

CONTENTS

I. INAUGURAL SESSION	3
BUSINESS SESSION	8
II. BUSINESS SESSION	9
1. Selection of Rapportuers	9
2. Follow up actions on the AHC 2007 Recommendations.	9
3 Adoption of agenda	11
4. Recommendations of Annual Drungtshos Conference 2008	11
5. Towards achieving health related Millennium Development Goals	12
6. 10 th Five Year Plan	15
7. Issues on the Ambulance Services:	16
8. Presentation on Financial Issues	17
9. Future Roles and Responsibilities of VHW	17
10. Review of existing charges for health services in the border hospitals	18
11. Appraisal on Internal Audit	19
12. Appraisal on Health Council	20
13. Appraisal on Drug Regulation	20
14. Appraisal and update on Position Classification System (PCS)	21
15. Professional Development and management of Health Workers	22
15.1 Deployment and Transfer	22
15.2 Procedures for nominating candidates for training	22
16. Staff Welfare Fund	23
17. Logistics and Supply Management	24
RECOMMENDATIONS	26
III. RECOMMENDATION	27
IV. ANNEXURES	ERROR! BOOKMARK NOT DEFINED.

INAUGURAL SESSION

Annual Health Conference (AHC) 2008 23rd - 25th July

The AHC 2008 was a special one as it coincided with the Global Observation of Thirty Years of Primary Health Care. In tribute to global recognition for Primary Health Care (PHC) as a tool for achieving “Health for All”, the theme for 2008 AHC was chosen as *“Thirty Years of PHC: Experiences of Bhutan”*.

I. Inaugural Session

The 2008 Annual Health Conference began on 23rd July with the traditional “Marchang Ceremony”.

Lyonpo Zangley Dukpa, the first politically elected Health Minister of the newly introduced Democracy in Bhutan unveiled the curtains of AHC 2008 as the Chief Guest. Dr. Samlee Plianbangchang, Regional Director of SEARO, WHO also graced the occasion as the Guest of Honor. The other guests included current Government Ministers; former Ministers of the Ministry of Health, bilateral and multilateral development partners; Secretaries to the Government; members of the National Polio Commission; health officials from the Dzongkhags and the Centre.

The Chief Guest, Lyonpo Zangley Dukpa, welcomed and expressed his gratitude to all the guests and participants. The Chief Guest informed the forum that the AHC 2008 is dedicated to the achievements Bhutan had made in PHC delivery.

The increased life expectancy, reduced infant and maternal mortalities, eradication of polio, leprosy and goiter, diseases which hampered people’s life’s socially, physically and economically was outlined. Underpinning the achievements made in reference to safe drinking water and sanitation, improved curative and diagnostic services, that the Ministry has not neglected our culture represented within health in the development of the National Institute of Traditional Medicine (NITM) and the Pharmaceutical Research Unit (PRU) was highlighted.

The challenges posed by the acute shortages of medical professionals, rugged terrain and scattered population affecting accessibility; emergence of non communicable life style related diseases; increase in cases related to alcohol, substance abuse and HIV/AIDS and the challenge of sustaining the delivery of free health care services in the face of rising costs were outlined.

This was followed by measures taken in the 10th Five Year Plan (FYP) and by the new government to overcome the daunting challenges. Lyonpo highlighted that the Ministry of Health's 10th FYP is ambitious, but not something that cannot be achieved. Measures taken like the establishment of a medical college; interim measures like the increased recruitment of volunteers and expatriates from Myanmar, India, Bangkok and the West; institution of Nurse Assistants; ensuring 100% safe drinking water; equipping all district hospitals with a minimum of three doctors and two functional ambulances; outsourcing services; mandatory visits by district doctors to BHUs and ORCs and the request made to the GoI and Sri Lanka for increasing slots in MBBS and Post Graduation were outlined. The forum was informed that two consultants from WHO are in Thimphu to draft a concept paper on the medical College.

To boost the morale of Health Professionals, Lyonpo outlined that proposal for scarcity allowances to all medical professionals have been made to the Pay Commission and that issues like the PCS, which de-motivate health workers have been highlighted and submitted to the Cabinet. Highlighting that Bhutan is the only country where health care services are provided free of cost at all levels; Lyonpo reiterated that the MoH had a Herculean task of sustaining the provision of free health services. Nonetheless, that the Ministry can do it and that it will do it, as a team and in unison was underpinned.

The Secretary, MoH also highlighted Bhutan's achievements in PHC and the international recognitions that came through awards such as the Sasakawa Award. The elimination of Iodine Deficiency Disorders (IDD), Polio, Leprosy and decreased mortality of infants and mothers were outlined. Reiterating the

contributions of the former Health Ministers, the floor was informed that the Guest of Honour, Dr. Samlee Pliangbangchang is a key player pertaining to the improvement in PHC delivery. The importance of PHC, bed rocked on the principle that “Prevention is better than Cure” was outlined. The Secretary also mentioned that though secondary and tertiary services have to be improved, PHC should not be compromised. If sidelined it would be a grave mistake.

A short documentary on the institution and development of PHC was screened. The roles of Village Health Workers (VHWs), who serve as a bridge between the Ministry and those at the grassroots; the difficulties faced in delivering services to remote areas and views of the public concerning the improvement in health were highlighted in the documentary.

In line with the theme of the AHC; presentations and experiences of health workers in delivering PHC followed the documentary. Presentations by the Policy and Planning Division (PPD), MoH; the Department of Public Health (DoPH); representatives from districts and a VHW reflected the different players in the delivery of PHC. The presentations by different individuals belonging to various hierarchies of Service deliverers indicated that delivering PHC required a team, beginning from the Ministry to the grassroots. The presentations also outlined the principles of PHC or the eight core components geared, which are focused mainly on community participation and education.

These presentations were summed up by the Director of DoPH, who briefed the forum of the lessons that were learnt in the approach towards PHC in the last three decades. Reflecting that the PHC faced challenges and reiterating the importance of PHC; the Director said that the roles of health workers at all levels, especially at the community level were crucial in sustaining the achievements made in PHC.

Addressing the floor, the guest of honour, the RD, Dr. Samlee Pliangbangchang thanked the RGOB and the MoH for the honour bestowed on him by inviting him to the country. The RD expressed his gratitude to the MoH for the special

privilege provided to him to address a gathering consisting of all involved in the delivery of health services. “PHC is the key to the attainment of the social goals of Health For ALL”, the RD asserted and that PHC is considered crucial for achieving the Health Sector vision of “Overall development in the spirit of equity and justice”. The nexus between improved health and other sectors was outlined and the floor was informed that PHC, and development at Community levels were important especially for developing countries. A significant message that since the adoption of the HFA/PHC by the WHO thirty years, the responsibility for PHC has gone beyond the Health sector and that health issues are becoming political, national and economic agendas was made. The correlation between health and poverty, the role of technological interventions and the need to balance preventive, promotive, curative and rehabilitative aspects of health was highlighted.

Dr. Pliangbangchang stated that Bhutan had a health system similar to the PHC approach even before the adoption of the Alma Mater, reflected in community participation and strong social capital that existed. That Bhutan had achieved a lot in the delivery of health services was highlighted as the RD described his trip to Bhutan 20 years ago; and the enhancement in health infrastructure, Human Capital, Secondary and Tertiary Services and Health Education, which has led to increased life span, reduced MMR, IMR, achievement of Universal Childhood Immunization, and IDD elimination. The RD attributed the success to development and effective implementation of PHC and said that Bhutan was a model country.

The need of the MoH to develop Human Resources at all levels of health care, improve service delivery and to maintain the importance placed on health in the national development strategy was highlighted. Stating that the relationship between the WHO and Bhutan had grown from strength to strength; the guest of honour committed the whole hearted support of WHO to Bhutan and said that “WHO will spare no effort” to support human resource development in health,

“which should be of high priority” in developing the national health policies. Thanking the RGOB once again for the privilege accorded, the RD wished Bhutan and the MoH the very best of luck in the endeavour towards further improving the health of the people.

Delivering the vote of thanks, the Director General (DG), Department of Medical Services (DMS) thanked the Chief Guest, Guest of Honour, special invitees and all participants for making to the AHC despite their tight schedules. Reiterating the importance of the AHC, especially the AHC 2008, which marked 30 years of PHC, the DG outlined that all AHCs had come out with important interventions to address issues posing hurdles for service delivery. The DG said that the MoH looked forward to a very effective and open participation in the forthcoming two days of the AHC

BUSINESS SESSION

II. Business Session

1. Selection of Rapporteurs

The conference endorsed the candidature of Mr. Kado Zangpo, Head J Health Information and Research Unit (HIRU), PPD and Dr. Chabilal Adhikari, DMO of Trashigang as the rapporteurs for the conference. The selected rapporteurs would continue through the main conference.

2. Follow up actions on the AHC 2007 Recommendations.

Reiterating the message conveyed by Lyonpo, the Secretary MoH, said that with the coming in of Lyonpo as the new head of the health family, new initiatives; both in terms of thought and action are being taken. However, all were in line with the mandates of the MoH and for improving the system as well as services delivered. The need for doctors to inculcate the humane touch while delivering services and compassionately dealing with patients was emphasized. The forum was informed that a paper on health as an integral component of Gross National Happiness (GNH) is being developed. Reminding that the AHC was a forum for discussing policy issues and that clinical aspect shall be deliberated in a separate Clinical Conference to be held later in the year, on behalf of the Ministry and participants, Secretary conveyed to Lyonpo that the health family is looking forward to work under the guidance of the new head of the family.

On the follow up actions taken with regard to the recommendations of the AHC 2007, the following points were highlighted and recommendations made:

- ✓ Concerning ambulances, priority shall be accorded to far flung districts and those hospitals with very old ambulances. However, the MoH shall ensure that all district hospitals are equipped with functional ambulances.

- ✓ With regard to the revenue collected by charging non Bhutanese and tourists availing health services in Bhutan, the revenue generated shall go to the coffers of the government and not to the BHTF as reflected in the follow up actions.
- ✓ The quality of Patient diet shall be standardized and will gradually be outsourced.
- ✓ The DVED should ensure that log book maintenance registers are printed and supplied to the health centers immediately.
- ✓ Every BHU with access to electricity, generator or solar power should be equipped with a minimum of one computer with internet access within the first year of the current plan period as this would facilitate the use of Tele Medicine. Further Health workers should be trained by the center.
- ✓ The ban on tobacco has boosted emergence of black market. As the recommendation of the AHC 2007 concerning Tobacco has been postponed due to reasons, which are not justified, it shall be considered that no follow up actions have been taken.
- ✓ The fund secured for research concerning the correlation between RWSS and morbidity patterns should be availed by the districts, which would motive people at the grass roots to undertake research.
- ✓ The PHED should do away with pit latrines and come out with new and improved latrines as directed by the Prime Minister. Community participation should be a core component in this activity.
- ✓ The recommendation concerning Infection Control and Waste Management shall be considered as “not been taken”. Thus the same recommendation should be reflected in the AHC 2009 follow up actions.
- ✓ Health workers should persuade and convince people for institutional delivery. To attract patients infrastructure shall be upgraded and made conducive.

- ✓ In relation to the introduction of HPV, discussions should be held to find out if we need more funds and initiate the HPV. As pap smear results in early diagnosis, focus on pap smear should be continued.

3 Adoption of agenda

Participants noted that it was important to keep a provision for discussing issues not in the agenda and also that guideline for dealing with the media, a crucial issue need deliberation.

Accordingly, the Chairman instructed the AHC Task Force to keep provisions for the issues highlighted in the next day's discussion. The Chairman also stated the importance of consensual and coordinated decision making and informed the participants from districts of the Monthly Progress Review and Coordination Meeting (PRCM) held in the Ministry. That functional ambulances will be provided to all district hospitals within the next two years along with revised fuel provision was outlined. The significance and benefits of medical tourism was highlighted. The Chairman appraised the floor that one of the three priorities of the Government was ensuring the provision of 100% safe drinking water, with schemes, which are always functional. Deliberations on this agenda ended with the Chairman mentioning that, as per the Audit reports, nurses were unaware of infection control guidelines.

4. Recommendations of Annual Drungtshos Conference 2008

Reporting that the ADC 2008 was held in Punakha, the Director, National Institute of Traditional Medicines (NITM), appraised the floor of the recommendations. In the ensuing discussions, the following points were raised and subsequent recommendations made.

The need for a separate budget code for Traditional Medicines (TM), elevation of the status of TM in the hospitals and opportunities for *drungtshos* to participate in trainings and conferences outside the country was highlighted. Further, inadequate travel budget and uniformity in budget allocated to TM in different districts was also an issue that was raised. In view of the travel budget, participants noted that the ITMS need to provide guidelines on the types of tours and visits that *drungtshos* and *smenpas* should make in the districts. As DHOs and *drungtshos* worked together, it was suggested that few DHOs could participate in the ADCs. It was also noted that providing a separate budget line for *drungtshos* would result in different sections of hospitals asking for the same provision.

Commenting on the issues, the Chairman appraised the floor that the in country travel budget is being reviewed by the Cabinet. The Chairman outlined that with the mandate that a doctor should visit BHUs and ORCs regularly, the insufficiency of the current budget allocated for in country travel is recognized. The policy to integrate the indigenous or the TM with allopathic system was highlighted.

In relation to the creation of a separate budget line, the PPD and AFD, MoH was instructed to look at the merits and demerits of creating a separate budget line and accordingly inform the forum.

5. Towards achieving health related Millennium Development Goals

The Director, Department of Public Health (DoPH) presented health related MDGs focusing on the situational analysis, targets, strategies adopted, resources needed, challenges and the way forward.

The drastic improvement in child and maternal care, which has brought down IMR and MMR was illustrated. That the achievements are tremendous was highlighted as the floor was appraised that mortality due to Malaria had reduced to only two cases in 2007 from 19 in 1990. Similarly malaria cases reduced from 9497 to 793. Comparatively, progress concerning Tuberculosis was slow. 1990 reported 917 cases with 25 deaths, while the number of cases was reduced to just 874 with 23 deaths in 2007. The report outlined the increase in the number of HIV/AIDS cases. In contrary, RWSS coverage had reached an astounding 91 %.

Measures adopted to tackle IMR and MMR were outlined such as enhanced coverage of immunization, neonatal services and reinforcement of Integrated Management of Childhood Illnesses in all districts. Promoting infant and young child feeding practices, improving emergency newborn care and addressing micro nutrient deficiency were outlined. Similarly, enhancing the quality of ANC and PNC services, institutional and deliveries attended by skilled personnel, expanding Emergency Obstetric Care services (EMOC), meeting contraceptive needs, and strengthening IEC on reproductive health (RH) and safe motherhood were outline for countering MMR.

Concerning HIV/AIDS, the floor was informed of measures such as promoting safe sex, enhancing preventive measures through strengthened monitoring and surveillance, enhancing coordination amongst various stakeholders and increased access to treatment, care and support to victims were outlined.

In the same tune, promoting diagnosis based on quality assured microscopy, sustaining and improving DOTs, strengthening laboratory capacity for drug sensitivity test and quality assurance, ensuring uninterrupted drug supply and IEC were measures taken for combating TB. Though Malaria cases and mortality had reduced the need to strengthen community participation and cross border collaboration were identified as areas needing continued focus.

As mentioned by the Chairman and the Vice Chairman in their opening addresses, the RWSS was embarking on the exploration of alternative technologies to reach every corner and provide safe drinking water. The provision of affordable and appropriate improved latrines, strengthening community participation and enhancing RWSS Information System for monitoring coverage and schemes that were functioning were measures that the PHED has initiated.

Informing that though approximately 11% of the 10th FYP Health Sector Budget is directly allocated for MDGs excluding the overall health system budget (HRD, infrastructure, and supplies), the gulf in the resource projections for achieving the MDGs by the Gross National Happiness Commission (GNHC) and the 10th FYP projection of the MoH was highlighted.

Factors that impeded activities related to achieving the MDGs were outlined as low skilled birth attendance and limited access to EmOC services; presence of high risk factors for an HIV epidemic; poor cross border collaboration; inadequate community support for sustainability of health services ; shortage of skilled health professionals and quality of care and poor supervision, monitoring and follow up.

In the face of the above challenges, the Director DoPH reported that measures such as ensuring health services to every woman and child; promoting holistic and integrated approach to disease prevention and health promotion; ensuring universal access to safe drinking water & basic sanitation; strengthening capacity & facilities at all levels of service delivery and garnering unstinted political commitment for policy support and resource allocation would pave the road towards achieving the MDGs.

6. 10th Five Year Plan

The Chief Planning Officer (CPO), PPD presented the health sector 10 FYP highlighting that the philosophy of GNH has guided the Ministry in preparing the 10 FYP and that the Ministry has kept in mind the national goal of poverty eradication. Thus the MoH would continue with the activities of the 9FYP, with focus on developing appropriate secondary and tertiary services to back up PHC and control of communicable as well as non communicable diseases. Achieving the MDGs and going beyond to MDG plus was another priority of the Ministry. As the constitution mandates that all Bhutanese should have access to free basic health services in both modern and traditional medicine; the MoH would ensure that this is provided by developing the national health system based on the tenets of quality, equity and professionalism. Moreover, developing human resources, providing each Dzongkhag with a minimum of three doctors and 2 functional ambulances

- Develop adequate and competent human resources to manage health programmes in line with global and national health strategies;
- Provide every Dzongkhag with at least three doctors;
- Prevention and control of prevailing health problems and the emerging and re-emerging ones through provision of promotive, preventive and rehabilitative public health services while ensuring access, equity and quality;

The conference coordinator made an appraisal on the agenda for the conference as proposed from the Dzongkhags. It was reported that five Dzongkhags had responded to the agenda call by the AHC Secretariat. The coordinator requested

the Dzongkhags to respond on the agenda call in future so that the conference can table the issues for discussion.

It was informed that the draft agenda were discussed in task force meetings before finalization. The points received from the Dzongkhags were given priority and considered in the agenda. Some points submitted were not considered in view of the actions already initiated and a write-up of the actions taken was included in the conference folder for reference.

Since there were no comments on the proposed agenda, the agenda as proposed was endorsed by the conference.

7. Issues on the Ambulance Services:

The Chief Administrative Officer made a presentation on the use of ambulance services and on the Government policy on procurement of vehicles and POL where replacement of old ambulances and adequate POL provisions were not considered. In light of this, he also highlighted the need to rationalize the use of ambulances and the importance of timely maintenance and inspection.

There was a proposal on the need to allocate adequate fuel budget based on the distance to the nearest referral centre and the road network conditions. The conference while appreciating such proposals encouraged the Dzongkhags to support adjacent Dzongkhags in terms of referring patients. The need to train ambulance drivers in first aid and were also provision of requisite facilities in the ambulances highlighted during the discussions.

The conference recommended that in order to have an efficient ambulance services the Department of Medical Services in consultation with the RSTA needs to develop certain standard on the life-years of the ambulance. There is a need to standardize the ambulance service in terms of improving the system of utilization through replacement of old vehicles and rational use of services.

8. Presentation on Financial Issues

The Chief Administrative Officer made a presentation on financial and audit issues to the forum. It was reported that the Ministry has outstanding balance of Nu. 19 million to be settled with the Royal Audit Authority. Members were also briefed on financial principles, potential problem areas and tips to avoid audit observations.

9. Future Roles and Responsibilities of VHW

The presentation covered the existing roles and responsibilities of VHWs and the findings of the VHW review. It was informed that the review of VHW programme and the presentation of review findings in the conference were in line with the recommendation of AHC 2006. The conference noted the importance of VHWs in view of their increasing roles and responsibilities in the delivery of primary health care and felt that there is a need to devise an appropriate incentive mechanism. . In this line there is also a need to monitor the VHW activities by the respective BHU In-charges. The conference highlighted the fact that VHWs must be considered as community participation in providing health services and recruiting them as health workers would be against the principle of promoting community participation. The pre conference recommended that a sub-committee be formed and a presentation made to the

main conference in terms of precise roles and responsibilities and other recommendation.

10. Review of existing charges for health services in the border hospitals

The Chief Program Officer, HCDD appraised the forum on the critical issues to be discussed in terms of uniformity of fees/service charges imposed and expressed his concerns regarding the variations in the fees charged in the border hospitals. He emphasized on the need to set a standard charge/fees in all border hospitals for the services rendered to the non- Bhutanese non resident expatriates after reviewing the existing one. However, for non-Bhutanese working in the country with work permits services are to be given health care services as any Bhutanese. It was also agreed that the use of citizenship ID cards be looked into during the registration for identifying the nationality. The conference suggested that HMIS should be geared towards incorporating the I.D cards for all patients availing the indoor/O.T cases in the initial phase and gradually all OPD cases.

The conference was in agreement that emergency services i.e. life saving procedures shall continue to be provided free while OPD cases could be charged a fee. The forum noted that this would further strengthen the existing cross border relationship. The importance of providing emergency services to any individual irrespective of their nationalities and that their ability to afford the treatment should not be a prerequisite for attending to them, both from a humanitarian viewpoint an example of exemplary model of Health Care Services. In view of this, there was a need to come up with case definitions of all Emergency cases.

The conference agreed on reviewing the existing Medical Fitness Form for the non-Bhutanese in line with International Health Regulations (IHR) guidelines. There is also a need to institute user-fees for tourists availing health services. In line with this, the Ministry will look into ways of channeling the charges levied on the tourists availing the health services, into the Health Trust Fund after discussions with the MoF.

The conference directed that DMS to carry out a study and come up with a uniform fee structure for services rendered by the allopathic as well as the Traditional Medicine units in hospitals to non-resident, non-Bhutanese and tourists.

11. Appraisal on Internal Audit

The Chief Internal Auditor presented some general observations such as outstanding advances, cash book not being closed, original bills and vouchers not submitted, late submission of expenditure statements etc. He mentioned the importance of Internal Audit Unit being involved in various activities such as promotions, training, transfers, recruitment and selection and disciplinary action as per the executive order received from the RCSC.

The Conference concurred that the Internal Audit Unit has taken active part in auditing the activities prior to external auditing and noted that individual departments, divisions, programs and districts should submit their accounts timely so inconveniences is not caused to other relevant divisions, programs, districts while delivering health services. They also should be well aware about the memos issued and take actions accordingly.

The Conference, while taking note of the audit observations and tips, recommended the need to form Patient Diet Care Committee with clear roles and responsibilities in the hospitals and that the formation of such committees should be initiated by the Quality Assurance Group (QAG).

12. Appraisal on Health Council

A brief appraisal on the BHMC was made by the deputy registrar of the council. In his appraisal he mentioned that it was mandatory for all the health workers to be registered with the council. The Act should be seen as an opportunity for the health workers to update their knowledge and skills. It was also appraised that as of now only two systems of medicine, i.e. allopathic and traditional medicine, are allowed to be practiced in Bhutan. The conference felt that others who are competent professionals from other fields may be considered to practice on a case by case basis.

The conference noted the need for all health workers to get registered with the council as mandated by the law.

13. Appraisal on Drug Regulation

The Drug Controller of DRA made the presentation on drug regulatory issues in the country. He appraised the forum that the DRA had been established in the Ministry of Health in June 2004 after the Medicines Act of the Kingdom of Bhutan was enacted in 2003. The main mandate of the DRA is to safeguard the human and animal health from the harm resulting from poor or inferior quality of medicinal products in the Kingdom. He informed the forum that 85 pharmaceutical products had been registered with the DRA and some are in the

pipeline. Since establishment, the DRA had carried out the first round of inspection of the pharmaceutical shops in the country. Initiatives are taken to sign a MOU with a drug testing laboratory of the Ministry of Public Health in Thailand.

The forum was appraised that given the regulatory nature of the DRA and the importance of it being autonomous, steps are being taken to de-link DRA from the Ministry.

14. Appraisal and update on Position Classification System (PCS)

The Chief Administrative Officer appraised the forum on the status of the PCS. The presentation covered issues in implementing PCS, the details of job mapping exercise and the status of appeals. It was also reported that many of the issues are under discussion with the RCSC.

The forum appreciated the information provided and expressed that this would be helpful in informing the health workers in the Dzongkhags. Although a concern was raised on whether the principles such as professionalism, efficiency and fairness, which were some of the core values of PCS, the conference noted that the system would have virtues and loopholes at the same time and all need to support the principles of PCS.

The forum was also reminded of the upcoming democratic changes in 2008 and the challenges it posed to service delivery. As per the Government directive, the participants were reminded on the importance of remaining apolitical.

15. Professional Development and management of Health Workers

15.1 Deployment and Transfer

The Deputy Chief, HRM made a presentation covering topics such as the current staff strength, deployment policies, turn over rates and the promotions of the health workforce for the fiscal year 2006-2007. The presentation also covered current challenges faced by the HRM, focusing on the increasing demand of the Health work force, mismatch between the supply and the demand of the workforce and the problems related with the spouses' occupation.

The forum was appraised of the forthcoming Organizational Diagnosis (OD) exercise which will look into all the HRD requirements of the Ministry and the Dzongkhags. With this exercise appropriate human resources and required staff strength would be considered by the RCSC.

15.2 Procedures for nominating candidates for training

The Deputy Chief, HRD presented the status of the 9th Five Year HRD Master plan and highlighted the achievements. Challenges faced and the initiatives undertaken by the HRD were also highlighted. The forum was briefed on the Ministry's drive towards creating a transparent procedure, with the institution of Human Resource Committee (HRC) and the development of software for the Personnel and Training Information System (PTIS).

The forum appreciated the initiatives undertaken by the division, and raised its concern for a need to have in place a coordination mechanism between the Dzongkhag HRC and the HRC in the Ministry. The Dzongkhags also agreed to submit the staff's performance report after being reviewed by the HRD, so that this would form the basis for nomination to trainings. On the certification issues,

the conference agreed that the structured courses will be certified by the RIHS and other certificate courses by the Secretary and the Directors. The need to go along with the annual nomination meeting adopted by the Dzongkhags was refuted on the ground that most of the trainings are ad-hoc in nature.

16. Staff Welfare Fund

The fund manager, Chief Planning Officer, PDD made a presentation on the current status of the staff welfare fund and various proposals in terms of benefits and management of the fund. He highlighted the total fund accumulated and the total number of beneficiaries to date. As per the recommendations of the pre-conference 2007 a sub committee was formed and it had recommended the following and was endorsed by the conference:

The conference recommended the following with regard to the Health Staff Welfare Scheme for endorsement by the Board: **“consider full reimbursement of members contribution on member’s demise in addition to the revised “semso” or consider full reimbursement of the member’s contribution on member’s retirement, whichever is earlier.”**

- To consider the revision of “semso” to Nu. 40,000 and loan
- the fund be centrally managed with following considerations for time being:
 - Remittance and loan recovery to be initiated by the DHO/DHSO/DMO/Supt.
 - Appropriate honorarium may be considered for the fund manager in view of districts not willing to take responsibility of fund management at the district or regional level at this juncture.

- Recruitment of a new fund manager at this time may not be required & the current fund manager to continue with the recruitment of one secretarial support staff
- Byelaws to be updated

17. Logistics and Supply Management

Presentation on logistic and supply management was made by the Chief Procurement Officer. The issues, constraints and concerns of the division were highlighted. The AHC endorsed that any new tests, technology or facilities should come through Ministerial approval and QASD group and should be sustainable. It was agreed that all equipment worth Nu. 50000 or more should be recorded in an equipment log book to monitor their life time.

He pointed out that there was an increasing trend in drug and non-drug expenditure and that there is a need to have proper drug inventory and storage facilities. During the last fiscal year expired drugs worth 0.49 million had been disposed. The programme is also faced with the demand for unplanned drugs and non drugs requirements which hampers the normal delivery of planned requirements. Participants were requested to keep in mind the importance of rational use of drugs and good prescribing habits in order to minimize wastage and also to be able to cope with the limited budget. Drop off points for supplies and timely lifting from these points was to be worked out properly by the Dzongkhags. In view of this the Dzongkhags are required to keep budget provisions for these activities.

The conference noted the need for standardization of non drugs as well as the health facilities as this may have implications on the distribution. The forum was

appraised on the initiation of a computerized inventory system which is expected to facilitate internal mobilization, reduce “out of stocks” and “expiry”.

The conference recommended that for appropriate storage conditions and to retain the efficacy of medicines there is a need to provide training for the store in-charges and to maintain log books for equipments worth more than Nu. 50,000.

RECOMMENDATIONS

III. Recommendation

- 1) The 2007 AHC recommendation not taken up should be followed up by the concerned programs immediately.
- 2) Every BHU with access to electricity should be equipped with one computer and internet access provided wherever possible. This would facilitate the use of Tele Medicine. Further, Health workers where this facility is available should be trained.
- 3) The ITMS shall discuss issues pertaining to the recommendations of the Annual Traditional Medicines Conference 2008, with relevant agencies. The outcome of the discussion shall be reported in the AHC 2009.
- 4) DoPH should segregate the data by district from the report submitted by Polio Commission and give feedback to the Dzongkhags. The AFP reporting centers to be increased from 192 to all the health centers.
- 5) The PPD and HIDP to conduct feasibility study of establishing Training Center and other Health Care Construction.
- 6) As recommended Ambulance Committee, the procurement of cost effective and reliable Ambulances and Ambulance Driver status shall be as per their guidelines.

- 7) Concerning cross border collaboration for achieving the MDGs, it was recommended that border districts have to maintain budget heads for cross border collaborations, while the center would facilitate technical support and fund mobilization.
- 8) The MDG group shall discuss issues pertaining to the MDGs as well as other health issues like alcohol. The team composed of members of the DoPH and DMS shall outline the measures: preventive, diagnostic and curative that has to be spearheaded and report the findings in the AHC 2009.
- 9) The forum recommended that the PHED should find out ways to improve sanitation and hygiene and explore improvised technology to replace the pit latrines.
- 10) The forum recommended that the Fund Manager should make the audited report of HSWS available to all the members and present annually to the AHC.
- 11) The forum acknowledged the problems of urban sanitation and safe drinking water, and recommended that the MoH take necessary action at government level for urgent intervention.

- 12) The Forum endorsed the decentralization of HR deployment. Similarly, information regarding the placement of the staff should be send by the DHOs to the HRM of the Ministry for better coordination and to facilitate updating of PIS.
- 13) The HRD and RIHS were instructed to form a team to study the feasibility of inducting RIHS Graduates on probation and interns.
- 14) The forum recommended revisiting the existing nomenclature and classification of various health professionals and developing a uniform nomenclature.
- 15) The forum recommended that the DMS should review the staffing pattern and their job responsibilities for BHUs and submit the report and findings during the next AHC.
- 16) The forum recommended that the Annual Household survey (AHS) with some modification should continue.
- 17) The forum recommended the HMIS Task Force spearheaded by HIRU, PPD, to review the death certificates and implement it uniformly. Until then, the existing system will continue.
- 18) The Conference recommended that the Annual Clinical Conference should be held annually and proper nomenclature for the conference should be coined.