



# **ANNUAL HEALTH CONFERENCE**

**7<sup>th</sup> – 9<sup>th</sup> April 2004**

**Final Minutes**

## EXECUTIVE SUMMARY

The 2004 Annual Health Conference (AHC) was held from 7<sup>th</sup> April to 9<sup>th</sup> April at the Convention Center, Thimphu. The AHC this year was inaugurated in conjunction with the World Health Day and it was the first AHC after the bifurcation of the Ministry.

His Excellency Lyonpo Sangay Ngedup the Hon'ble Lyonpo of Agriculture, graced the inaugural session as the chief guest. The Hon'ble Ministers of Finance and Trade and Industry, their Excellencies Lyonpo Wangdi Norbu and Lyonpo Yeshe Zimba and representatives from donor agencies were also present during the inaugural session.

Welcoming the guests, the Secretary of Health said that the purpose of the AHC was to consider major achievements, discuss constraints and adopt appropriate strategies. The Secretary also expressed the gratitude of the whole Health family to Hon'ble Chief Guest for having brought Health to the forefront during His Excellency's tenure and also said that the participation of the donor agencies in the AHC was a testimony of their commitment and continued support to the Health Ministry.

Addressing the forum the Hon'ble Minister of Health offered his most sincere and profound gratitude to His Majesty for having resolved the militant issue by flushing them out within a short span of time and with very few casualties. Members of the armed forces who had risen gloriously to the occasion when their country needed them the most along with the health personals who had rendered their service with loyalty and dedication during the operations were also commended. Lyonpo then expressed his gratitude and appreciation to Her Majesty, Ashi Sangay Choden Wangchuk, UNFPA Good Will Ambassador for her earnest efforts in advocating healthy life styles and raising general health awareness.

While thanking Hon'ble Chief Guest for his everlasting contributions to health care development during his tenure as the Minister of Health, the forum was cautioned that Health still had a long way to go and that with changing trends in regional and global health issues, the challenges were daunting. In connection to this all members of the Health Family were called to work with additional energy so that goals and targets of the 9<sup>th</sup> plan as well as the Millennium Development Goals could be achieved.

His Excellency also congratulated the Director General, WHO for having chosen a very relevant theme for this year's World Health Day and expressed his gratitude to representatives of various agencies who had always given Health a helping hand.

The inaugural session observed the commendation ceremony for the critical role played by M/S Bhutan Salt Enterprise in eliminating Iodine Deficiency Disorder (IDD). On behalf of the Ministries of Health, Agriculture and Trade and Industry, a medal and a certificate were awarded to the proprietor, Mr Gomchen Wangchuk.

The Secretary, Ministry of Information and Communication then addressed the forum in relation to the WHO theme. The Secretary thanked the Director General, WHO for making "Road Safety is no accident" the theme of the 2004 World Health Day.

The representatives of various agencies while addressing the forum applauded the manner in which the Health Ministry had turned most of its aspirations or goals into achievements. Further the speakers also pledged their continued support to the Health Ministry.

The Hon'ble Chief Guest while addressing the forum accredited the self-sacrificing deeds of His Majesty the King, the armed forces of the country and the Emergency Medical team of the Health Ministry. While acknowledging the gratitude and appreciation bestowed upon him by the Health Ministry, Lyonpo remarked that while remembering the past one should look into the future to take the Health Ministry to greater heights. His Excellency also congratulated Mr Gomchen Wangchuk, other sectors and organizations for their roles in achieving the goal of eliminating Iodine Deficiency Disorder. Hon'ble Chief Guest concluded his address by reminding the participants to make Professionalism the hub of their duties and Compassion and Humanity the corner stone.

The Inaugural session concluded with the vote of thanks offered by the Director, DMS on behalf of the Health Ministry.

The Minister of Health chaired the business session of the 2004 AHC. The agendas as adopted by the Conference were presented and discussed. A comprehensive picture of the progress of the Health Ministry in the last one-decade was also presented. The Chairman reminded that the focus should be on the constraints faced at the national level and review of the 9<sup>th</sup> plan activities. The subjects touched upon consisted of submissions on present trends, challenges, constraints and future plans on multifaceted issues like polio eradication, Millennium Development Goals, Health care financing, HRD and Administrative hurdles, communicable and non-communicable diseases and pertinent concerns like HIV/AIDS. The AHC also touched on issues like Anemia, RWSS, ITMS and in-country and out-country referrals.

At the closing session, the Secretary, Ministry of Health welcomed the guests. The Chief Guest, Hon'ble Lyonpo of Health acknowledged that the AHC had been a fruitful one and commended the confidence and knowledge of the participants. The AHC organizing committee was instructed to circulate the agendas well in advance in the forthcoming AHCs so that the participants could come prepared for the Conference, which would enrich the Conference output. While requesting the health workers to be more diligent and active, His Excellency said that the recommendations of the AHC 2004 as presented will be followed up in letter and spirit and expressed his confidence that all the goals and targets of the 9<sup>th</sup> plan as well as the Millennium development goals will be achieved much ahead of time.

The Conference ended with the Director, Public Health delivering the vote of thanks on behalf of the Ministry.

## **I. Inaugural Session**

The Annual Health Conference 2004 began on the 7<sup>th</sup> April, coinciding with the World Health Day. The conference began with “Zhungdrel Phuensum Tshop” and traditional “Marchang” ceremony.

His Excellency Lyonpo Sangay Ngedup, Honb’le Minister of Agriculture graced the inaugural session of the Annual Health Conference 2004 as the Chief guest. The Hon’ble Minister of Finance Lyonpo Wangdi Norbu, Lyonpo Yeshe Zimba, Hon’ble Minister of Trade and Industry, senior officials of the Royal Government, representatives of bilateral and multilateral donor agencies, and other invitees were also present.

The Secretary of Health in his welcome address stated that the purpose of the Annual Health Conference is to highlight major achievements, discuss constraints and issues so that appropriate strategies can be adopted. He informed the gathering that the Ministry of Health has decided to conduct the Annual Health Conference on the 7th April every year so that it coincided with the World Health Day. Expressing the gratitude of the health family to the Hon’ble Chief Guest the Secretary acknowledged the many contributions to the health services development during Lyonpo’s tenure as the Minister of Health & Education then. He also welcomed all the dignitaries to the inaugural session and said that their august presence in the Inaugural Session of the Annual Health Conference is a clear testimony of support to the health care development in the country.

H.E. Lyonpo Jigme Singay, the Hon’ble Minister of Health conveyed the greetings and best wishes of the Council of Ministers for the success of the 2004 Annual Health Conference. His Excellency offered profound gratitude and sincere appreciation to His Majesty the King for resolving the security problem in the country by successfully flushing out the militants with minimal casualty and in a record short time. His Excellency also thanked the Armed Forces for their dedicated and selfless service rendered during the operation and commended all the health workers who served actively and with full dedication in the disturbed areas.

Lyonpo also offered gratitude to Her Majesty Ashi Sangay Choden Wangchuck, UNFPA Good Will Ambassador for her earnest, enduring and continuous campaigns for advocating healthy lifestyles and raising general health awareness.

Outlining the tremendous progress achieved by the Health Sector over the years His Excellency offered special thanks to His Excellency Lyonpo Sangay Ngedup, the previous Minister of Health and Education, for having brought health services to the forefront. Lyonpo however reminded the gathering that the challenges confronting the health sector are equally daunting. He said that while communicable diseases were still rampant, life style related non-communicable diseases are rising at an alarming rate.

Since the first day of the AHC also coincided with the observation of World Health Day, His Excellency congratulated the Director General of WHO for focusing on the relevant theme “road safety is no accident” for the World Health Day this year.

Lyonpo also expressed his gratitude to all the development partners and the representatives of various agencies for their continued support to the Health Sector. His Excellency called upon all members of the Health Family to reinforce their effort and commitment to achieve the goals and targets of the 9<sup>th</sup> Five Year Plan and the Millennium Development Goals.

In recognition of the critical role played by M/s Bhutan Salt Enterprise in achieving the IDD elimination goals, the Hon’ble Chief Guest, awarded Mr. Gomchen Wangchuk, the proprietor of M/s Bhutan Salt Enterprise, a medal and a certificate on behalf of the Ministries of Agriculture, Trade and Industry and Health. His Excellency Lyonpo Sangay Ngedup conveyed the appreciation of the Royal Government to Mr. Gomchen Wangchuk.

The Secretary of Ministry of Information & Communication, addressing the conference appreciated the support of the Ministry of Health and WHO for observing the World Health Day with the theme “**Road Safety is No Accident**”. He thanked the Director General of WHO for dedicating 2004 World Health Day to road safety. He said that the annual increase in the number of vehicles, drunk driving, and other related factors has contributed to an increase in road accidents. He urged for a genuine collective effort, cooperation and support from every individual and concerned sectors to make our roads safer.

Mr. Vinod Kumar from the Embassy of India conveyed the greetings of his Ambassador to all the participants of the Conference. He commended the Royal Government for the many achievements in the area of health and said that the long standing cooperation between Bhutan and India have expanded to many other areas apart from building hospitals across the country. He said that the ongoing projects under development cooperation included the construction of 350-bed Jigme Dorji Wangchuk National Referral Hospital in Thimphu and 150-bed Regional Referral Hospital in Mongar. He said that while some works in these hospitals had already been completed, the construction of the main hospitals would be taken up this year. He also said that besides cooperations in Malaria Control in border districts, setting up of a Public Health Laboratory in Thimphu and offering of scholarships for Bhutanese medical students in India, there is also the possibility of cooperation between hospitals in Bhutan and premier Indian Medical Institutions such as the All India Institute of Medical Sciences as well as in the area of traditional and herbal medicine.

Ms. Renata Lok Dessallien, RR, UNDP while addressing the Conference on behalf of UNFPA in Bhutan congratulated the Royal Government of Bhutan for the commendable achievements in the health sector over the years. She said that the UN, especially UNFPA, is proud to be a partner in these efforts. She expressed her indebtedness to the extraordinary work of Her Majesty Ashi Sangay Conden Wangchuck, the UNFPA’s

Goodwill Ambassador. She stated that of all the achievements in the health sector over the years, of particular note for UNFPA was the reduction of Maternal Mortality and said that this reflected the outcome of strong and uninterrupted national commitment. Since reduction of MMR, increasing HIV/AIDS, and problems affecting youth are major concerns that needs to be addressed, UNFPA reaffirmed their continued commitment for support in these areas.

Mr. Torben Bellers, Resident Coordinator, Liaison Office of Denmark said that there has been impressive development in the Health Ministry over the last decade especially in Infrastructure, Human Resource Development and the health Care indicators. However, he emphasized that maintenance of health facilities, monitoring and evaluation and reaching the un-reached still remained major challenges for the Ministry of Health.

Mr. Tim Sutton, Programme Coordinator of UNICEF informed the Conference that it was a particularly significant event for UNICEF as 2004 marked the 30<sup>th</sup> year of UNICEF support and cooperation with the Royal Government of Bhutan, and in particular the Ministry of Health. He recounted the many achievements in the health sector and said that UNICEF remained committed to supporting the Ministry of Health in overcoming the many challenges ahead particularly in the areas of Safe Motherhood and Nutrition Programmes.

Dr. Orapin Singadej, WHO Representative in Bhutan thanked the Ministry of Health for organizing the Annual Health Conference coinciding with World Health Day. She urged all the members that the road traffic injuries can be prevented and should be recognized as a public health problem. Further, she added that every individual should play a role in the prevention of road traffic accidents.

His Excellency Lyonpo Sangay Ngedup, the Hon'ble Chief Guest in his keynote address acknowledged the heroic deeds of His Majesty the King and the armed forces of the country in driving out the illegal militants from the Southern Region of the country. His Excellency commended the Emergency Medical Teams from the Ministry of Health who went out to save the lives of both our soldiers as well as that of the enemy. Lyonpo said that they were "brave souls" and that they would go down in history as heroes in the eyes of the nation for so bravely upholding and honoring the Hippocratic oath.

The Hon'ble Chief Guest said that there was little value in looking back and basking in the glory of past successes and urged everyone to look into the future and work hard towards achieving more in the future. Lyonpo acknowledged the roles played by many sectors and organizations in achieving the goal of elimination of IDD and congratulated Mr. Gomchen Wangchuk for having received the medal and certificate for the vital role played by M/s Bhutan Salt Enterprise.

The Hon'ble Chief Guest also reminded the members of the medical profession that there were people who needed their help and care, and urged them to provide health services with professionalism and with a humane face.

Director, Department of Medical Services offered the vote of thanks on behalf of the Ministry of Health.

## **II. Business Session**

### **1. Opening Remarks- H.E. Lyonpo (Dr) Jigme Singye, Minister for Health & Chairman for AHC 2004**

The Chairperson welcomed all the participants of the Annual Health Conference 2004 and expressed his profound happiness to be back in the health family. He reminded the participants that the main focus of the AHC should be to discuss the problems and constraints at the national level and review the 9<sup>th</sup> plan activities. He stated that the discussions should be free and frank, focus on national concerns, and not at individual levels.

### **2. Introduction of the participants**

The participants of the conference introduced themselves to the other participants.

### **3. Selection of rapporteurs (two)**

The forum unanimously endorsed the nominations of Mr. Sonam Dorji, Jt. Director QA&SD, DMS and Dr. Tashi Gyeltshen, Suptd. Riserboo Hospital as the rapporteurs for the Annual Health Conference 2004.

### **4. Adoption of the Agenda**

The agenda proposed by the Secretariat of the AHC 2004 was adopted without any change.

### **5. Report on the follow-up actions of 2003 AHC recommendations – Dy. Secretary, PPD**

The Deputy Secretary of PPD presented the follow-up actions on the recommendations of the Annual Health Conference 2003.

The Chairperson recommended that the overall presentation on the recommendations from the 2003 Annual Health Conference and Action taken be categorized as fully implemented, partially implemented and not implemented. The fully implemented recommendations should be acknowledged; those partially implemented recommendations need to be followed up and those that were not implemented should be reflected in this year's recommendations. Among the recommendations of Annual Health Conference 2003, the recommendation on development of standards and guidelines for quality assurance of services was not implemented. During the discussion, the Secretary informed the forum that many initiatives have been taken in the institutionalization of

quality assurance of services and with this a Division on Quality Assurance and Standardization (QAS) has been established. QAS in association with DMS and DPH will look into the quality, standards and protocols of health services.

The Conference then recommended that since quality of health care should be measurable and quantified to indicate improvement of services, necessary standard operating procedures, guidelines and protocols needs to be developed by the QASD of DMS in coordination with all the stakeholders.

The Chairperson said that since the recommendations are drawn up by all the participants, they should be realistic and implement able. He directed the Secretariat to carefully consider the recommendations of this AHC and to include only those that can be implemented.

## **6. Progress and challenges in medical services – Director**

The Director, Department of Medical Services while highlighting the various achievements in the health sector said that the passing of the Bhutan Health Medical and Council Act by the National Assembly in 2002 and the Medicines Act of the kingdom of Bhutan in 2003 respectively were significant milestones.

Highlighting the recognition of the Emergency Medical Team during the emergency situation and their contribution, he stressed the need to now institutionalize the Emergency Medical Services to ensure prompt response during emergencies and in times disaster situations in the country.

On his proposal for the introduction of CT Scan and MRI at JDWNRH to improve the quality of health care services the Chairperson informed the floor that if the resources could be made available both CT Scan and MRI should be introduced. However he cautioned that the lack of competent manpower to operate these machines would be a major constraint.

The Hon'ble Minister stressed that health is a welfare service and that all have taken up this profession with the intention of serving our people. He said that it is very important for the health services at all levels to provide quality service with compassion and with a humane face.

## **7. National Polio Commission Report- Chairman, NPCC**

The chairman of the National Committee for Polio Certification presented the report on the status of the certification. He reported that all activities were progressing well but that the status of certification would only be known after the regional commission visit on 5<sup>th</sup> March 2005. The Chairman of the Commission had made certain observations in their field visits and reporting systems and recommended that the following activities need to be carried out by the Ministry of Health:

- Timely reporting of AFP cases
- Intensification of AFP Surveillance
- Adequate and appropriate collection of stool samples
- Increasing and sustaining immunization coverage
- Maintaining proper documentation at all levels for review

The chairperson of AHC reminded the gathering of the importance of the polio certification for Bhutan and urged all the health workers to step up their efforts, especially by the Public Health Department, to achieve the certification as planned.

#### **8. Progress in MDG goals and public health programmes and constraints – Director DoPH**

Director, Department of Public Health presented the progress and constraints in achieving the MDGs and the targets of the public health programmes. He informed the forum that new partnerships are being fostered with the World Bank and GFATM. He highlighted that significant progress has been made in the area of advocacy on Reproductive Health, HIV/AIDS, leprosy, IDD elimination and Cervical Cancer Screening. He also reported that major policy decisions have been taken on the introduction of Hib. Vaccine and Auto-disabled syringes. However he said that there is still no tangible reduction in ARI and water and sanitation related diseases despite the RWSS coverage of 76%. Increase in the HIV/AIDS, substance abuse, industrial injuries and mental health was presented as major issues prevailing in the country at present.

During the discussions the absence of any active campaign on alcohol was raised as a concern and that while Laws and Acts are already in place, the implementation level was minimal. It was suggested that the health staff in the districts should play an active role in raising this issue in the GYTs and DYT. The conference recommended that the study on DMPA and NCD risk factors to establish baseline data be carried out and that the Ministry of Health also develop appropriate policy guidelines to include emergency contraception as one of the methods of family planning.

#### **9. Technical presentation on National Anaemia Survey- Mr. Gembo Sithey, DoPH**

The Programme Officer, Nutrition Programme presented the findings of the first Nation-wide anemia study carried out in 2002. He outlined that the study was a cross sectional prevalence study of 1800 households having a child of 6-36 months of age. The survey found that 27.6% of men, 54.8% of women and 80.6% of children included in the study were found to be anemic after correcting for altitude. Among other things, the main conclusions from the study were that anemia was widely prevalent in the country and that wide geographic variation was apparent.

He said that a draft National Anemia Strategy had been developed in collaboration with the Ministry of Agriculture and the Ministry of Education and that iron supplementation in school children was to be started soon.

The conference deliberated about the findings of the study, the manner in which it was conducted, possible causes of high anemia prevalence in the country and how Bhutan compared with other countries in the region. The conference endorsed that anemia is a major public health problem in Bhutan and recommended that appropriate strategies be formulated to intensify anemia prevention and reduction. The chairman directed the DoPH to discuss the findings in greater detail during the separate session to be held after the Annual Health Conference.

### **10. Monitoring and Evaluation – PPD**

The Deputy Secretary of PPD outlining the issues on Monitoring and Evaluation (M&E) said that the current status of monitoring and evaluation was weak at all levels and that it is also not properly institutionalized as envisioned in the Good Governance document. He said that lack of data use culture in the system was a serious shortfall. He also raised concerns about the problems with monitoring and evaluation in the districts under the decentralization policy.

The Chairperson said that it will be much more relevant for the Annual Health Conference to discuss about M&E at the Dzongkhag and Geog levels. The conference endorsed that there indeed was a lot of weaknesses in the Monitoring and Evaluation System and that M&E including supervision should be an integral part of the program planning and implementation. While some form of M&E is being undertaken in the dzongkhags and BHUs the lack of standard guidelines, protocols and checklists has been identified as limitations for an effective mechanism. Lack of capacity in terms of training and manpower were considered as other major constraints in carrying out effective Monitoring and Evaluation. The AHC recommended that M&E be strengthened by developing effective tools and strategies.

### **11. Media Policy- Dr. Rinchen Chopel, MED**

Dr. Rinchen Chopel, Jt. Director of Medical Education Division presented the Media Policy to be reinforced in the system. Outlining the importance of media for creating public awareness, he reminded the gathering of the positive and negative experiences of the media-health relationship in the past. He said that while this relationship had been fruitful in carrying out IEC activities, keeping health in the news and for continuing health campaigns etc. however, he said, that there had often been instances when the media management was not done responsibly and unregulated information dissemination or dissemination without crosschecking facts and figures had created unnecessary confusions. Although there was a recognized system put in place there were incidences of erratic reporting causing serious misinformation and at times serious embarrassment for the Ministry of Health. He said that in order to prevent such things, the existing mechanisms and procedures needs to be reinforced and followed. He informed the

gathering that the media coordination is now being handled by the Planning and Policy Division and outlined that events such as those having policy implications; disasters, outbreaks, epidemics or “unusual” events; press releases and media materials; and all information beyond boundaries required mandatory Ministerial clearance.

The chairperson reminded the gathering that everyone who had to interact and use the media must be responsible. Information disseminated through the media must be correct and factual. The chairperson also directed that the process for according clearance from the center should be fast and not be a bottleneck so that the information does not become outdated. Lyonpo advised that one should manage the media properly to make the best use of it instead of shying away.

## **12. Emergency Medical Services: a review – Dr. Rinchen Chopel,**

Dr. Rinchen Chopel, Jt. Director of Medical Education Division and EMT Operational Coordinator made a presentation on the review of Emergency Medical Services in the country. He touched briefly on the preparatory phase of the Emergency Medical Services and EMT and the roles they played during flush out operations in the south. On the institutionalization of the EMS services the proposal is to move from a military/conflict mode to an effective and rapid response mechanism to deal with medical emergencies and disaster situations in the country. The major activities in the future would be to expand the scope of EMS to cover pre-hospital care; improve EMS in all health facilities; develop knowledge and capability of personnel; incorporate EMS into pre-service RIHS curriculum; improve the information system & coordination at all levels; and study and develop an appropriate pattern for service provision.

The Annual Health Conference endorsed that the Emergency Medical Services and Emergency Medical Team had done the country and the ministry of health proud. The members of the Conference also thanked His Majesty the King for the opportunity given to the health workers to serve the nation at such a crucial phase in our history. It was recommended that the health workers involved in the EMS and EMT be accorded due recognition by awarding them with commendation certificates.

The Chairperson instructed that the Emergency Medical Services and Emergency Medical Teams were vital components of a good health care system in any country and that any health institution in the country should be able to respond to any emergency on a day to day. He however directed the Ministry to ensure that under-utilization of the facilities created should be avoided and that items that were not relevant should be remobilized so as to prevent any wastage.

## **13. RWSS: Status and Integration – Ms. Payden, PHED**

The Executive Engineer of the Public Health Engineering Division presented the status of the Rural Water Supply and Sanitation (RWSS) programme. She submitted that more than 2400 water supply schemes had been constructed all over the country at the cost of about Nu. 480 million. She said it was a challenge to providing water supply to remaining

villages on one hand and keeping the schemes functioning on the other. She said that the studies undertaken so far showed that the main threats to sustainability was the lack of community ownership and the consequent lack of commitment by the communities to manage the RWSS facilities. She stressed that the integration of RWSS into the Bhutan Health Management Information System and more importantly into the overall health system was crucial for its sustainable and effective use

During the discussions the probable phasing out of funding by 2005 July and the lack of support from the DMOs and DHSO in monitoring of the schemes that had already been established in the villages were noted as important concerns. The conference also noted that in some Dzongkhags, especially in the South, the achievements in RWSS coverage had not been as much as in other districts because of the security situation, the presence of resettlement areas and other logistic problems. Regarding the integration of RWSS into the BHMIS it was decided that since BHMIS was in its nascent stage it would not be possible to decide immediately without carrying out more analysis.

The chairperson reminded the gathering that the reason why rural water supply scheme was transferred from the Ministry of Communication to the Ministry of Health was to have an integrated approach to health and sanitation and he expressed disappointment that even after so many years this integration has not occurred. He directed that the health workers starting from DMOs and DHSOs should work closely with the engineering cells and be actively involved in RWSS right from the planning and implementation to the monitoring of the water supply schemes in the Dzongkhags. The chairperson instructed that the health workers should look at safe water supply as one of the main entry points for improving the health services. It was recommended that the Dzongkhag health sectors make presentations on the status and monitoring of water supply schemes starting from the 2005 AHC.

#### **14. Presentation on recommendations of Traditional Medicine Conference – Director, ITMS**

Director of ITMS presented the nine recommendations that came out of the 4<sup>th</sup> Traditional Medicine Conference held in 2003.

The first recommendation *“In order to improve the quality of Traditional Medical Services in all Dzongkhags, the conference recommended that the ITMS organize and conduct in-service training for all Drungtshos’ and sMenpas’ in areas of different therapies”* was endorsed by the Annual Health Conference.

The Annual Health Conference also endorsed the second recommendation *“Since the subcommittee for developing information management system for traditional medicine is formed the conference recommended that PPD, Health provides technical guidance as well as logistic support to the subcommittee”*.

In relation to the third recommendation *“In order to maintain and boost morale of the Drungtshos and sMenpas, the conference recommended that ITMS follow up with the*

*Department and Ministry regarding the Drungtshos' incentive and sMenpas' up gradation".* The Personnel Officer submitted that in terms of the up gradation of old sMenpas' the Ministry is awaiting a response from the Royal Civil Service Commission. Regarding the incentive for Drungtshos, the conference recommended that proper justifications be prepared in consultation with the Personnel section and if found appropriate the proposal be forwarded to the Royal Civil Service Commission for consideration.

Regarding the fourth recommendation *"Since the PRU could not develop appropriate strategies for distribution of Traditional Medicine due to many factors, the conference recommended that the Dzongkhags Traditional Medicine units will collect medicine from the PRU as usual based on their need and convenience"* the Annual Health Conference recommended that DVED, MSD, Director of ITMS should discuss and come up with a concrete and sustainable way of distribution by the DVED as soon as possible. Until such a time ITMS should follow as recommended by the 4<sup>th</sup> Annual Traditional Medicine Conference 2003.

The fourth, fifth, sixth, seventh and eighth recommendations were endorsed by the Annual Health Conference since they were all related to building capacity in the traditional medicine system. However, the ITMS was directed to under take resource mobilization in collaboration with the relevant Divisions in the Ministry.

Regarding the ninth recommendation *"To operationalise the management of information for Traditional Medicine based BHMIS, the conference recommended that the PPD, Health mobilize fund for procurement of computers to be supplied to the Dzongkhag"* it was explained by the Information Officer of PPD that the proposal had been presented to the steering committee meeting and it had approved for the purchase of some computers for the purpose.

### **15. Patient Referrals – Offtg. Superintendent, JDWNRH**

The officiating superintendent of JDWNRH presented the facts and figures related to referrals both into the JDWNR Hospitals from the Districts as well as referrals out of JDWNRH to other countries. He informed the gathering that there were many cases of bypassing in the referral system whereby District Hospitals were not referring cases to the Regional Referral Centers but referring cases directly to JDWNR Hospital.

The Chairperson directed the gathering that from now onwards the Regional Referral Hospitals should be fully utilized. He said that the Ministry would strengthen the Regional Referral Hospitals by recruiting expatriate doctors in the interim starting with Mongar followed by others since it takes longer to travel from Mongar to JDWNR Hospital. He also directed that the referral system and channel must be followed systematically and that some of the specialists should make periodic movement to the districts instead of patients coming to the referral hospitals so as to decongest the referral hospitals. Lyonpo also informed the conference that the Ministry would be posting a

minimum of two doctors per district hospitals at the earliest possible time. The ministry he said will henceforth be concentrating on consolidation and improvement of the services rather than expansion.

Among the many proposals to reduce congestion in the National Referral Hospital the conference noted the possibilities of referring patients back to the districts even before complete recovery but after having been prescribed a treatment regime by specialists, having standards for types of patients that can be referred and having a forum that allowed doctors from the district hospitals to meet and upgrade their skills in the country.

The Annual Health Conference endorsed that all district hospitals must use the regional referral hospital and avoid bypass unless there is no other option.

The Offtg. Superintendent then presented the status of patient referrals from JDWNR Hospital to hospitals outside the country. He appraised the conference that there were referral committees in JDWNR Hospital as well as in the regional referral hospitals. He informed that the referral guidelines were presently under revision. He submitted that in spite of measures to limit referral outside the country, the number of patient referrals outside and the cost is growing over the years.

The conference noted that the ultimate goal of the Ministry is to limit having to refer patients outside the country by initiating relevant services within the country. The Conference also noted with concern the difficulties faced by doctors in referring serious patients by ambulance in the security-affected areas in the south.

Understanding that such facilities like free referral is unique to Bhutan Lyonpo said that the Health Ministry should use this unique facility judiciously. He informed the conference that the National Referral Committee's decision for patient referral will be final and must be respected.

## **16. HRD: In-country & Ex-country Trainings – MED, AFD**

The Vision, Mission and Mandate of the Medical Education Division was presented besides the different programs being undertaken by the Medical Education Division. Information on the conferences, seminars, consultations and workshops attended and the different funding sources including information on the ratio of the participation from the field and head quarters was also presented. The MED Coordinators also presented the future activities and some of the challenges faced by MED.

The Chairperson reminded the gathering that the MED was a new Division and that it should be seen as a facilitating Division and not so much of an implementation Division. He advised that the proposed “assessment of in-country trainings” should be carried out in collaboration with the institutes themselves. He emphasized that the health sector is making steady progress in the Human Resource area and that the emphasis for trainings has been on personnel from the periphery rather than from the center. He also instructed

the gathering that long-term training should be based on merit rather than on seniority and that doctors should consider opting for postgraduate studies where there are gaps and needs in the country. Lyonpo also asked the MED to work towards achieving a ratio of about 70% and 30% for the periphery and center respectively.

### **17. Administrative and Personnel Issues - AFD**

The Deputy Secretary of AFD in his presentation said that the districts had raised issues on deduction of house rent based on carpet area, cadre change of BHW from TOC to SSC, transfer of EMT staff to road head and the up-gradation of the grade of senior sMenpas at par with newly graduated sMenpas. He informed the conference that the Ministry is awaiting clearance from RCSC on the different issues and that the Ministry has also written to the Dzongkhags to consider the 70% deduction.

The presentation also highlighted the status of the Audit and the summary of the status of the OBAs. He said that the programs seemed concerned only about release of the funds and not about the settlement of the accounts. For promotion of uniform expenditures reporting procedures, promotion of good financial practices and reduction of unnecessary audit observations the DS made the following proposals:

1. That advance payments be not entertained unless all dues were cleared
2. That advances paid to Dzongkhags at the request of the programs be booked in the name of the officials concerned
3. That releases be effected directly to the concerned Dzongdag so that the releases can be channeled through general cash book of the Dzongkhag
4. That the DMO/DHSOs maintain a petty cash book for the advances taken
5. That advances be liquidated within 15 to 30 days after completion of the activities
6. That all accounts submitted should be verified at least by two persons
7. That any fund balance be returned to the AFD and not directly to DBA
8. That family planning budget be planned with the Dzongkhag as it was RGOB funding
9. That the requisition for funds be submitted at least 15 days in advance to allow the finance section to process release with the DADM and DBA and,
10. That central plans/budget be coordinated with the Dzongkhag plan /budget in order to effect timely planning.

The Annual Health Conference considered each of the above proposals and recommended that AFD widely distribute the above directives at the earliest.

The Annual Health Conference also recommended that training of health staff on the Financial and Administrative management be carried out especially for those who are going to assume posts of DMO and DHSO.

## **18. ORCs: Status and issues – Mr. Tobgay, DoPH**

The APO RH made a presentation on the status of Out Reach Clinics in the country. He reported that from the total target of having 156 ORCs by the end of the 9<sup>th</sup> Five Year Plan, 20 have been completed, 10 are under consideration and 24 constructions are planned in the 2004-05 period. He said that delay in the release of funds due to OBAs, donor requirements to settle accounts within 6 months and lengthy financial procedures were some of the issues in implementing the ORC activities. He also appraised the conference that donors were not very forthcoming in supporting ORC constructions and therefore presented problems in achieving the 9<sup>th</sup> FYP targets. Proposal was submitted to the conference to consider the possibility of cost sharing mechanisms whereby RGoB supported skilled labour and miscellaneous hardware materials and, donor assistance be mobilised for supply of roofing materials and basic medical equipment.

The Annual Health Conference endorsing that ORCs were important for delivering primary health care services directed the DMOs and DHSOs to revisit the requirement of ORCs outlined in the 9<sup>th</sup> FYP of the respective Dzongkhags so that this could be discussed during the Mid-Term Review of the 9<sup>th</sup> FYP. The conference recommended that ORC issue be kept for further discussion during the next AHC.

## **19. Surveillance of febrile rash illnesses – Mr. Tandin Dorji, PHL**

The head of PHL made a presentation on surveillance of febrile rash illnesses. He appraised that PHL had started surveillance for Measles from 2003 and that PHL was now a part of the WHO Measles/Rubella laboratory network. He reported that although there were reports of outbreaks of febrile rash illnesses in the country in 2003, it was found that none of them were outbreaks of measles but were of rubella outbreaks. Rubella at different weeks of pregnancy and its association with congenital rubella syndrome (CRS) and that the risk of CRS was highest for women in the first trimester of their pregnancy was also presented. He said that the only way to prevent CRS was to introduce Rubella Vaccination.

The Annual Health Conference acknowledged that the previous outbreaks of measles could have been outbreaks of rubella given that the coverage of measles immunization had been maintained at a high level for a long time. The conference endorsed that rubella was an urgent problem in the country and recommended that the Ministry of Health immediately consider the possibility of introducing rubella vaccination.

## **20. Maternal Mortality Investigation Report – Chairman, National Committee for Maternal Mortality Audit**

The Chairman, National Committee for Maternal Mortality Audit presented the findings of the maternal mortality investigation audit along with the incidence of maternal mortality in the country. In order to reduce maternal mortality he submitted the following for the consideration of the conference.

1. Maternal death to be first investigated by DMO involving the community
2. Active booking of pregnant women and follow up of defaulters
3. Birth planning and complication preparedness- an integral component of ANC
4. Intensification of family planning services
5. Strengthen advocacy and IEC
6. Promote institutional delivery
7. Refresher training of midwifery-trained personnel
8. Senior most staff at BHU to attend obstetric emergencies
9. Blood transfusion guidelines to be developed
10. Develop referral guidelines for all levels of health care
11. Strengthen supervision at all levels
12. Improve reporting and investigation of maternal deaths
13. Develop guidelines for management of medical disorders in pregnancy
14. Initiate perinatal mortality investigation

He also highlighted some of the measures proposed by the health workers, which could facilitate in the reduction of maternal mortality such as:

1. A female health worker in each BHU
2. Adequate number of obstetricians
3. Hospital transformation through appreciative inquiry process
4. Active participation of the community (finance and transformation)
5. Additional ambulance
6. Inter sectoral approach to obstetric emergencies
7. Supply of drugs and equipment by standard list
8. Strengthen laboratory facilities (BHU and Hospital)

The conference endorsed that the Ministry of Health should do more to invite the religious and the lay communities to be involved in facilitating patient referrals so that the first and second delays for seeking medical help is reduced in the context of EMoC. While maternal deaths were investigated by DMOs and the reports sent to the Maternal Mortality Committee there was a gap in terms of providing feedbacks. The conference recommended that feedbacks on these reports and guidelines on maternal death reduction be provided to the districts.

The conference also noted that it was not possible to conduct in-depth discussions to thrash out issues regarding maternal mortality during the Annual Conference and recommended that periodic workshops/seminars be organised to discuss issues pertaining to Maternal Mortality in greater detail.

## **21. Appraisal – Director, DoPH**

### ***TB Control Programme***

The Director of Department of Public Health outlined the 5 components of DOTS, the objectives, the targets and the achievements in relation to the 9<sup>th</sup> FYP. He also highlighted on the new smear positive cases, smear conversions, treatment outcomes and chronic cases. The following proposal for further enhancing the success of the program was also submitted to the conference.

1. Initiation of NTCP activities including monitoring and supervision up to the BHU level.
2. To strengthen diagnosis capacity at BHU level
3. Supply of 1<sup>st</sup> line TB drugs at BHU level
4. Expansion of DOTS at BHU level
5. Update recording and reporting system at all health facilities

The conference also endorsed the need to intensify TB control activities.

### ***HIV/AIDS Situation***

The Director presented a brief background on the HIV/AIDS control program and informed the forum that as of February 2004, 46 HIV positive cases have been detected consisting of 27 males and 19 females and that 9 patients have died till date.

The conference deliberated on the issues regarding HIV/AIDS in the country including the policy of confidentiality and appropriateness of providing subsistence for those Bhutanese involved in sex work who were found to be HIV positive. The conference while endorsing the need to intensify awareness activities also recommended that a clear policy on initiating ART and strengthening of laboratory services with CD4 provisions be instituted.

The Chairperson said that maintaining the confidentiality of HIV affected people was important to ensure that the Ministry of Health does not lose them for follow up and prevention.

## **22. Appraisal on Malaria Control Programme – Dr. Karma Lhazeen**

The Programme Manager made a presentation on the malaria morbidity, mortality in the five southern dzongkhags and the results of therapeutic efficacy studies on current treatment regimen for Falciparum cases from 2000 to 2003. She informed the gathering

that although the number of malaria cases in general were decreasing the case fatality rate was rising and this, she said, was a matter of concern. She also informed the gathering that the number of malaria cases in Samtse Dzongkhag in particular was increasing. She informed the gathering that Honorable Minister had expressed concerns about the increasing Pf trend in spite of resorting to expensive vector control strategies, lack of appreciable reduction in malaria death rate and the complicated treatment regimen for Pf cases. The department therefore conducted an overall review of the program and the findings of the review are what she is presenting to the conference.

The conference discussed the possibility of including reports for dengue and kala-azar and endorsed that the BHMIS should consider including them in the regular reporting system. It was also felt that the treatment regimes need to be reviewed considering the nature of the epidemiology of the disease in the country as compared to that of across the border areas. The members also discussed about the need to strengthen the technical skills of the people working in the programme as well as the need for carrying out research in different areas of malaria.

### **23. Status report on Prevention and Control of Deafness and Hearing Impairment – Mr. Dorji Phub, DoPH**

The program officer of the Community Based Rehabilitation Program made a presentation on the prevention and control of deafness and hearing impairment. The presentation covered the categories of disabled and prevalence rate with an analysis on the proportion distribution of disability. The various modes of detecting disabilities, means of aiding the disabled and current activities undertaken to address these matters were also presented. He reported that an audio logy unit had been established in the JDWNR Hospital and that a nurse had also been trained in audio logy. He reported that there had been two rounds of ENT camps within the last couple of years. He also reported that a school for the deaf had been established in Drugyel in Paro. In terms of employment opportunities, he appraised that although there was no provisions for quota for disabled in the “labour policy” there were provisions whereby it stated that employers could not deny employment to disabled people who had received appropriate training. He also outlined the many developments in areas of address other disabilities such as speech therapy etc.

The conference endorsing the need to enhance collaboration and support of other programmes also commended the program for the efforts invested in improving the program activities.

### **24. Approval of Logo for BHMC – Dr. T.B. Rana, Registrar**

The Registrar of the Bhutan Medical and Health Council submitted for the consideration of the conference as four logos options for the Bhutan Medical and Health Council. He explained the significance and meaning of the individual components of each of the four logos. The conference after discussing the different options selected the 3<sup>rd</sup> option through majority voting.

## **25. Appraisal on Health Telematics – Ms. Gaki Tshering, PPD**

The Focal Person of Health Telematics, PPD made a comprehensive presentation covering topics such as the development of Telematics in Bhutan, the need for Telemedicine considering the topography of the country and shortage of medical doctors, increasing expenditure in patient referrals, health inequalities and the need for continuing medical education. She elaborated on the objectives of the Telematics unit of the Ministry of Health and presented the different types of consultations that telematic facilities in the country had been used for. Outlining the future strategies she said that strengthening of facilities, HRD, Tele radiology and video Conference including long terms plans of linking with centers outside the country are important considerations.

### **Closing Session**

The Secretary, Ministry of Health welcomed all the distinguished guests to the closing session of the Conference and thanked them for gracing the occasions. The Secretary informed the gathering of the many issues of national importance that the Conference had deliberated upon the over the three days.

The Chief Rapporteur of the Annual Health Conference, Joint Director, QASD presented the final recommendations that came out of the Annual Health Conference 2004 to the gathering.

Presenting the views of the participants from the field, the DMO of Samtse and the Auxiliary Nurse from Drugyel BHU said that the AHC was always a special occasion for them, not just because they could meet their counterparts from across the country but because they could raise issues of national importance and also broaden their understanding regarding policies of the Ministry. The representatives also congratulated Hon'ble Lyonpo, who had been associated with the Ministry for a long time for having earned the trust of the people of the country. They said that they were very happy that Lyonpo had taken over the reins of the Ministry. They also thanked the organizers of the AHC for the warm reception and hospitality that they received.

His Excellency, Hon'ble Lyonpo Jigme Singay, Minister for Health, who was also the chief guest for the closing session said that he was more than happy that the participants had expressed their views openly during the deliberations and also that many had done it in a very professional way. Reminding the participants that provision of quality of health care services with compassion and humanity was the cornerstone of their duties, Hon'ble Lyonpo remarked on some major issues where the Ministry of Health needed to pay more attention. These included the provision of safe and clean drinking water to all sections of the population in all parts of the country, the complete eradication of polio and the reduction of maternal and infant mortality.

The Director of Department of Public Health delivered the vote of thanks and concluded the Annual Health Conference 2004.

## **Recommendations**

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1. Improvement of the quality of health care services being one of the main objectives of the 9<sup>th</sup> Five Year Plan for the Health Sector, the Conference recommended that quality assurance and standardization be strengthened by developing and implementing necessary standard operating procedures, guidelines and protocols in coordination with all the stakeholders to achieve the objective.
2. The conference recommended that the Ministry of Health develop appropriate policy guidelines to include emergency contraception as a backup method of family planning.
3. The conference while recognising anaemia to be a major public health problem recommended that strategies that are formulated be implemented and basic dietary consideration be given equal emphasis in prevention of anaemia while doing so.
4. The conference endorsing the need to strengthen monitoring and evaluation mechanism at all levels recommended that M&E be institutionalized by developing effective tools, procedures and strategies.
5. The Health family while expressing gratitude for the opportunity given to serve the nation during the national emergency situation recommended that EMTs and EMS who were in the forefront during the “Operation All Clear” be awarded commendation certificates.
6. Given the importance of access to safe drinking water for public health, and to achieve the goal of universal access to safe drinking water the conference recommended:
  - a. That all district health workers be actively involved in the planning, implementation and monitoring of RWSS activities in the district like any other health programme.
  - b. That after the schemes are completed monitoring should be carried out by the Health Sector, and
  - c. That Dzongkhag health sectors present the status of the schemes every year starting from the 2005 AHC.
7. All the recommendations that came out of the 4<sup>th</sup> Annual Traditional Medicines Conference 2003 except for the one regarding incentives and up gradation of Drungtshos and sMenpas was endorsed and recommended to be followed up with the concerned organizations.
8. The conference while endorsing the in-country and ex-country patient referral system recommended that all Dzongkhags hospitals fully utilize the Regional

Referral Hospitals and avoid referrals directly to the National Referral Hospital and the revised National Guidelines for patient referral outside Bhutan be circulated to all the Dzongkhags.

9. The Annual Health Conference while endorsing the proposed guidelines on financial management procedures to be followed henceforth recommended that training on the financial and administrative management be conducted for DMOs, DHSOs, and programs/project personnel.
10. While endorsing that Out Reach Clinics (ORC) were important for delivering primary health care services, the conference directed the DMOs and DHSOs to revisit the requirement of ORCs during the Mid-Term Review of the 9<sup>th</sup> FYP. The conference recommended that ORC construction issues be further reviewed by the Ministry.
11. The conference endorsed that rubella was an urgent problem in the country and recommended that the Ministry of Health immediately consider the possibility of introducing rubella vaccination.
12. The conference noted that it was not possible to conduct in-depth discussion to thrash out issues regarding maternal mortality during the Annual Health Conference and recommended that periodic workshops/seminars be held to discuss issues pertaining to maternal mortality and its reduction.
13. While recognizing that the Ministry needs to continue its emphasis on raising awareness through campaigns by keeping adequate budgetary provisions to prevent the spread of HIV/AIDS in the country, the conference recommended that a clear policy on initiating Anti Retroviral Therapy (ART) and strengthening of laboratory services with CD4 provisions be instituted.
14. Taking into consideration the epidemiology of malaria in the country and across the border areas, the conference recommended that the current treatment regimen be reviewed.