's association with the Health sector in capacity building both in terms of policies and planning as well as in human resource development. Speaking on behalf of UNFPA, she praised the Royal Government's effort in population reduction and decline in both mortality and morbidity. She also expressed UNFPA's gratitude to Her Majesty, Ashi Sangay Choden Wangchuck for her tireless effort in population advocacy in her capacity as the Goodwill Ambassador to UNFPA. Further she congratulated Lyonpo Sangay Ngedup for undertaking the arduous Health Walk. On behalf of UNDP she reported the important role that UNDP played in supporting the Multi Sector Task Force and stated their eagerness in future collaboration with the MSTFs. In conclusion she reiterated the strong commitment of WHO, UNFPA and the UNDP to continue their support to the health sector.

The Chief Guest, Hon'ble Lyonpo Kinzang Dorji, Head of Government., in his inaugural address reminded the conference the overarching importance of the essence of the Gross National Happiness as a balance between economic development and preservation and promotion of environment, cultural and spiritual values. Placing 'people at center of development' the Royal Government has always accorded high priority to the social sector. The existing network of health facilities and the high quality of life is a testimony of the Government's unwavering commitment. The conference was also reminded that it is His Majesty's deep desire for development to be responsive to people's need and aspiration. To this end the political reform with the establishment of DYT and GYT, devolution of executive powers to elected Council of Ministers, empowerment of administrative and financial power to DYT and GYT, introduction of universal suffrage and now the drafting of Constitution were mentioned as some of the major developments.

He commended the lead role played by Health sector in decentralization ensuring not only planning but also implementation and monitoring of health activities at local level. The Hon'ble Chief Guest also commended the emphasis health sector has placed on the need for multi-sectoral approach to promote good health to which the establishment of multi-sectoral Task Force (MSTF) was exemplary. Population management was highlighted as another area needing multi-sectoral approach. To this effect the Hon'ble Chief Guest expressed the people's and governments profound gratitude to Her Majesty, Ashi Sangay Choden Wangchuck for her tireless efforts and deep concern over the well being of women and children. Highlighting the successes made in Primary Health Care, he congratulated health in achieving normal iodine nutrition and for achieving almost all the Millennium Development Goals. He however, urged Health not to be complacent as increasingly life style related diseases are assuming importance. He also cautioned health on the emerging problem of rapid urbanization towards which equal emphasis on curative services needs to be focused. Consolidation of facilities and rationalization of establishment of new facilities need to be reviewed in light of health trends, far-reaching efforts of 'reaching the un-reached' and sustainability. The establishment of Health Trust Fund was highlighted as the noblest initiative. The Chief Guest also highlighted and commended the Health walk undertaken by Hon'ble Lyonpo, Sangay Ngedup and the team as an important milestone. The measured approach towards cost sharing and affiliation of RIHS with LA Trobe University, Australia were notable measures in light of sustainability and enhancing human capacity. On the issue of security the Chief Guest noted with satisfaction the preparedness of the health sector with its Plan of Action and commended the Emergency Medical Team for their commitment.

The Secretary of Health and Education, Dr. Sangay Thinley in his vote of thanks said that the presence of the Hon'ble Ministers, Dashos and representative of the various government and other organizations was an indication that health is a concern and interest to all and said that the show of support by their presence was inspiring beyond measure. He thanked the representatives of DANIDA, WHO, UNICEF, GOI and UNFPA for sharing their wisdom and for assuring their continued support. The Secretary also expressed gratitude for the dynamic leadership provided by Lyonpo Sangay Ngedup; Minister of Health & Education. He acknowledged Her Majesty Ashi Sangay Chodon Wangchuck's advocacy efforts in bringing improvements in family planning and adolescent health issues. He further appreciated and acknowledged the priority that the Government has accorded to the Health Sector. He informed the forum that the 2003 Annual Health Conference will review the state of health of the Bhutanese in terms of Primary Health Care, the challenges in curative services and the state of health management information system and research. The Secretary further added that the conference will also deliberate on important national issues like the security threat posed by the ULFA/BODO militants. Lastly he informed the guests that he looked forward to the opportunity to present findings and resolutions during the closing session of the conference.

## **Business Session**

Opening the business session, the Hon'ble Chairman, Lyonpo Sangay Ngedup welcomed the participants and expressed his happiness that the representatives of all the different categories of Health Workers are able to participate in this conference. The Hon'ble Chairman stated that the 2003 Annual Health conference is structured differently from the past conference and some of the agenda items will be discussed in groups so that the conference will not be influenced by a few outspoken participants but give every participant adequate opportunity to express their views. The Hon'ble Chairman expressed his hope that the conference will contribute adequate time and energy to develop a system that will look in to that actual care of patients and how clinicians manage care. Hon'ble Chairman stated that the conference would need to deliberate extensively on the current emergency situation in the country. The country is faced with very grave difficulties due to the presence of armed militants in the southern belt of the country. He mentioned that the situation is developing towards a possible confrontation/armed conflict and is extremely important for the health family as per our past resolution, to take full responsibility in ensuring emergency preparedness. The Hon'ble Chairman informed that he would be visiting the affected dzongkhags to assess the emergency preparedness.

### **1. Selection of the Rapporteurs:**

The forum unanimously endorsed the nomination of Mr. Ugyen Dorji of ITMS and Dr. Guru Prasad Dhakal, DMO Punakha as the rapporteurs for the Annual Health Conference 2003.

### **2. Adoption of the Agenda**

The agenda proposed by the Secretariat of the AHC 2003 was adopted without any changes.

### **3. Report on the Follow-up of the 2002 AHC recommendations**

The Director of Health Department presented all the 15 recommendations of the 2002 AHC and the follow-up actions taken by the respective programs and the department. Since there were no comments the *forum* adopted the follow up actions taken on the recommendations of AHC 2002.

### **4. State of Health Report: Primary Health Care- progress and constraints- JD, PHD**

The Joint Director of Public Health Division made an elaborate presentation on the elements of PHC in line with the Alma Ata declaration, the achievement made so far, and constraints and challenges ahead. He mentioned the political and religious commitment made to the health sector and as a result, Bhutan has earned respect and appreciation internationally. In addition, Bhutan has also made commendable achievement in primary health care such as eradication/elimination of small pox in 1976/77, elimination of leprosy in 1997 and elimination of IDD in 2003, to mention a few.

However, despite all the achievements, there are still major constraints and challenges which are cross cutting in nature and which has to be addressed. Lastly, he thanked

Inspiration provided by His Majesty the King, and the ' patronage of Her Majesty

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the Queen, Ashi Sangay Choden Wangchuck in promoting health and for the dynamic Leadership provided by the Minister of Health d Education, Lyonpo Sangay Ngedup.

Special reports:

➤ **Achievement of normal iodine nutrition in Bhutan- PO nutrition Programme**

The nutrition program presented the findings of the external evaluation team's report on the control of iodine deficiency disorder. It was highlighted Bhutan is the first country in the South East Asia Region to have achieved normal iodine nutrition.

The Conference noted with appreciation this achievement.

➤ **National Polio Commission report- Chairman, NPCC**

The Chairman of the National Committee for certification of polio Elimination presented the report on the polio commission. It was reported that there was discrepancy in AFP reporting and that active surveillance was lacking. He informed the conference that although there was no case of AFP reported in the year 2002 through regular AFP surveillance one case was revealed through active surveillance. Therefore, active surveillance needs to be stepped up. He also recommended that since for the next two years there will be no SNID, routine polio immunization will need to be strengthened and reviewed and routine immunization will become even more important

He further recommended that IEC on AFP needs to be strengthened and AFP reporting continued further.

➤ **Adhoc report on Severe Acute Respiratory Syndrome**

The Joint Director of Public Health Division presented a brief report on the recent out break of Severe Acute Respiratory Syndrome (SARS) in some countries in the region. He informed the forum that the cause of the "mysterious" disease is yet unknown and that no treatment is available. The mode of transmission is not yet known, but it has been established that the disease is contagious. The incubation period for this disease was found to be between 2 to 7 days. According to WHO, the out break occurred in February 2003.

Till date more than 200 cases and 80 deaths have, been reported. Although the disease have been reported in 15 countries, the WHO has classified four countries as being "affected" viz. Vietnam, Hong Kong, Singapore' and Canada, based on where local transmission had occurred. He further reported that although the causal organism. The Joint Director also reported that, what was disturbing was that the signs and symptoms for this disease was similar to common cold and other ARIs which was common in Bhutan during this season.

The Health Department has developed a management guideline for this *disease* and has been distributed to the participants. Since it was deemed important to set up

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Surveillance in entry and exit points, the Health Department has also set up mechanisms to sensitize outgoing passengers on the disease and to scrutinize incoming passengers. The Conference was appraised that surveillance will be set up in other entry and exit points such as Phuntsholing if the need is felt in the future and after seeing how the surveillance activities in Paro Airport develops.

It was informed that except for briefing and sensitizing outgoing passengers on the disease, and getting information from incoming passengers through a questionnaire and quarantining passengers considered at high risk in the interest of the public's health, no travel restrictions have been placed. These measures would continue until new knowledge of the disease cause and treatment is available.

#### 5. State of Health Report: Situation and challenges in curative services - JD, HCD Special reports

The Joint Director, Health Care Division, presented situation and challenges in curative services. The focus in the 9FYP is to improve quality of service with instituting an effective delivery system and strengthening and expanding the curative and diagnostic capacity for timely treatment and, utilization of appropriate technology.

He briefly presented the current situation on number of health facilities and human resources. He also highlighted the contribution made under the leadership of Hon'ble Lyonpo that heavy investment is made in infrastructure where by most of the hospitals now have new modern buildings with appropriate technology and intensified HRD through different trainings. Further many welfare initiatives for the health workers were undertaken in terms of grades, housing, placement and other incentives. However, there is still a need to fully fill the approved human resource strength, in terms of doctors & specialized categories. Doctor being pulled out due to numerous in-service priorities further compounds this shortage. There is also a lack of systematic monitoring and accountability of doctors/clinicians time devoted for clinical care. There is a need to conduct a study to provide adequate understanding of where and how these limitations arise. He submitted that in spite of improvement of infrastructure and services in the periphery, there has not been any reduction of referral load on JDWNRH or in improving the confidence of care seekers. He expressed concern that, in the past, activities for any service expansion was not synchronized properly where equipments were purchased prior to having trained manpower and place to install the equipments. There is also a need to rationalize HR deployment and standardization and institution of Standard Operative Procedures for System functions.

Talking about the challenges ahead, he said that there is a need to maximize benefits from the existing setup, strengthen current service provision including expansion of services in hospitals and introduce new and additional services. He said mechanisms must be instituted to improve patient friendly facilities, attitude of service providers, service standards, nursing care and infection control measures. There is also a need to undertake systematic analysis of staffing vs. Workload, public relation, standard operative procedures and, monitoring tools for ethics, behavior and conduct. He highlighted expansion of curative services other hospitals in terms of service configuration to de-saturate the National Referral Hospitals. Based on the rationales agreed in the Planning Core Group for the 9F P, it was decided to introduce new

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Services like neonatology, cardiology, feto- maternal medicine, nephrology, neurosurgery neurology, hepatology/gastrology, diabetology urology (endourology), oncology, spinal ortho surgery, counseling services and emergency services.

➤ Medical and Health Council Act 2002

The Joint Director of Health Care Division reported to the forum that the Medical & Health Council Act 2002 had been enacted and passed by the 80th session of the National Assembly. The Act would provide regulations for medical and health profession in all respect of ethics and matters connected therewith. He informed that the ministry has also already identified human resource to institutionalize and operationalize the Act.

➤ The Medicines Act of the Kingdom of Bhutan, 2003

The DVED presented the purpose and contents of the Medicines Act 2003. It was explained that the Act was required to safeguard the human and animal health through the regulation of the quality, safety and efficacy of medicinal products available in the kingdom. The conference was apprised that the draft Medicines Act 2003 had been approved by the Lhengye Zhungshog and it would be presented to the forthcoming National Assembly. Outlining the specific objectives of the Act, it was informed that it would provide the legal framework to regulate the import and export of medicinal products in the Kingdom; the manufacture of medicine products; the storage, sale and distribution of medicinal products and; the prices of medicinal products to promote affordability

6. State of Health Report: Health Management Information system (HMIS) and Research- PPD

The Head of Information Unit presented the status on the revised HMIS, appraising the conference that HMIS had been simplified thus reducing the workload of the health workers. The conference was informed that the new HMIS software is more user friendly, easy to maintain and manage, and would generate uniform standard reports. Issues outlined by him included the need to incorporate the indigenous medicine, RBA and IMTRA T into HMIS. He also sated that there was difficulty in using denominators for HMIS indicators. Future strategies of the HMIS included the review of facility registers, updating and documentation of the system and evaluating and revision of the system.

The Research Officer from the Health Research & Epidemiology Unit made a presentation on the status and future direction of research. He outlined that the Unit had conducted a number of researches both independently as well as in collaboration with other programs since its formal establishment in 1995. He informed the conference that most health researches carried out in Bhutan so far had used cross- sectional design. With the revised HMIS in place, the need for such surveys would be reduced, and research will be more operational. He said that Health Research and Epidemiology Unit would slowly move towards facilitating and providing technical support to programs and field personnel rather than focusing on conducting studies independently. The Unit would act as the reference centre for all health researches, and work towards improving network, promoting awareness and use of health

research and building national capacity in health research. To streamline the health research process, the health research committee would be revitalized.

During the discussions on HMIS and Research, it was expressed that certain indicators necessary for programs were not present in the HMIS system. After extensive discussion on certain indicators had been deleted from the HMIS system, it was agreed that the HMIS system was a dynamic process and that there would be revisions as and when deemed necessary. It was outlined that HMIS may not, for all intents and purposes, fulfill all information required by all the programs. It was recommended that revised HMIS should be implemented as planned. .

The conference reiterated the importance of research in health and appreciated the proposal that the Health Research & Epidemiology Unit would provide support the programs and health workers in the field to conduct research.

## **7. Administration & Financial issues- AFD, MoUE**

### ➤ Financial Issues -Deputy Secretary

On financial issues, the Deputy Secretary of AFD said that list of OBAs have been circulated. He submitted that before clearing the QBAs it is not possible to institute financial discipline as instructed by Hon'ble Chair. ,

The DCFO supplemented that most OBAs are time barred and adjustment procedures are long. Therefore the AFD made an earnest request to the conference to submit the accounts in time and clear the OBAs at the earliest.

### ➤ Personnel Issues

The Personnel Officer of the Health Department responded to administrative and personnel issues that were submitted from various Dzongkhags.

He informed the conference that the dzongkhags might recommend deserving health workers for training with justifications to the Health Department. Further he clarified that slots for study tours and workshops are not planned in advance and to ensure transparency, fairness, need and relevance, nominations for these are made by the Training/Workshop/Seminar Committee established at the Department.

In regard to shortage of staff, Assistant Clinical Officers would be trained and they would substitute any shortage caused by doctors leaving for postgraduate training. Recruiting of expatriates to ease any further staff shortage would be continuously explored.

The policy of posting two staff per health facility exists and will be implemented to give additional staff for remote health centers. Also workload based staffing and regular transfer rotation is followed to ease the problem.

It was informed that incentive package for ACOs, and their career enhancement and development would be covered within the purview of position classification.

Transfers may be recommended from dzongkhag through consultative processes, especially for inter-Dzongkhag transfers. In this regard, it was recommended that a transfer committee be instituted in the Health Department to deal with the transfer issues.

The forum raised the issue of insufficient support staff for certain hospitals with higher case loads and after long deliberation it was recommended that criteria for staff maintenance team needs to be trained so that quality of staff is enhanced.

In-country training needs to be planned and coordinated so that the health workers do not have to stay away from their hospitals. It was informed that a guideline to reorganize and coordinate in-service trainings is under process.

The conference also raised the issue of frequent rotation/transfer of doctors. It was clarified that it was done to replace doctors who have gone on further studies. In view of the concern raised by the conference, it was recommended that there is a need to train senior Health Assistants to become ACOs who will support in the clinical works of the doctors.

With regard to ambulance shortages PPD clarified that though there is a provision for supply of new ambulances in 9FYP there is no fund identified specifically. However, it is the planning core group who will prioritize the different resources need and propose under DAN IDA budget support. I

## II. Recommendations

1. *Since the revised BHMIS is ready for implementation it was recommended that it should be implemented as planned and may be reviewed as and when necessary. '*
2. *To solve discrepancies in transfers it was recommended that transfer committee be instituted in Health Department.*
3. *In view of insufficient support staff in the hospitals with higher caseloads it was recommended that criteria for staff recruitment be developed and negotiated with RCSC. In addition, hospital maintenance team needs to be trained to enhance quality of support staff.*
4. *With regard to shortages of doctors it was recommended that more senior Health Assistants be trained to become ACOs.*