



ANNUAL HEALTH CONFERENCE 2005

**Minutes
28th – 30th March 2005**

Ministry of Health

EXECUTIVE SUMMARY

The 2005 Annual Health Conference (AHC) was held from 28th March to 30th March at the Convention Center, Thimphu. The significance of the AHC this year was that the inaugural session included the citation and commendation to members of the Emergency Medical Team (EMT) as well as the mid term review of the 9th FYP.

His Excellency Lyonpo Yeshey Zimba, the Hon'ble Prime Minister graced the inaugural session as the chief guest. The Hon'ble Ministers of Agriculture, Labour and Human Resources, Information and Communication, senior officials of the Royal Government, representatives of bilateral and multilateral donor agencies, and other invitees were also present.

The Hon'ble Minister of Health, His Excellency Lyonpo Jigmi Singay in his welcome address expressed sincere gratitude to the Hon'ble Chief Guest and all other guests for gracing the occasion.

His Excellency Lyonpo Sangay Ngedup, Hon'ble Minister of Agriculture in a special address recapped Hon'ble Lyonpo's , Minister of Health stand that the AHC 2005 was a special one as it was an occasion where high recognition were given to members of the EMT, who selflessly served the nation during the flush out operations in December 2003.

The members of the EMT were awarded individual citations and commendations by the Hon'ble Prime Minister for their selfless service to the nation during the military operation in December 2003. A representative from the EMT expressed their happiness of having obtained the opportunity to serve the nation.

Reflecting on the achievements made in the health services, the Prime Minister, Lyonpo Yeshey Zimba, in his key note address, said that it was now important to lay emphasis on improving the quality of health services and to develop systems that can tackle the challenges that lie ahead. The Prime Minister commended the EMT members for their effective and efficient medical backup during the operation in providing emergency care to the wounded and expressed appreciation that even without weapons, the EMT members joined the soldiers. His Excellency reminded the participants that the conference was an opportunity to review and reorient plans according to the changing situation and conditions. His Excellency was happy to note that time and effort would be devoted to review the plans, discuss issues and realign targets and objectives during the three days conference.

Delivering the vote of thanks, the Secretary, Ministry of Health thanked the Hon'ble Prime Minister for kindly agreeing to grace the occasion as the Chief Guest. He also thanked and welcomed all the other distinguished guests.

The Minister of Health chaired the Business session of the AHC. The agenda was presented and endorsed by the forum after which the participants were urged to feel free to raise any issue. The floor was reminded that the main focus should be the constraints

faced at the national level and review of the 9th plan activities. The 2005 AHC had a parallel session with the EMT in RIHS on 28th March 2005.

The conference was appraised of the follow-up actions on the recommendations of the AHC 2004. It was noted that all the recommendations were satisfactorily followed-up. The forum was then presented the gist of the central 9th FYP Mid Term Review and the highlights of 10th FYP focus.

The Chairman of the National Committee on Certification of Polio presented the report on process and status Bhutan as polio free. The forum endorsed the need to take all measures to get Bhutan certified as polio free.

An appraisal on the Organogram of the Ministry and the Dzongkhag Health Sector was made.

The forum was then highlighted on the findings and observation made during Hon'ble Lyonpo's tours to the Dzongkhags and different health facilities.

This was followed by the endorsement of the recommendations that came out of the 5th Annual Traditional Medicine Conference (ATMC) 2004.

The 9th FYP MTR of Trashigang and Zhemgang health sector was presented. The presentations covered the specific objectives of the 9FYP, the status including the geog plans, non-planned activities, constraints and suggestions. The progress made by both Dzongkhags in terms of achieving their 9th FYP goals was commended. The conference decided that henceforth, the construction of modified ORCs would be stopped and ORCs or BHU grade II will be considered as relevant.

While the DoPH focused on the overall reproductive health services in the country, the District presentations consisted of their current status, constraints and strategies formulated to achieve their goals. Given the high maternal mortality rate, the adoption of institutional delivery as an important strategy to address the issue was recommended by the conference. The forum also noted the need to upgrade facilities, equipment and human resource for promotion and encouragement of institutional delivery. In view of the close association VHWs had with the community it was recommended that VHWs be used to replenish oral contraceptive pills and follow up on the clients.

Given the prevalence and high mortality associated with cervical cancer in Bhutan, the conference felt that it was necessary to improve screening programs along with procurement of facilities and building human resource capacity.

In view of rapid decentralization the need to institutionalize proper supervision and monitoring system to carry out timely implementation of planned and routine activities was emphasized upon.

Appraisal on the status of HIV/AIDS was made to the forum. The forum agreed that with decentralization of HIV/AIDS patients and services, districts and BHUs would be handling more HIV/AIDS issues including care, treatment and support of people living with HIV/AIDS.

During the discussions on improvement of curative services, strengthening of laboratory and other diagnostic services in various health centers was highly recommended. The role of BHMC in improving the efficiency and quality of curative services was acknowledged.

An appraisal of the current status of malaria in the country was made. Remarking that though good progress had been made, problems that needed attention for controlling vector borne diseases effectively were highlighted. These included lack of technical human resource capacity, budget provisions and inadequate reporting from the districts.

The coverage of RWSS is about 80% nationwide. Even in the Dzongkhags presentations it was highlighted that there were weak monitoring and maintenance systems due to lack of an appropriate focal point in the Dzongkhags. The members noted that much more needs to be done in terms of providing safe drinking water apart from scaling up of coverage.

Clauses related to health in the draft constitution of Bhutan were highlighted. The chairman appraised the floor on the vision of His Majesty and the objectives with which the drafting of the constitution had been undertaken. He urged the DMOs, DHSOs and others to actively participate in the dzongkhag discussions on the constitution.

The presentation from HRD focused on the progress and plans for 2005-2006, promotion, transfers, recruitment, HRD gap and a special presentation on the Nursing scenario. The issues that emerged were mainly concerning transfers, continuing medical education, distance education program, the shortage of staff, judicious leave provision and movement of staff. The plans to increase the intake of RIHS with mediums like evening classes were also discussed.

The Staff Welfare Fund stood at Nu. 11.860 million as of March 2005. The forum was informed of the members of the Board and the investments made.

The conference noted that the implementation of the ban on sale of tobacco and tobacco related products are continuing well. The forum noted the need for the Health Sector to continue to play the lead role in the implementation of the ban. In this regard it was recommended that dzongkhags should put the implementation of the ban in their annual work plans regularly.

The Deputy Secretary of AFD highlighted key administrative and financial issues. Addressing the concerns of the insufficient budget for travels, maintenance and POL budget for ambulances this year, the conference noted that the ministry would discuss on how best to approach it through proper channels.

The recommendations of the AHC 2005 were presented to the conference. Though there were not much comments, remarks from the Chairman and other participants were noted and required changes incorporated in the draft recommendations.

In the closing session, representatives from the districts, including the VHW, expressed their delight at having had the opportunity to participate, interact and express their views. Pledging to serve the health sector with more vigour and dedication the representatives thanked the Ministry for the opportunity offered.

The Chairman in the closing session touched on the history of the AHC and spoke of the dramatic strides the Ministry had made since then. Reminding the participants that health had come a long way since then, Hon'ble Lyonpo called upon all health workers to make professionalism an integral part of their duty and continue to serve the nation with the same spirit.

The AHC-2005 ended with the Director, DMS delivering the vote of thanks.

I. Inaugural Session

The Annual Health Conference 2005 began on 28th March with the traditional “*Marchang*” ceremony.

His Excellency Lyonpo Yeshey Zimba, the Prime Minister graced the inaugural session of the Annual Health Conference 2005 (AHC 2005) as the Chief Guest. The Hon’ble Minister of Agriculture, His Excellency Lyonpo Sangay Ngedup, Hon’ble Minister of Labour and Human Resources, His Excellency Lyonpo Ugyen Tshering, Hon’ble Minister of Information and Communication, His Excellency Lyonpo Leki Dorji, senior officials of the Royal Government, representatives of bilateral and multilateral donor agencies, and many other invitees were also present.

The Hon’ble Minister of Health, His Excellency Lyonpo Jigmi Singay then welcomed and expressed sincere gratitude to the Hon’ble Chief Guest and all other guests for gracing the Annual Health Conference 2005 (AHC 2005). His Excellency pointed out that this AHC was a little different from the past for it was being held at a time which coincided with the mid-term review of the 9th FYP.

His Excellency informed the gathering that the main objectives of the AHC 2005 were to carry out a detailed 9th FYP Mid Term Review of the Health Sector, review the Dzongkhag Health System to further strengthen decentralization, discuss strategies to intensify rural water supply & sanitation and reproductive health services and discuss modalities to improve the quality of health care. He said that the conference would also deliberate on how best to improve the monitoring and supervision activities, explore various strategies to further promote reproductive health services with special focus on institutional delivery, and to intensify sustainable rural water supply and sanitation schemes

His Excellency said that Health Sector was honored to have the continuous support of Her Majesty, Ashi Sangay Choden Wangchuck, UNFPA Good Will Ambassador to Bhutan whose earnest, enduring and continuous campaigns for advocating and raising health awareness has contributed significantly towards the improvement of health of our people particularly in the rural areas. His Excellency said that he wished to take the solemn occasion to express Health Sector’s deepest gratitude and sincere thanks to Her Majesty. His Excellency also acknowledged and expressed deep gratitude to the development partners for their generous support and technical guidance.

His Excellency said that it was with great honour and humility that he announced that the Emergency Medical Team (EMT) has been awarded the Drakpoi Thugsey Medal by His Majesty the King on 17th December 2004 in recognition of the dedicated medical backup services the EMT provided during the operation on flushing out the militants from the country. He stated that to honour the members individually, all the members of the EMT had been invited for this Annual Health Conference. However, not all could be present due to various circumstances, to receive the commendation. His Excellency offered his congratulations and told the EMT members that as recipients of Drakpoi Thugsey Medal,

not only the EMT but the whole health family has been honoured. His Excellency commended His Excellency Lyonpo Sangay Ngedup who then as Health Minister had done an excellent preparation particularly in building capacity with proper equipment and facilities and preparing the Team both physically and mentally to face any kind of situation.

Before concluding his opening address, His Excellency once again expressed sincere appreciation and deep gratitude to the Hon'ble Prime Minister, H.E. Lyonpo Yeshey Zimba for kindly consenting to be the Chief Guest for the 2005 AHC inaugural session.

In a special address, His Excellency Lyonpo Sangay Ngedup, Hon'ble Minister of Agriculture expressed his gratitude and joy for having been invited to the AHC 2005. Reflecting on the fact that he had been the Minister for Health and Education previously, His Excellency said that he always considered himself as a part of the Health Family.

Reiterating Hon'ble Minister's stand that the AHC 2005 was a special one as it was an occasion when national recognition was given to members of the EMT, who selflessly served the nation during the flush out operations, His Excellency briefly spoke about the history of the EMT. Reminding the gathering of the catastrophic accident in 1992 where many students of the then Semtokha *Rigsum Lobdra* (currently the *Institute of Language and Culture Studies*) died. H.E said that the incident was an eye-opener for instituting an emergency medical service to deal with all disasters- natural and man-made and also spoke of the tremendous pressure the JDWNRH faced during the calamity.

Commending the EMT for having risen gloriously to serve the nation when they were needed the most, His Excellency joined the Minister of Health for the proposal to strengthen and institutionalize the EMT.

Congratulating the EMT and expressing wholehearted appreciation for the duties they performed, His Excellency wished the EMT the very best of luck.

After the special address by His Excellency Lyonpo Sangay Ngedup, members of the EMT who were present were awarded individual citations and commendations by the Hon'ble Prime Minister.

In his address, the EMT representative on behalf of all members of the EMT expressed gratitude for being invited to participate in the conference and for the opportunity to express some of their feelings. He said that it was fortunate that they had had the opportunity of serving the nation in time of such need. He acknowledged the strong guidance and support that the EMT had received from His Excellency Lyonpo Sangay Ngedup, the then Minister of Health and Education, and the support of other ministries. He also thanked the programme personnel from the Ministry of Health responsible for EMT, the technical advisors from the clinical side and the instructors and officers of the armed forces for the training that they had received. The EMT representative expressed the wish that EMT would continue to grow and hoped that the support to EMT would remain.

In the keynote address the Chief Guest, the Hon'ble Prime Minister His Excellency Lyonpo Zimba thanked the Minister of Health for very kindly inviting him as the Chief Guest for the AHC 2005. He reminded the gathering that until about a year ago, the country was facing a serious security threat from armed militants taking refuge in the forests of our country. His Excellency said that after having exhausted all peaceful means of negotiations, the country had to resort to military action and that His Majesty the King, in spite of great risk to His person, had himself led the armed forces in a historical and astoundingly successful military operation against the armed militants with minimal casualty. His Excellency outlined that the role played by the EMT members had been crucial and commended the members. He also congratulated them for being recipients of the prestigious Drakpoi Thuksey Medals.

His Excellency expressed that under the dynamic leadership of His Majesty the King, the Royal Government has been following a consistent policy of according high priority to the social sector in its entire development plans. Because of such consistent policy combined with capable successive leaders and dedicated health workers in the Health Sector, Health has indeed made remarkable progress within this short period. His Excellency expressed gratitude for the support, collaboration and understanding extended by development partners and said that these had been instrumental for the many achievements made in the Health Sector.

His Excellency pointed out that Bhutan was facing the double burden of disease as in many other countries. He said that apart from basic health care needs of the rural people which has improved drastically as indicated by reduction in mortality and increase in life expectancy, Bhutan has to now focus on diseases related to lifestyle, road safety, dietary habits and the too familiar issue of rapid urbanization and its associated problems. This, His Excellency indicated, would automatically necessitate improvement in diagnostic and curative services. His Excellency expressed his happiness at noting that these issues would be deliberated by the Health Sector at various forums including this Annual Health Conference. The Chief Guest said that Health should strive to attain such an excellent quality of health that the referral pattern is reversed and that patients from neighboring countries would avail of treatment and health care in Bhutan.

In conclusion, the Chief Guest thanked His Excellency Lyonpo (Dr) Jigmi Singay, Minister for Health for inviting him for the conference and wished for a fruitful, productive and rewarding conference that will contribute to the continuation of the road to better health for the people of Bhutan.

Delivering the vote of thanks, the Secretary, Ministry of Health thanked the Hon'ble Prime Minister for kindly agreeing to grace the occasion as the Chief Guest. He also thanked and welcomed all the other distinguished guests. Extending a welcome to the members of the EMT, Hon'ble Secretary pointed out that it was not only a very fortunate time for the AHC 2005 to take place but also a very blessed one because His Majesty had awarded the Drakpoi Thuksey Medals to the members of the EMT last December. He

further said that it was very fortunate that the EMT members were able to receive the citation and commendation individually from the Hon'ble Prime Minister.

Hon'ble Secretary once more welcomed the participants and expressed his happiness that they were able to attend the conference at such a short notice. He also expressed his gratitude to the Chief Guest and all the other guests and dignitaries for gracing the inaugural session of the AHC 2005.

II. Business Session

As members of the EMT were present during the inaugural session of the Annual Health Conference for receiving the commendation certificate, a parallel session has been arranged for them in RIHS to discuss issues related to Emergency Medical Services. The recommendations that came out of parallel session is annexed as "*Annexure One: Recommendations from the EMT Parallel Session*".

1. Opening Remarks- H.E. Lyonpo (Dr) Jigme Singay, Minister for Health & Chairman for AHC 2005

Opening the Business session, the Chairman appraised the forum of the need to prepone the AHC-2005. Citing that the groundbreaking ceremony of the Mongar Referral Hospital coincided with the proposed date of every AHC, the Chairman expressed his delight that all could make in time for the AHC despite a very short notice. H.E appraised the forum that the AHC-2005 was important as it coincided with the mid-term review of the 9th FYP, which provided the platform for assessing the achievements, constrains and discuss solutions. The floor was also informed that it provided the opportunity to assess the status of budget at the middle of the 9FYP.

The Chairman also reminded the participants of the draft constitution which are being circulated. Here the Chairman noted that the constitution has recommended that indigenous or traditional medical services should receive equal attention like the modern health services. In connection to this the Chairman proposed that a new agenda should be added in the AHC to appraise and share the views of all participants about issues related to Health in the draft constitution.

The Chairman then reminded the participants that as decentralization had trickled down to the grassroots, the AHC could also discuss the pros and cons of the policy. The Chairman also raised the importance of RWSS and sanitation and informed the forum that this would be extensively discussed in the AHC.

Moving on to the observations of the health centers during Hon'ble Lyonpo's tour of various districts, the Chairman stressed on the importance of institutional delivery, which would naturally bring down MMR and IMR.

Reiterating the request for free and frank discussions, the Chairman informed the forum that the status of health centers in the country needs to be revitalized. Special concerns were expressed by the Chairman in regard to the extra effort that must be made for smooth functioning of the Dzongkhag health sectors. With monitoring and supervision slackening, the Chairman regretted to say that without having looked into their areas of jurisdiction, it was impossible for them to report the ground realities to the Head Quarter. The forum was also informed that the visits that health workers, DMOs and DHSOs made were done just for formality and that there were no footprints left behind or follow up actions taken. Elaborating that DHSOs were to look into administrative issues and DMOs into technical aspects, the Chairman strongly instructed all to carry out their responsibilities as per their job descriptions henceforth. The district representatives were also informed that while they needed to follow the directives of the Dzongkhags, a complete grip and control of health centers falling in their respective jurisdictions was equally important.

In connection with this, the Chairman also spoke about the significance of proper handing-taking. The DMOs and DHSOs were instructed to note all aspects of the health centers that they would take over and also hand them over to their successors professionally. The Chairman said that these practices would enable the respective persons to judge or gauge the contributions they had made after having taken over the health center.

Further the Chairman noted that maintenance of health centers in the Dzongkhags have received very less attention. Saying that priority should be given to this the DMOs and DHSOs were asked to submit to the HQ any major issues that required the assistance/attention of the Ministry, to be thrashed with the Ministry of Finance. The need to maintain and monitor the facilities particularly in the first few years was conveyed to the forum, which would increase the life span of the structures.

The need to reduce disparity amongst districts in terms of health status was highlighted. The Chairman said that it was because of this that the AHC 2005 is focused more on presentations from the Dzongkhags.

Before ending the address, the Chairman reiterated the need for transparent, free and frank discussions, as the AHC was an important platform where any issues concerning health can be raised. Nevertheless, the Chairman also instructed that if there were any special, unique or sensitive issues that needed attention, the Directors, Secretary and Lyonpo himself could be approached.

The address ended with the Chairman wishing a successful AHC and a pleasant stay at Thimphu.

2. Selection of rapporteurs (two)

The forum unanimously endorsed the nominations of Ms. Manusika Rai, Programme Manager, EDP and Dr. Ritulal Sharma, Medical Superintendent, Monggar Regional Referral Hospital as the rapporteurs for the Annual Health Conference 2005.

3. Adoption of the Agenda

It was proposed that AHC may need to dwell on the relevant health issues reflected in the Constitution of Bhutan. With this additional topic for discussion, the proposed agenda as circulated was endorsed.

4. Report on the follow-up actions of 2004 AHC recommendations – Dy. Secretary, PPD

The Deputy Secretary of PPD presented the follow-up actions on the recommendations of the Annual Health Conference 2004.

It was noted that all the recommendations were satisfactorily followed-up.

On the recommendation regarding introduction of Emergency Contraception, concern was raised on limiting the service to hospital level only. It was highlighted that there are two regimens of emergency contraception and many health workers from BHUs in some Dzongkhags were already trained to use the old regimen. Therefore, there is need to have clear policy directive on the issue.

The conference after long deliberation agreed that the most important thing was to make the emergency contraception available and accessible by all. However, a cautious approach and proper training needs to be ensured before extending to the BHU. It was also endorsed that this service should be considered only for emergencies and that it should not replace regular contraceptives.

On the issue of introduction of rubella vaccination the forum noted that it is time for introducing rubella vaccine in the EPI programme. It was therefore recommended that proper advocacy and resource mobilization be carried out to enable introduction.

5. Mid Term Review Report and 10th FYP focus – Dy. Secretary, PPD

The Dy. Secretary of PPD presented the 9th FYP Mid Term Review and the focus for the 10th FYP.

The conference noted the progress in the health sector during the past two and half years of the plan period and acknowledged the need to intensify implementation in the remaining plan period. One of the changes was the designation of Gelephu as the Central Regional Referral Hospital, instead of Yebilaptsa.

The forum endorsed the need to pay special attention on reduction of maternal and infant mortality rate through institutional deliveries as another major area of emphasis.

6. National Polio Commission Report- Chairman, NPCC

The Chairman of the National Committee on Certification of Polio presented the report on the processes and status of the certification of polio free status for Bhutan.

The Chairman informed the forum of the proposed visit by an Expert Committee from WHO SEARO in November 2005 to evaluate the status of polio eradication in Bhutan. He urged all the health workers to be conversant of the polio certification process and maintain proper documentation of the polio surveillance registers/reports for verification by the expert committee

The forum endorsed the need to take all measures to get Bhutan certified as polio free in 2005.

7. Appraisal on Ministry Organogram and Dzongkhag Health Sector Organogram.

In his presentation, Hon'ble Secretary informed that the main objective to make changes in the organogram was to make the organization more transparent, effective and much more efficient to carry out the mandates of the Health Authority. The forum noted the revised organogram.

Based on the recommendation of the past AHCs and in accordance with the approval of the RCSC, PPD made the presentation on the organogram of the Dzongkhag Health Sector. It was highlighted that the organogram will be implemented in a phased manner starting with larger dzongkhags. It was informed that this would be affected in three dzongkhags viz Tashigang, Zhemgang and Chukha in 2005 to begin with.

8. Major highlights of Dzongkhag tours – Director, DoPH

The Director, DoPH presented on the findings and observations made during Hon'ble Lyonpo's tours to the Dzongkhags and different health facilities. In view of the observations, the members of the conference were urged to improve the quality of health services and intensify monitoring and supervisory activities.

9. Appraisal on the Recommendations of the Annual Traditional Medicine Conference- ITMS

The ITMS presented on the recommendations that were endorsed during the 5th Annual Traditional Medicine Conference (ATMC) 2004. There were eleven recommendations.

Among the recommendations, discussions were held on fund mobilization for various activities like construction of separate therapy and teaching units, and conduction of in-service training workshops for identification of medicinal plants. On this, the forum agreed there was a need to mobilize funds and priority given to ITMS.

The chairman urged the District Health Workers to give due attention to the preparation of budget proposals, particularly with respect to travel not only for *Dungtshos* but also for other health workers in the Dzongkhags so that necessary monitoring and supervision can take place. The ITMS was advised to increase the production of indigenous medicines to meet the increasing demand and to ensure a regular supply. They were also instructed to ensure that the labeling of medicine includes the dates of manufacture and expiry, in order to facilitate better store keeping. In the same line, the conference agreed that the traditional and modern medicine stores should be integrated in the districts, followed by an integrated system of indenting and distribution by the DVED.

Regarding the recommendation for exploring possibilities for institutional linkages with India, China and Mongolia for Masters programme in traditional medicine, the conference felt that it might have to be reviewed properly.

The remaining recommendations were endorsed as proposed.

10. Mid-Term Review of Dzongkhags: Trashigang and Zhemgang Dzongkhag

The representatives from Trashigang and Zhemgang health sector made the presentations on the respective Dzongkhag 9th FYP MTR. The presentations covered the specific objectives of the 9FYP, the status including the geog plans, non-planned activities, constraints and suggestions.

The progress made by both Dzongkhags in terms of achieving their 9th FYP goals was noted. Commenting on the overall objective to enhance the quality of health services, the Dzongkhag representatives were informed that certain criteria and standards must be set against which they can measure the quality of services they are providing.

Each of the Dzongkhags then informed the floor on the status of their 9th FYP achievements and major constraints faced, most of which were related to construction and shortage of manpower. The Ministry/Department agreed to take up the issue of construction with relevant agencies. The conference concurred that it was important to review the 9th FYP at this stage so that appropriate adjustments and necessary steps may be taken to help achieve the targets and also plan for the 10th FYP.

The conference recommended that, henceforth, the construction and operation of modified ORCs should be stopped. Instead, the focus should be on either ORCs or BHU grade II.

11. Reproductive Health:

- ❖ **Strengthen Reproductive Health Services with Focus on Institutional Delivery- Director, DoPH**
- ❖ **Cervical Cancer Screening- Dr. Ugyen Tshomo, Gynaecologist, JDWNRH**
- ❖ **Strategies to strengthen Dzongkhag Reproductive Health Services - Sarpang & Wangduephodrang Dzongkhag**

While the DoPH focused on the overall reproductive health services in the country, the District presentations dealt with their current status, constraints and strategies formulated to achieve their goals.

Given the high maternal mortality rate, the conference recommended to refocus on institutional delivery as an important strategy to address the issue. Further, creating awareness and participation by all relevant should receive more focus in reducing MMR. The forum deliberated at length on the various means to encourage more deliveries at health centres. It was felt that one major set back in the districts was the lack of female health workers, for which the conference recommended that there was a need to review ANMs deployed across the country as there were concerns raised whether there has been concentration of such staff in certain areas and not well distributed..

Further to increase contraceptive prevalence rate (CPR), the need to increase access was felt. In view of VHWs close association with the community it was recommended that VHWs be used to replenish oral contraceptive pills and follow up on the clients. However, it was highlighted that VHWs cannot initiate prescription of pills. There was also a need to introduce pregnancy test kits in the BHUs to rule out pregnancy for initiating family planning methods. It was also discussed that though BHUs are already provided with microscopes, and health workers trained in basic microscopy, introduction of pregnancy tests in BHUs may be reviewed.

Since cervical cancer was seen to be one of the commonest types of cancer in Bhutan, the conference felt that it was necessary to improve the screening programs along with appropriate facilities and building human resource capacity.

Given the prevalence and high mortality associated with cervical cancer, it was recommended that DoPH make a detailed review of the target group, programme strategy and make a comprehensive plan of action and present it in the next Annual Health Conference.

The forum was also appraised on the initiation of oncology services in the country.

The forum also noted the need to prepare in terms of facilities, equipment and human resource for promotion and encouragement of institutional delivery.

12. Monitoring and Supervision of Dzongkhag Activities – Issues and Constraints: Paro & Samdrup Jongkhar Dzongkhag:

In view of rapid decentralization, the need to have proper monitoring system be instituted so as to carry out timely implementation of planned and routine activities. It was the general feeling of the forum that monitoring of activities in the health sector has slackened over time. There is no adequate supervisory visit at all levels be it from central to the Dzongkhags and from Dzongkhags to the BHUs.

The DMO of Paro and S/Jongkhar made their presentation on the monitoring system in their respective Dzongkhags. The DMO S/Jongkhar appraised that most of the monitoring could not be carried out due to the security problem in there. It was highlighted that monitoring in the border areas where travel has to be made through India, monitoring and supervision has been difficult for the same reason. Other constraints for monitoring in the dzongkhags as pointed out during the presentations included lack of indicators at the local level, inability to take actions after monitoring, inability to monitor impact of programmes, and lack of monitoring plans for many hospital and BHU activities.

The Sarpang DHSO appraised the forum that due to security concern the monitoring and supervisory visit of Manas BHU has been internally arranged to be carried out by the DHSO of Pangbang Dungkhag in view of close proximity of BHU to Pangbang.

Given the time and resource constraints, it was informed that monitoring visits have been combined with other activities. It was also informed that centre has issued guidelines and manuals related to programs which should be referred to and monitored during such visits. The forum also noted different frequencies of review in Dzongkhags and felt that there is need to standardize such reviews.

The forum requested all DMO/DHSO to make annual work plans featuring supervisory and monitoring visits to health centers as routine activities. Supervision, as one of the hands on training and corrective measure of practices of health workers in the centres was also stressed.

The conference recommended that the monitoring and supervision of Dzongkhag activities should be reviewed thoroughly and a standard mechanism put in place which is standard with appropriate guidelines and tools.

13. Appraisal on the status of HIV/AIDS – DoPH

The Programme Manager of National Aids Control Programme of the Department of Public Health presented the status of the number of HIV/AIDS patients detected in the country so far. After explaining the manner in which they had been detected, their occupations, age groups and gender break up, he presented an overview of existing policies of the Health Sector related to HIV/AIDS in the country.

The forum agreed that with decentralization of HIV/AIDS cases and services, the districts and BHUs would be handling more HIV/AIDS issues including care, treatment and support of people living with HIV/AIDS. For this reason the health workers would have to be very clear on the relevant policies. It was also agreed that universal precautions in all the health centers were extremely crucial. The forum strongly agreed that confidentiality must be maintained at all levels. The importance of screening all blood and blood products before transfusions and of screening for recent risk behavior through a questionnaire to rule out risk of the donor being in the “window period” of HIV infection was noted by the forum. There was also a concern on risk of needle pricks in the work place and an issue raised if there was any policy on compensation for the health workers if they contracted HIV/AIDS from such accidents. On the issue of health workers who are HIV and Hepatitis B positive or become positive, the forum was appraised that they would be posted in a non-clinical area or given appropriate job.

14. Improving the Efficiency and Quality of Curative Services

❖ JDWNR Hospital

❖ Lhuntse Hospital

Representatives from JDWNR and Lhuntse hospitals both presented on the brief background of the respective hospitals mainly emphasizing on the changes instituted to improve the efficiency and quality of curative services.

Discussions were held on the strengthening of laboratory and other diagnostic services in various health centers which was highly recommended by all the participants. In view of the need to further strengthen the range and quality of curative services, it was recommended the DMS make a detailed presentation on diagnostic issues in the next AHC.

The role of BHMC was also noted in the improving the efficiency and quality of curative services. However, the conference concluded that, in the end it was important to provide quality service to the people and any complaints must be dealt with promptly. Discussing the issues of patients bypassing district hospitals and BHUs, the conference recommended that efforts must be made to keep this at a minimum. Similarly, proper utilization of ambulances must be made to ensure provision of quality care.

15. Appraisal on Malaria Control Programme - VBDCP

The programme manager, VBDCP presented on the current malaria status in the country with detailed information on the Dzongkhag wise situation. The forum noted a good progress made in various areas. Certain problems were also highlighted which need to be addressed in order to control vector borne diseases effectively. These constraints were mainly related to lack of technical human resource capacity, inadequate budget provisions and inadequate reporting from the districts.

The conference commended the programme on the tremendous achievements it had made especially with regard to the reduction in malaria morbidity and mortality. At the same time, the forum urged the Districts to play an active role in submitting timely reports and vector surveillance activities. Similarly, VDCP should also assist the Districts while making budget proposals so that the routine malaria activities are carried out.

It was agreed that the weekly fever surveillance to be revitalized and instituted to detect the epidemic threshold in the malaria and dengue endemic areas.

16. RWSS- status, issues and constraints – PHED

❖ Status and issues in RWSS – Mongar and Samtse Dzongkhag

The RWSS, in its presentation gave a brief background on the RWSS project, its achievements and status as of 2005, and the constraints faced. Although the coverage is 80% nationwide, there is no actual data on the actual number of functional schemes. The major issues pointed out were weak monitoring at Dzongkhag and BHU levels and lack of proper test results on the water quality.

Similarly, the 2 Dzongkhags also presented on the functional status and coverage of the RWSS in their respective areas. Here too, the main constraints highlighted were in regard to weak monitoring and maintenance due to lack of focal point in the Dzongkhags affecting the successful implementation of the schemes. The rest of the 18 Dzongkhags then informed the floor on the current status of RWSS.

It was observed that there has been an overall improvement in the coverage by the scheme. However, the members noted that much more needs to be done in terms of providing safe drinking water to the people of Bhutan. In this regard, various Dzongkhags were advised to review and intensify their activities especially in monitoring and maintenance of the existing schemes. By the end of the 9FYP, it was recommended that, at any given time, more than 95% of the schemes should be functional.

17. Discussion on clauses related to health in the draft constitution of Bhutan

On the first day of the conference, the Hon'ble Chairman distributed copies of the draft constitution of Bhutan to all the heads of the Dzongkhag health sectors, institutes and various organizations.

Following this, a special session was held mainly to discuss on the clauses and provisions related to health in the draft constitution. The PPD presented the various sections specifically related to health from the draft constitution, for observations by the forum.

The chairman appraised the floor on the vision of His Majesty and the objective with which the drafting of the constitution had been undertaken. Since it was meant for the welfare of the people of Bhutan, one should view it first as an individual citizen of the country, then as a health personnel. It was to be noted that being in the government service, our primary duty is to serve the people. In the same line, he also urged the District representatives to actively participate in the dzongkhag discussions on the constitution.

18. HRD: Progress and Plans for 2005-2006: Promotion, Recruitment and HR gap

The presentation from HRD focused on the progress and plans for 2005-2006, promotion, recruitment, HRD gap and a special presentation on the nursing scenario. The issues that emerged were mainly concerning transfers, continuing medical education, distance education program, the shortage of staff, judicious leave provision and movement of staff.

Participants also raised the issues pertaining to the difference in the HR gaps and the need to train ambulance drivers for emergencies. It was also highlighted that the Ministry should coordinate transfers including consultation with other sections.

The Chairman, noted that most of the issues deliberated were covered in the first two days especially concerning the shortage of staff. He observed that an indebt study should be done especially concerning nursing shortage and that the problem could not be solved overnight. The superintendent of the Nursing section said that the pool of nurses that the health sector currently had was way behind the international norms. In relation to the remarks of some participants that some health centers had more nurses than mandated, the Chairman asked HRD to look into the matter.

Also noting that most BHUs were comfortable with the staff provided, the Chairman once again reminded the forum to do away with the concept of modified ORCs. In connection with the shortage of staff, the Chairman stressed that in 2005, 50-60% of the nursing staff deficit should be achieved.

The Secretary while informing the floor that the development of HR in the Ministry has been a steady process and targets increased year by year, further appraised the floor that from the current year, 15 undergraduate students would be send yearly for pursuing MBBS. The plans to increase the intake at RIHS with mechanisms like evening classes were also reported. It was also highlighted that as many people as possible will be placed in super specialization courses and that equity of staffing will be maintained. Further, Hon'ble Secretary appraised the floor that RIHS was founded with the aim of fulfilling Primary Health Care services and that the focus has now shifted with secondary and tertiary services also needing attention.

The DS, AFD in relation to the coordination of transfers said that other Ministries and even the DMOs and DHSOs were consulted before any transfers were made.

Concerning the upgradation courses for BHWs, it was reported that 218 nominees have been received of which the committee had short listed candidates in coordination with the RCSC. The DMOs and DHSOs were informed that the interview would be done in the 3rd week of April and requested to inform their nominees accordingly.

Closing the discussion, Hon'ble Chairman said that the issue was very important and that it should be on all the agenda of the forthcoming AHCs. Stressing on promotions, the Chairman strongly instructed the participants that promotions would henceforth be considered judiciously and meticulously. The forum was notified that their performances would be assessed as an institution and that if respective health centers did not function properly, the heads would be held accountable.

The Chairman also recommended that every staff should be moved after they have served for two terms in a particular Dzongkhag.

19. Status and Future investment of Staff Welfare Fund (SWF)- DS, AFD.

Giving a brief background of the institution of the SWF and the primary objective, the DS, AFD in his capacity as the fund manager appraised the floor of the current status of the fund which currently stood at Nu. 11,860,171.03. The forum was informed of the members of the Board and the investments made. Appraising the participants that the benefits given to those deserving the fund as per the by laws had been increased, the Fund Manager then sought the views of the floor on the future line of action to be taken concerning the fund.

The deliberations revolved on the issue whether the money could be loaned out to members of the health family and the remarks made by representatives from the districts that the fund didn't always reach the deserving ones on time. Thus, proposals to decentralize the fund were submitted to the forum. Participants submitted their views that the members of the health family should have access to the fund but with proper mortgage to ensure that the returns were assured.

Closing the session, the Chairman said that the DS, AFD should continue as the fund manager. Further it was recommended that the members of the board will be reviewed and that the frequency of the board meetings will be increased. It was also decided that an audited version of the status of the fund will be submitted to all members at the next AHC and that the modality of fund utilization and mobilization will be dealt with by the board.

20. Administrative Issues- AFD

The Deputy Secretary of AFD highlighted key administrative and financial issues. He informed the forum that although government vehicles had been pooled to enable proper monitoring of vehicles and utilization, it excluded special vehicles such as ambulances and refrigerated vans. He appraised that the POL budget for this year had been reduced from Ngultrum 150,000/- per ambulance per year and said that this meant that the use of ambulances would have to be further rationalized. Other aspects that were covered in his appraisal included issues such as maintenance budget for health centers, budget for travel, staff-quarter constructions, financial discipline, total outstanding balances and the audit status of different accounts in health.

Addressing the concerns of the insufficient budget for travels, maintenance and POL budget for ambulances this year, the conference noted that the ministry would discuss on how best to approach it through the proper channel. If indeed there were to be a serious budget deficit, the ministry would take it up with higher authorities.

The conference noted that it was important for all individuals to settle all financial advances taken to conduct official work as soon as possible after carrying out the activities.

21. Discussions on the recommendations of the Annual Health Conference 2005- Secretariat AHC

The rapportuer for the Annual Health Conference presented the recommendations that came out of the AHC 2005. After that, the recommendations that came out of the EMT parallel session were presented to the main conference for endorsement. After discussions, the conference finalized the recommendations and all the members were asked to actively follow-up on these pertaining to their Dzongkhags, Dvisions and Units.

22. Views of the participants

The DMO representative said that it became clear from the conference that DMOs have a much more role to play in addition to providing clinical services. These included such activities like Monitoring and Evaluation, RWSS schemes, Reproductive Health and others. She assured that DMOs will fulfill the goals of the 9th FYP and in achieving the planned activities.

The DHSO representative, who is also a member of EMT expressed his appreciation for receiving the commendation certificate and citation on Drakpoi Thuksey Medal. He also assured that the 9th FYP activities would be completed on time.

The “*Drungtso*” representative was happy to note that priority is accorded to the development of indigenous medicine in the country. He expressed that he was fortunate to have been able to attend the conference.

The Nursing representative expressed that it was her first time attending the Health Conference and is now aware of how the conference is held and how the recommendations are drawn up. Once back in her work place, she would share the rich experiences of the conference with her colleagues.

The VHW representative reported that he has been working as a VHW since 1989 and that it was a happy experience to be able to attend the conference. He also promised to share his experiences with his colleagues back in his work place.

23. Closing remarks by Hon’ble Minister, and Chairperson of AHC 2005

In his closing remarks, His Excellency the Hon’ble Chairperson of AHC 2005 enlightened the members of the conference on the history of the Annual Health Conferences. He stated that the Annual Health Conferences started with what used to be known as “Zonal Health Officers’ Meeting” in the seventies. About six or seven officials would come to the Department of Health to receive briefings for three to four hours. Virtually the briefings used to be on issues such as budgets and supplies. After the dissolution of Zonal Administrative system, they were unable to have any health conferences for some time.

Hon’ble Lyonpo informed the gathering that when he joined the Health Services, Bhutan had already been declared free of small pox. In those days cold chain equipment were unheard of and vaccines were carried in “*hemchus*”. Even with that kind of limited infrastructure, health service in Bhutan was able to achieve eradication of small pox. Hon’ble Lyonpo pointed out that Bhutan has come a long way since then.

Annual Health Conferences in the present form began in the early eighties when health staff from the districts had to come together frequently to discuss and plan strategies as to how Universal Immunization could be achieved. Hon’ble Lyonpo said that those days not much was discussed apart from technical aspects of EPI and noted that today the Annual Health Conferences have matured to the extent that policy issues emanate from the discussions held in them. It was, therefore, important, Hon’ble Lyonpo emphasized, to keep alive the AHC as a forum where health workers from the districts could come and discuss issues of importance.

Hon’ble Lyonpo ordered that as providers of health services, we must provide the best of services possible. He also emphasized on the importance of building team spirit among health workers as health service is a skill and labour intensive profession.

Hon'ble Lyonpo said that IT facilities would have to be made available to the health workers in the periphery as it is a very effective means of enhancing and updating the knowledge.

The importance of DMO/DHSO to be conversant on the financial and Civil Service rules so that they can have a clear financial record was also highlighted. Hon'ble Lyonpo said that Bhutan must be declared polio free within 2005 as per the recommendation of the conference. Every effort will be put to achieve this goal. His Excellency also said that every effort will be made for increasing institutional deliveries which will have a bearing on reduction of IMR and MMR. From the ministry every support would be rendered to achieve this, as this would also enable Bhutan to achieve the MGD goals before 2015. His Excellency was happy to note that in the Mid Term Review of 9th FYP ,all the 20 Dzongkhags are found to be on track.

Hon'ble Lyonpo expressed his appreciation on the fruitful discussions held in the conference and wished all the participants a safe journey back to their work places.

24. Vote of Thanks by Director, DMS

Dr. Dorji Wangchuck, Director, DMS in his speech, expressed his appreciation for being given an opportunity to offer the vote of thanks. He said that the AHC 2005 has been very unique during which many issues were deliberated and future directions could be framed to improve our health services. He then thanked the hon'ble chairman and secretary for making appropriate interventions, the organizers and all those involved in the preparation of the conference.

Recommendations of 2005 AHC

1.0 Department of Public Health

- a) With the changing epidemiology of diseases in the country and having noted the prevalence of rubella, the conference recognized the need to introduce rubella vaccine in the EPI programme. It was therefore, recommended that proper advocacy and resource mobilization be carried out to enable introduction.
- b) Noting that maternal mortality rate (MMR) in Bhutan is one of the highest in the region, it was felt that there is need to refocus and intensify all components of reproductive health services especially in relation to promotion of institutional delivery, human resource development and increasing the contraceptive prevalence rate. To achieve this, the conference recommended that the following steps be taken:
 - HRD and RIHS review areas to increase the intake of health workers in various categories with particular focus on female health workers. **(HRD)**
 - Review the deployment status of ANMs as there are concerns raised on whether there may have been concentration of such staff in certain areas due to various circumstances. **(HRD)**
 - To review the facilities at all levels of health centers to promote and encourage institutional deliveries.
 - Adequate human resource capacity to be developed particularly doctors on EmOC.
 - Explore the possibilities of supplying pregnancy test kits to the BHUs to facilitate initiation of FP methods.
 - In view of VHWs' close association with the community, the conference recommended that VHWs be used to replenish oral contraceptive pills and follow up on the clients. However, it was highlighted that VHWs cannot initiate prescription of the pills
- c) Cervical Cancer Screening programme had started quite some time ago but is still in the pilot phase and therefore needs to be reviewed. It was recommended that DoPH make a detailed review of the programme and make a comprehensive plan for expansion of this service nationwide and present the proposal in the next Annual Health Conference.
- d) The conference noted with satisfaction the introduction of antiretroviral therapy (ART) along with laboratory facilities for monitoring HIV/AIDS patients on ART. To manage these cases, all the health centers should be adequately strengthened.
- e) The conference commended the tremendous progress made by the VDCP in terms of reduction in malaria morbidity and mortality. The conference also noted the

presence of Dengue, Japanese Encephalitis, Filariasis, Kala-azar vectors even in non-endemic areas of the country and these diseases must be kept in differential diagnosis of febrile diseases. Noting the achievements made, the conference recommended that the weekly fever surveillance should be strengthened to facilitate early detection of fever epidemic so that timely intervention can be initiated.

- f) The conference noted that although the nation-wide RWSS coverage was 80%, there is a vast discrepancy between the Dzongkhags in terms of coverage. To address this issue, the low performing Dzongkhags were advised to accelerate and intensify their activities. Also, by the end of the 9FYP, it was recommended that, at any given time, more than 95% of the schemes should be functional. However, rehabilitation schemes must be given equal importance considering the life span of the schemes and Health Sector should continue to take the lead role at all levels especially in monitoring and maintenance of the schemes.

2.0 Department of Medical Services

- g) All the recommendations that came out of the 5th Annual Traditional Medicines Conference 2004, except recommendation number 3 which needs to be reviewed, was endorsed and recommended to be followed up with relevant organizations. It was recommended that the budget proposals of the Dzongkhags should include travel budget for Dungshtos to facilitate them to attend the annual traditional medicinal conference. Also adequate travel budgets must be worked out for other health workers so as to ensure that they carry out other monitoring and supervisory activities.
- h) Stressing on the importance of strengthening facilities and management at the health centers to improve the quality of care and maintain minimum standard of service, the conference recommended that a detailed presentation on the diagnostic services be made in the next AHC by DMS.

3.0 Dzongkhag Health Sector

- i) The conference noted the progress made in the eradication of polio and NIDs/SNID being carried out successfully. Based on this, the conference recommended that health in-charges at all levels to intensify active surveillance of Acute Flacid Paralysis (AFP) cases and to prepare proper documentation of the reports for verification by the WHO team and recommended that all measures to get Bhutan certified, as “polio free” in 2005 should be taken.
- j) During the presentation of the Mid-Term Review of the Dzongkhags, the floor noted the progress made by all the Dzongkhags. However, in view of the future development of the health facilities it was discussed and concluded that the

construction and operation of modified ORCs should be stopped. Instead, if there is a need, either a proper ORC or a BHU grade II should be considered.

4.0 Policy and Planning Division

- k) The forum having recognized the fact that monitoring and supervision is poor at all levels, the conference recommended that it should be reviewed thoroughly and a standard mechanism put in place with appropriate guidelines and tools to improve the current situation.

5.0 Human Resource Division

- l) Despite improvement in HRD, the conference noted the overall shortage of health personnel especially in lieu of plans to upgrade various health facilities. The conference recommended that staff transfers be reviewed to ensure that all staffs are transferred periodically and that none are retained in a particular place for too long. In the same line, the conference recommended that release of transferred personnel should be affected right after the orders are issued and planning for transfers should start around November/December.

6.0 Administration and Finance Division

- m) While appreciating that the Staff Welfare Fund (SWF) has now accumulated to the tune of Nu. 11.860 million, and a Board of the SWF for proper management had been formed. The conference recommended that the Board further explore various means to generate income from the accumulated funds. The availability of loan facilities for staffs was discussed and entrusted the board to work out the modalities in line with the by-laws. Finally, it was recommended that audited accounts should be disseminated to all the members in the next AHC.

7.0 Information and Communication Bureau

- n) The conference acknowledged the steps taken by the Government for tobacco control in the country and recognized the need for Health to take the lead role in fulfilling the obligations towards implementing tobacco control. Although implementation needs a multi-sectoral approach, it was recommended that the Dzongkhag Health Sectors must intensify their programmes and activities as per the defined responsibilities.