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**ROYAL GOVERNMENT OF BHUTAN**  
**MINISTRY OF HEALTH AND EDUCATION**  
**THIMPHU : BHUTAN**

## FOREWORD

As we bring out the strategies, objectives and goals of the Health Sector for the 9<sup>th</sup> five year plan, I would like to thank all in the Health as well as the other sectors, who have worked ceaselessly in turning most of our perceptions and aspirations into celebrations. We have managed to achieve most of the objectives that we had set for the 8<sup>th</sup> plan period. In the last few years we all have seen how the face of humanity has been rapidly reshaped, how the pattern and definition of progress has been changing and how technological innovations has altered the very meaning of life. But all through the importance and significance attached by the Royal Government to health has remained constant.

By adopting new and efficient technology available at our disposals, enhancing the quality of health services will be the pivot around which all other activities will revolve during this plan period. The rugged terrain of our nation has created vulnerable sections of people for whom accessibility to health services are beyond reach. With the drive of 'reaching the un-reached' we will ensure that these people are covered and brought into the mainstream of the health care services. While embarking on providing modern and qualitative health services, the traditional medicine system that we had from times immemorial will not only be strengthened, but will be fully integrated into the overall health system.

Self-reliance and sustainability has been our government's main objectives from the 6<sup>th</sup> plan period itself. The establishment of the Health Trust Fund is a move towards these principles and we will ensure that these two dreams are realized through various channels. Anchored onto the development strategies and objectives given in Vision 2020, population sustenance will be another priority for this plan period. Health Sector has been constantly plagued with lack of qualitative and quantitative human resources. Hence concerted efforts will be intensified through the implementation of the revised Human Resource Masterplan and strengthening of the Health Management Information System (HMIS). While venturing forward on the same track of cautious and prudent planning that the government began decades back, we will ensure that the Health System upholds the principle of Quality with focused emphasis on Efficiency without overshadowing the tenets of self-reliance and sustainability.

We sincerely hope that this complied plan document would be a one-stop reference of the health Sector 9<sup>th</sup> Five Year Plan for implementers, consultants and all those interested.

(Sangay Ngedup)

# **PART ONE**

## **SECTOR OVERVIEW**

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## SITUATION ANALYSIS

### Assessment of the current situation (8FYP)

The Government continues to put great emphasis in the Health sector, considering its overriding role for the people. Bhutan is signatory to the Alma Ata Declaration and has chosen Primary Health Care (PHC) as the core strategy, since the PHC delivery system is deemed effective in reaching health services in a country like ours, which has a rugged geographical situation and scattered population.

The traditional medicine system is well established and integrated with the modern health system. There is one indigenous hospital at the capital and indigenous services have been expanded to 18 dzongkhags, where premises are shared with the dzongkhag hospitals or Grade I BHUs, but there is still a need for more staff. With the establishment of the pharmaceutical and research units, the production and supply of traditional medicines has been increased which has helped to meet the demand.

In the past decades, there has been a remarkable achievement in terms of PHC coverage. Also, during the 8FYP the infrastructure was further developed and consolidated, cf. Table 1. It is estimated that 90% of the population now live within 3 hours walking distance from a health facility, i.e. ORC, BHU or hospital. However, a few of the planned BHU constructions could not be taken up due to fund constraints and cost escalation. The expansion works for the Jigme Dorji Wangchuck National Referral Hospital and Mongar Eastern Regional Referral Hospital are being continued. The constructions of the Health Headquarter Building as well as Trashigang and Trongsa hospitals are picking up momentum.

Table 1. Number of health facilities

Facility	1997	2000
Hospitals	28	29
Indigenous hospital	1	1
Basic Health Units	145	160
Out-Reach Clinics	454	447
Indigenous units	11	18
Total facilities	639	657

Source: Health Information Unit

Along with the infrastructure expansion, the human resource development had also taken a big turn with the employment of more and better skilled and trained health workers through which the quality and efficiency of the delivery of health care services are enhanced. The ratio of the doctors per ten thousand population is now 1.7, which is however still very low. Further, the B.Sc. Nursing Conversion course was introduced at the RIHS in collaboration with the La Trobe University (LTU)

Table 2. Human Resources

Health worker	1997	2000
Doctors	101	109
Drungtshos	19	31
DHSO	21	22
GNM & HA	225	294
Technicians	164	226
Others	450	576
Total workers	980	1258

Source: Health Information Unit

School of Nursing, Melbourne, Australia. This programme was developed to strengthen services, through which quality of the services would be improved. The first batch of 30 senior nurses and nurse educators had been selected for the Conversion Course. There is still a lack of human resources especially at the more specialized levels as the production time for such cadres for various reasons has proved to be longer than expected. A Human Resource Masterplan has been updated in view of the future needs and visions for development of the health sector. This Masterplan outlines the gaps and long and short-term strategies for training of health workers.

In addition to the regular health staff, in order to have the universal health coverage in the rural population and also to encourage the community participation in the health care delivery system, 1327 village health workers had been trained over the period of time and most are actively working in the system.

The Health Department has taken steps to develop a rapid response team in the health services with the capacity to deliver effective Emergency Medicine and First Aid. The EMT training was initiated under the direction and guidance from Hon'ble Minister of Health and Education. The Emergency Medical Team will provide rapid and lifesaving first line medical intervention at the moment of crisis or disaster. With two-week Refresher Courses conducted, there are now 101 well-trained health workers (EMT), which can be deployed wherever needed.

Given the acute shortage of specialists and the country's rugged terrain and scattered population, the Health Telematics Project was initiated in November 2000. The objectives are to provide specialized consultative opportunities for the regional hospitals and to facilitate continuing medical education and establish linkages beyond national boundaries to access relevant information. The basic application started after establishing a tele-link between the Mongar Regional Referral Hospital in the east and the JDWNR Hospital in the west.

Despite the slow start in the implementation of the 8 FYP activities the overall performance has been satisfactory as the achievement of the health sector is estimated to exceed 90% of its planned activities at the end of the 8<sup>th</sup> Plan. The population planning activities had been intensified with the Goodwill Ambassador for UNFPA, Her Majesty Ashi Sangay Choden Wangchuk taking extra effort and initiative to educate and promote reproductive health issues to the general population. For the past eight years, there have not been any major epidemics, though there is a slow upsurge of HIV/AIDS cases. The high-level advocacy on STD/AIDS was carried out along with the reproductive health advocacy.

All the activities related to disease control have progressed well. Immunization coverage in the country is maintained above 85%, with high coverage for BCG, OPV, DPT and hepatitis B. But measles immunization rates remain too low and vary greatly across the country. Poliomyelitis is under thorough surveillance and the zero reporting is pursued as per the WHO guidelines. There had been a marked reduction in the mortality due to malaria, but after some years with reductions the morbidity is again increasing. The implementation of DOTs throughout the country was a successful mechanism to improve the cure rate for TB, although there is still need for further improvement to reduce incidence and prevalence as well as to avoid development of multi-resistant strains of TB. New programmes like community based-rehabilitation and mental health has been established.

The National Health Survey 2000 was conducted to assess the current situation of the country in regard to the health indicators. There is striking progress in the key indicators for which targets were set in the past plan, cf. Table 3. The uncompromising effort in the population-planning programme has helped to bring down the population growth rate from an estimated 3.1% in 1994 to 2.5% in 2000. The growth rate, however, is still high. Likewise, there have been impressive decreases in the infant mortality rate, the under 5-mortality rate and the maternal mortality rate. However, the rates are still high particularly infant and child

morbidity and mortality from CDD and ARI. Access to potable water is an important strategy towards Health-for-All goal and as of now the rural water coverage is 77.8%.

Table 3. FYP Goals & Achievements

S/No	Goals	1994	2000	8FYP Target
POPULATION				
1	Reduce population growth rate	3.1%	2.5%	≤2%
2	Contraceptive prevalence rate	18.8%	30.7%	60%
CHILD CARE				
1	Reduce IMR	70.7/1000	60.5/1000	30/1000
2	Reduce U5MR	96.9/1000	84/1000	<50/1000
3	Maintain immunization coverage		Maintained	>90%
4	Reduce diarrhea deaths amongst <5years olds	20%	13.3%	<5%
5	Reduce ARI deaths amongst <5 years olds	14%	To be assessed	<10%
MATERNAL HEALTH				
1	Reduce MMR	3.8/1000	2.55/1000	1.5/1000
2	Access to FP education/services	n.a.	100%	100%
NUTRITION				
1	Reduce severe & moderate malnutrition		40%	<15%
2	Reduce LBW (<2.5 kgs) from 15% to		2.4%	<5%
3	Reduction of anemia in pregnant women from 60% to		To be assessed	<30%
WATER & SANITATION				
1	Increase access to safe drinking water	n.a.	77.8%	100%
2	Universal access to sanitary means of excreta disposal	n.a.	88.9%	100%
HEALTH INFRASTRUCTURE				
1	Number of Basic Health Unit		35	55
3	Construction of Out-Reach Clinics sheds		148	165

Source: National Health Survey 1994, National Health Survey 2000, 8FYP.

The expenditures in the health sector continued to increase in real terms over the 8FYP with average growth rate of 18%. The high commitment to the health sector was reflected in an average allocation of 10-11% of the government expenditures for health, and when it comes to recurrent expenditures the government allocated an increasing share of an estimated 13.9% for the final plan year up from 11.5% at the beginning of the plan period. Domestic sources financed 49% of the health care expenditures, mainly for recurrent expenditures.

In pursuit of sustainability, the Health Trust Fund was established to finance essential drugs and vaccines. The fund has passed US\$ 10 million mark and is slowly approaching the targeted US\$ 24 million. Resource mobilisation for this noble cause is a continuing process. The Health Trust Fund is expected to become operational at the end of the 8FYP. In the same vein, the RGOB introduced user fees on selected dental services in hospitals that have dental facilities throughout the country. All the secondary and tertiary dental services are charged 50% of the actual cost of consumable materials, while primary dental care and emergency operations are still provided free. The introduction of such fees is seen as a mechanism to instill a sense of value of the health services in the population as well as a mechanism to recover some costs.

Of the financial resources available for health the percentage allocated for running the system, i.e. recurrent spending, increased from 54% in the first plan year ending at an estimated 63% for the final year. Personnel costs accounted for about one third of the recurrent health care expenditures. The thrust of recurrent spending takes place in PHC, which received a fairly constant allocation of 58% over the plan period, with only 19% allocated to secondary health care and 23% to tertiary health care.

Secondary and tertiary care thus remains fairly undeveloped. The budget share managed at Dzongkhag level amounted to 23% at the end of the 8FYP.

### Assessment of situation at the end of the plan (9FYP)

By the end of 9FYP, the integrated public health programmes would further have reduced the incidences of diseases among the children under five. The rigorous population planning activities would bring the growth rate to a manageable level. Since due emphasis would be given to enhance the accessibility of the piped and safe drinking water to the rural population, many remote villages across the country would then have been covered through the rural water supply scheme. The quality of the services delivered would have been significantly enhanced by putting a greater thrust on the human resource development and also through the institutionalisation of Standardization and Quality Assurance and the Medical Council Act. The Ninth Plan would be, in essence, targeting more on the improvement of the quality of the services with focus on building the capacity to deliver quality services and instituting an effective delivery system.

Table 4. Goals/Indicators for the Ninth Plan

S/No	Indicators	9FYP Targets
1.	Reduce Total Fertility Rate from 4.7	4.0
2.	Reduce population Growth Rate from 2.5%	<2%
3.	Reduce Infant Mortality Rate from 60.5 per 1000	30/1000
4.	Reduce Under 5-Mortality Rate from 84 per 1000	<50/1000
5.	Infant Immunization fully completed	>90%
6.	Reduce Malnutrition Height for age (HA) from 40% Weight for age (WA) from 19%	15% 10%
7.	Reduce Low Birth Weight form 24%	12%
8.	U5 death due to pneumonia from 10%	<5%
9.	Diarrhoeal Deaths for U5 from 13.3%	<5%
10.	Reduce Maternal Mortality Rate from 225 per 100,000 live births	150
11.	Increase pregnant women attending Ante-Natal Clinic (ANC) from 72% in third trimester, 46% in second, and 16% in first trimester	3 tri: 85% 2 tri: 75% 1 tri: 50%
12	Research progress are reported annually and at least one is published in an international peer reviewed scientific journal	By 2003
13	Regular feedback of key indicators to central and dzongkhags from 2003	Quarterly
14	Fulfillment of Human Resource Master Plan for academic (long term)/non-academic (short term)	>85%/>85%
15	The fraction of health care expenditure financed by domestic sources from 49%	55%
16	The part of the overall budget managed by Dzongkhags	30%
17	A master plan identifying treatment, resources and training/educational needs in CBR and Mental Health	By 2005
18	Increase access to Safe Drinking Water in rural areas from 73%	100%

The reproductive health programmes are planned to get major focus during the Ninth Plan. Over the period of five years, there would have been further reduction in the maternal deaths and the infant mortality rate. The cases of sexually transmitted diseases and HIV transmission would be addressed and dealt with appropriate measures. Leprosy would have continued to decline, malaria under control, TB and ARI reduced, and poliomyelitis eradicated. The Research and HMIS will be further strengthened. The National Community Based Rehabilitation and Mental Health programmes would have dealt to a greater degree with both mental and physical disabled people in Bhutan to reach their full social integration and participation. To guide the service delivery system in all the health centres, a nation wide Quality Assurance System would have been established. Traditional medicine system will be further developed and its comparative advantage fully utilised in

dealing with the problems amenable to traditional methods. Drugs, the lifeline of health services will be made available at all times in all the health facilities. The Drug Regulatory Authority would be established with the implementation of the Drugs Registration System and the Bhutan Medicines Act being in place.

A nation-wide decentralised maintenance unit would have been set up to maintain the health infrastructure efficiently and effectively. Although there would not be much expansion of infrastructure, a few planned constructions would have been completed targeting the services to reach the un-reached. For population within the urban areas, which has difficulty in accessing PHC, satellite clinics have been planned.

At the end of the 9FYP, the health services would reach a larger part of the population with people living in remoter areas having increased access to PHC, and people in general having better access to secondary and tertiary care. Utilisation of health services would have increased, in general and in particular in population groups that for various reasons other than distance currently tend to under utilise the services.

By the end of the 9FYP more work would have been done towards increasing the likelihood that the health sector would be less dependent on foreign assistance for its operation in the future as some of the general economic growth would have translated into growth in domestic sources and the Health Trust Fund would be fully operational and have further expanded.

The main thrust of recurrent spending would still be allocated to PHC, but because higher levels of care would have been developed for improved service delivery across the country allocations for these service levels would have increased.

## OBJECTIVES & STRATEGIES FOR THE 9FYP

The strategy document for Bhutan "Vision 2020" outlines the following health policy priorities to be pursued in the coming two decades:

- improvements in the quality of health care;
- develop or strengthen response to the needs of special groups including the disabled, the elderly, and the emotionally disturbed and mentally ill;
- maintain the system of traditional medicine and integrate effectively this system with the modern system of health care;
- ensure sustainability by introducing innovative methods of financing health care e.g. Health Trust Fund and health insurance, and introducing user fees for people who are able to meet some of the costs of health care;
- take advantage of appropriate new technologies at the earliest feasible opportunity.
- maximise positive synergies between programmes and sectors;
- reduce dependence on expatriate health staff by training of Bhutanese health personnel;
- establishment of Out-Reach Clinics (ORC's) in remote parts of the nation;

The overall framework for the Government's 9FYP gives priority to the social, and infrastructure sectors. In line with this and the Government medium- to long-term priorities, the 9FY sector plan for health will lay emphasis on improving qualitative aspects of services and on sustainability of programme activities. Hence, the sector plan will focus on the following issues:

- Improvement of the quality of service with focus on building the capacity to deliver services and instituting an effective delivery system;
- Strengthening the curative and diagnostic capacity for timely treatment and to keep up with appropriate technology;
- Consolidation and improvement of infrastructure;
- Introduction of user charges on selected health care services based on the principle of equity, accessibility and sustainability.
- Emphasize on the Human Resource Development

### Objectives

The long term objective of the health services is to facilitate, through a dynamic professional health care, attainment of a standard of healthy living by the people of Bhutan to lead a socially, mentally and economically productive life, and within the broader framework of overall national development, enhance the quality of life of the people in the spirit of social justice and equity.

Specific Objectives of the Health Sector 9FYP will be to:

1. *Enhance the quality of health services*
2. *Target health services to reach the un-reached*
3. *Strengthen traditional medicine system and its integration with the overall health services*
4. *Enhance self-reliance and sustainability of health services*
5. *Intensify human resource development for health and establish a system of continuing education*

6. *Strengthen health management information systems and research and their use*
7. *Intensify reproductive health services and sustain population planning activities*
8. *Promote community based rehabilitation & mental health and find innovative means to enhance the mental well-being of people*
9. *Develop appropriate secondary and tertiary health care services, while maintaining the balance between primary, secondary and tertiary care*
10. *Intensify the prevention and control of prevailing health problems and the emerging and re-emerging ones*

### **Strategies**

The 9 FYP strategies will put emphasis on improvement of quality of services, development of human and institutional capacity, and decentralization with focus on rural access. The following strategies focus on elements and features of the sector that are essential to achieve the specific objectives.

#### *1. Enhance the quality of health services*

Health coverage and status have improved tremendously over the past four decades. The emphasis now is to improve the quality of services and further consolidate the infrastructure. Standardization and quality assurance, focus on diagnostic and curative aspects, use of appropriate technology and infrastructure consolidation will be some of the major strategies. Development of policy/legislative framework and strengthening of health systems organization will lay the groundwork to improve the quality of services.

#### Standardization and Quality assurance

Quality Assurance programme requires the institution of standards for all aspects of health care. This would, therefore, necessitate the overall review of status in the country before any tangible quality assurance mechanism can be generated. The development of standards for services that will be delivered by each level of care will be carried out side by side with the standardisation of supplies, introduction of newer technologies and putting greater emphasis on the professional development of health personnel. The other crucial aspect of quality assurance is the development of institutional capacity both in terms of management, information, research and monitoring of selected indicators. The capacity to use HMIS and to work with quality goals and indicators will form one of the major elements of institutionalising quality assurance in each level of care. A major pre-requisite for understanding the need for quality assurance is to develop a dynamic and needs-based human resource development and implementation. Therefore, the quality assurance system will be developed by using a participatory approach.

#### Information Technology (IT)

Being a country of scattered population, rugged terrain and long travel distances for many, appropriate IT will play an important role to improve quality and access. Introduction of suitable IT systems to support service delivery will save the country considerable expenditures, patients inconveniences and increase local access to specialised care. Lessons learnt from the telemedicine pilot project that links JDWNRH to Mongar hospital would be analysed and used for further expansion. IT will also be used to link Dzongkhag Headquarters, hospitals and the Ministry of Health for medical as well as managerial purposes. IT will be

piloted as an instrument for continuing education. A review of the existing IT systems within the health sector and possible new areas for useful application in the health sector, will take place in the first part of 9FYP. Subsequently, an overall IT development strategy for the health sector will be established and implemented. Appropriate modern technology, wherever possible, will be chosen to enhance the efficiency and effectiveness of health services.

#### Vaccines, Drugs and Equipment

The uninterrupted supply of vaccines, drugs & equipment will not only be ensured but also introduction of new vaccines and drugs will be explored. The existing system of supplies and management will be further strengthened with provision of adequate transport and use of appropriate management and software systems. Since introduction of appropriate new equipments will enhance efficiency and reduce referrals, proper assessment for feasibility including assessment of cost effectiveness, financial implications (recurrent cost analysis) and other sustainability issues (human resources, maintenance capacity) will be carried out and new equipments introduced as appropriate.

#### Infrastructure

In line with the overall strategic framework, the health sector will give emphasis to consolidation of infrastructure. The main thrust of infrastructure improvement will be on completion of the on-going constructions and further developing and sustaining a well functioning, decentralised maintenance system. However, there will be need to consider a few additional health facilities and qualitative improvements of some existing ones. As the overall Government policy is to develop road infrastructure and telecommunications, further accessibility to health services will also be achieved by improving ambulance services and by increased use of IT.

#### Diagnostic and curative capacity

The Public Health Laboratory will play a crucial role in developing quality assurance system in diagnostic procedures in laboratory services and establishing a surveillance scheme for food borne and communicable diseases.

#### Health System Organisation

In line with the restructuring and decentralisation policies, the functional aspects of the Government organisation at Central, Dzongkhag and Geog levels will receive major emphasis. A financial, organisational, managerial and operational assessment of all health programmes as well as support functions in the health sector will be carried out. The existing procedures will be updated as required and implemented. In the process strong links will be maintained to dzongkhags and geogs to ensure compliance with technical and popular expectations from these levels.

#### Policy/legislative framework for the health sector

The legislative framework will be strengthened by further developing the public health regulations and other legislations such as Medical Council Act, Occupational Health Law, Drugs Act and Water Act. Appropriate

policy/legislative framework will not only address the overall issues of standards/quality but also play a very important role in private participation in health services delivery.

2. *Target health services to reach the un-reached.*

While the health care system has generally reached a high level of coverage, there are still population groups who are not reached satisfactorily by the health services. For some groups it is because of long distances. Different ways to improve accessibility and service delivery for such groups will be explored based on assessments of distance, catchment population and accessibility in remote areas and sound analysis of alternative solutions. Ways to improve accessibility will include some few constructions, increasing the frequency of outreach activities or posting of staff on rotation basis in ORCs from the nearest permanent health facility. For residents in Thimphu the establishment of two satellite clinics are planned to take off some of the caseload from JDWNRH and make services more easily accessible to the local population along with proper monitoring. Additional facilities as required will be set up not only in Thimphu but also in other areas.

Within the populations that have reasonable physical access to health services there are, however, still some groups that do not make appropriate use of the health services and are reached neither with treatment nor with prevention and health promotive efforts. To reach such population groups and achieve larger health effects of the interventions, more emphasis will be put on targeting of health service activities. This effort should cut across and be integrated throughout the health sector. All programmes as well as all Dzongkhag Health Management Teams should, therefore, define their strategies to reach the un-reached for necessary implementation. Only limited information is, however, available as to who are the un-reached and what are the barriers faced by people who are not reached by preventive and promotive interventions and who do not use health services in case of illness. Strategies would, therefore, require that the un-reached group(s) be identified, if necessary by conducting a study and appropriate interventions instituted after a small-scale research. Further, it should be ensured that monitoring and evaluation methods are in place to allow assessments of whether the target groups are reached.

3. *Strengthen traditional medicine system*

Though the allopathic and traditional system refers to different paradigms, the traditional medicine system is an integral part of the general health services. The traditional system will be further strengthened by emphasizing on human resource development through the Institute of Traditional Medicine, research and promotion of values of traditional medicine not only in-country but also outside. The capacity and productivity of the pharmaceutical unit will be increased and markets explored. Further, the traditional medicine services will also increasingly follow procedures and guidelines that cover all other programmes in the health sector. As part of the objective to provide evidence for the traditional medicine programme, this programme will gradually be included in the ordinary health management information system. Besides, the Indigenous Hospital will be shifted to the JDWNRH complex for easy accessibility through the integration of modern and traditional medicines. The National Institute of Traditional Medicine

will be further strengthened and research intensified to tap the real benefits of the traditional system.

4. *Enhance self-reliance and sustainability*

Self-reliance and sustainability will be pursued by focusing on increasing efficiency in the health sector, careful considerations before introduction of new services and increasing domestic financing for health. Thus, financial sustainability will be improved by promoting efficient and proper management of resources that will ensure value for money. Hence, the programme management will analyse the consequences of introducing new technologies as well as routinely evaluating the cost efficiency of existing service deliveries. Such analysis and evaluations will be introduced in a systematic manner.

To increase self-reliance and reduce the dependency on external assistance will call for a balanced development or increasing domestic financing needs to be considered. Ways to increase domestic financing in addition to the established Bhutan Health Trust Fund will be further explored. The main source of financing will continue to be government tax revenues. User fees will be introduced for some medical services for those who are able to meet some of the costs of health care, starting in the urban areas. The financing mechanism will be designed to safeguard that fees are linked to people's ability to pay and that the principle of free basic health care is not jeopardized. User fees are, however, not expected to contribute much to the overall health care budget.

Further, the issue of self-reliance and sustainability is also to be achieved through the involvement of the beneficiaries and community in maintaining of health facilities. The role of Village Health Workers (VHW) as catalytic agents in the interactive process of providing health care to the people through promotion of preventive and promotive health activities in their own communities will be further strengthened. The effort to train and provide continuous training for VHW will continue to be given high priority. The communities will continue to play the greater role in construction of Out-Reach Clinics (ORC) by providing labour contribution for the non-skilled part of the construction activities. The communities will also increasingly bear the responsibility for maintenance of the facilities.

5. *Intensify human resource development*

A major objective is to ensure a national capacity development in the sector in terms of sufficient quantity and quality of human resources.

Professionalism

During the plan period and in the future, enhancing professionalism of health workers will receive major focus, as health is a technical and human resource intensive area. To inculcate professionalism and maintain it, focus will be given right from recruitment, pre-service training, in-service training and continuing education. Performance evaluations and career enhancements will be closely tied to it.

### Human Resource Development (HRD) Masterplan

The Human Resource Masterplan has been revised based on the expected future developments within the health sector, e.g. infrastructure, level of specialisation at Dzongkhag and regional hospitals, job descriptions and position classifications. The masterplan will be subject to revisions during the plan period to take into account changes in assumptions, opportunities and strategies.

### Training Institutes and Institutional strengthening

Strengthening of Training Institutes by focusing on faculty developments and building institutional linkages with neighbouring countries would be steps to reinforce the health manpower both quantitatively and qualitatively. The development of faculty members at various health institutions and production of skilled health workers are important to strengthen the institutional capacity. The Royal Institute of Health Sciences (RIHS) and other training institutes such as National Institute of Traditional Medicine (NITM) will follow planned reviews to revise training curricula according to the change of needs. A prioritised plan for capacity development of faculties under these institutes will be developed and implemented successively. In addition, with the introduction of B.Sc. Nursing and other up-graduation courses, new qualified staff will be recruited.

The establishment of institutional linkages outside Bhutan is also crucial to meet the skilled manpower gap in health and as well as to solve the problems in placing Bhutanese doctors for further training.

### Continuing Education and Supervision

The development of a Continuing Education System for health personnel will cater to the need for health workers to continue the education throughout their careers in view of the changing environments in terms of technologies and health needs. The Continuing Education Section, established under the Health Care Division (HCD), will be developed in a systematic manner to improve the knowledge and skills of health workers, to ensure they obtain relevant knowledge and to enhance their career opportunities.

At the inception of 9FYP, training needs assessment and curriculum development for most health cadres will be completed. At the same time a continuing education system will be finalized. This system will encompass all in-service educational activities, the organizational structure that supports and manages those activities and the relationship between the educational activities. As an integrated part of the continuing education system, the Continuing Education Section will develop guidelines for introduction of a supervision system that clarifies supervisory roles, functions and responsibilities for all health cadres. The continuing education system will ensure that all health personnel will receive supervision as a routine and follow a planned in-service training designed to the needs of individuals and health cadres.

#### 6. *Strengthen health management information systems and research and their use.*

The availability and use of relevant and valid information to enable informed decision-making at policy as well as managerial level will be enhanced by the

implementation of the revised Health Management Information System (HMIS) and increased research activities.

### Health Management Information Systems

As an ongoing process the Health Management Information System (HMIS) has been revised to create a well-functioning information system to assist health staff in making informed decisions as regards priority setting, targeting of interventions and modification of programme strategies. Emphasis will be put on developing the HMIS further for management purposes. Linkages with the financial management information system will be strengthened and the capacity for health personnel to utilize the information for analysis and decision-making will be strengthened by training of user groups. Finally, the dissemination of general statistical information and the accessibility to disaggregated data for further analysis will be improved by use of information technology.

### Health Research

The rapidly growing and increasingly complex health sector has created an overwhelming need for research results. Hence, research activities will be built up to increase availability of relevant and valid information, to increase use of data by undertaking secondary analyses, to improve the dissemination of results and to enhance the use of research results for decision-making. The research unit will be reinforced to co-ordinate and provide consultative assistance for research design, database management, statistical analysis and interpretation of results. Research will play a major role in increasing the population reached by the health services, as special surveys will be needed for identifying those not yet reached or those that under utilize the services relative to their needs, i.e. the "health poor" or "un-reached". Being a small country with limited capacity for research, linkages with researchers outside the country, preferably in the region, will be enhanced.

#### *7. Intensify reproductive health services and sustain population planning activities*

To improve the quality of life of women, men and adolescents, there is a need to strengthen strategies that focus on safe motherhood, adolescent reproductive health as well as prevention and management of complications of reproductive health conditions. In due recognition of reproductive health as a crucial part of general health, greater emphasis will be on the improvement in the growth and development of adolescent and reduction in maternal morbidity and mortality. The Emergency Obstetric Care (EmOC) facilities will be further strengthened in the country. There are many cases of cervical cancer and as such to prevent it more focus will be given through advocacy and IEC in educating the women. Further diagnostic and screening services will be provided in hospitals in order to provide early detection and timely services, which will reduce the cancer cases. Reproductive Health programme will continue to be a national programme of high priority, which will receive attention at all levels of community, including private sector and NGOs.

The population planning services will not only be continued but also sustained under a holistic approach. The focus will be to reduce the population growth rate and Total Fertility Rate (TFR) further and to increase Contraceptive Prevalence

Rate (CPR). IEC and advocacy campaigns will be intensified and new strategies to reach the reproductive health information to the masses, especially the unreached, will be developed and implemented.

8. *Promote community-based rehabilitation and mental health*

The Community Based Rehabilitation Programme will be scaled up to cover the whole country with the approach that was developed and piloted during 8FYP as an integral part of the PHC delivery system. The present Gidakom hospital will be fully developed into the National Rehabilitation Resource Centre that will give technical and backup support to other health centres in the country. Further the program will focus on human resource development in the field of rehabilitation and in the knowledge of community rehabilitation, which will create sustainable network of social structures to improve the quality of life of people with the disabilities.

Mental health is one of the increasingly recognised health problems in Bhutan and as such the programme was initiated in the 8FYP. The program will be strengthened to gradually cover the entire country with health staff trained to handle the basic mental health care at community level through integration with the PHC system. A mental health centre will be established in Bumthang hospital as it has tranquil surroundings, which befits the delivery of mental services. Emphasis will also be given on educating the public through advocacy and IEC activities on mental health care for community leaders, clergy and traditional healers. Meditation, yoga and other traditional ways will be explored to manage mental health problems.

9. *Develop appropriate secondary and tertiary health care services while maintaining the balance between primary, secondary and tertiary care.*

While PHC will continue to receive due attention in the upcoming plan and beyond, there is more than sufficient justification to put equal emphasis in developing the secondary and tertiary care services in the country. With the burden of both communicable and non-communicable disease that we are facing, it is appropriate to develop the services accordingly. The burden of disease in the 1990s and that projected for 2020 draws a clear expectation that communicable disease burden will be more than halved with non-communicable disease accounting for a larger share of the total disease burden. This will be further compounded by lifestyle and behavioural change diseases inevitable in a society with an economy as vibrant as Bhutan's. Therefore, efforts will be expanded in developing adequate and appropriate curative services, with focus on developing human resource, service standards and introduction of services and technologies that correlate with the morbidity, mortality and referral burdens faced by the Government. Based on public health and medical priorities, expected health outcome and cost efficiency analysis as well as assessments of sustainability, medium to long term plan for further development of the secondary and tertiary care will be outlined and implemented.

10. *Intensify activities for the prevention and control of prevailing health problems and emerging and re-emerging ones.*

Whilst communicable diseases continue to be a problem, the combined impact of demographic transition and change of lifestyle has given rise to growing numbers of diseases related to elderly, reduced physical activity, obesity and substance abuse. In addition, a number of emerging and re-emerging diseases are also expected eventually to increase demands for provision of services from the health sector. Also apart from basic health care needs of the rural population, Bhutan will face the much familiar issues of rapid urbanization and its associated problems.

Programme priorities and management

To address the prevailing problems and emerging and re-emerging problems, the individual programme strategies will be reviewed and revised to develop a dynamic course of action as and when relevant research results and new data provide sufficient information.

Health Programmes

While management and implementation of the health programmes will be integrated, the individual programme objectives will be maintained to ensure that all aspects of the health care delivery system receives the required attention. However, scarce financial and professional human resources dictate that prioritisation takes place in order to appropriately provide the services that are most essential.

Programme that will continue to be accorded high priority are the Information, Education and Communication for Health (IECH), STD/AIDS, Nutrition, RWSS, Family Planning and Comprehensive School Health Programme. CBR and Mental Health programmes will continue to be strengthened to improve quality of health services. Early Child Care and Development will be introduced and integrated in the existing programmes.

□ **IECH**

The IECH Division provides services to all health programmes especially on promotive and preventive health issues. The Programme strategies are recently revised to cater for future demands and a plan for upgrading the technical capacity in the Division will be implemented in the first half of the 9FYP. And also to reduce the burden of diseases, advocacy and information campaigns will be intensified, targeting priority health concerns including emerging and re-emerging diseases.

□ **STD/AIDS programme**

The STD/AIDS Program activities will be mainly focussed on sustaining the ongoing strategies like surveillance, blood safety and re-emphasizing on Universal Precaution practices in addition to the general education among the young people.

□ **Nutrition programme**

There will also be promotion of healthy living and better nutrition through community based nutrition programme and reduce the low birth weight and micronutrient disorders.

□ **Early Childhood Care and Development (ECCD)**

Since it is evident that investment in the early years of a child promotes physical, mental, social and emotional abilities that will enable them to survive and thrive in the later years, ECCD aspects will be integrated into the existing programmes wherever related and new areas that need to be addressed introduced. Though there is a policy that addresses the importance for all under 5 children to attend monthly clinics for immunization and growth monitoring, children do not attend the clinics unless ill, once they have completed their immunization schedule. Therefore, under-5 clinics need to be institutionalised to not only focus on ECCD activities but also to enhance growth monitoring. Health workers and others like BHWs need to be trained to increase their capacity to promote and advocate ECCD. Further, a clear policy to address the overall child development is essential.

□ **Rural Water Supply and Sanitation (RWSS)**

To achieve a sustainable improvement of the welfare of the rural households, the RWSS programme will continue to look at providing safe water supply and sanitation facilities to all the rural population.

□ **Other programmes**

Apart from the emphasis in the above-mentioned programmes, the existing programmes will be maintained. These programmes include the Expanded Programme on Immunization, National TB Control Programme, Acute Respiratory Infection Control Programme, National Control of Diarrhoeal Diseases, National Malaria Control Programme, Leprosy Control Programme, Oral Health Programme and Primary Eye Care Programme.

## **PROGRAMS AND BUDGET OUTLAYS**

### **Health infrastructure**

The improvement brought about in the life of people is the direct result of a significant increase in the access to PHC services, which is now estimated to cover more than 90% of the population. Thus, within a short span of time the RGOB had managed to develop a health system comprising of 29 hospitals, 160 BHUs and 447 ORCs (refer Table 1).

However, despite the elaborate coverage with PHC, there are still necessary improvements to be made to extend the services to reach the un-reached. The challenge for the future is how to reach those who are currently not reached by the services. It is thus a priority to make health services more accessible to people living in the remote areas through the BHUs and ORCs. Further, there may be pockets in the urban areas where the population may not avail the services, and hence the priority will also be given to such a group of population through the establishment of satellite clinics in the towns.

Constructions of the Health Building, Trashigang and Trongsa hospitals will be continued, while the reconstruction of Phuntsholing hospital will be carried out. There will be a few new constructions within the plan period that will be considered upon the thorough needs assessment and the criteria developed by the Ministry. Therefore, in general, there will be less of infrastructure expansion and the main thrust will be on the completion of the on-going constructions and further developing and sustaining a well functioning, decentralised maintenance system.

### **Disease control programme**

#### *1. Expanded Programme on Immunization*

The EPI services are fully integrated into the general health services and it is important to maintain its high coverage to reduce morbidity among the children under five year of age and all pregnant women and women in child bearing age. EPI activities are intensified to maintain the universal child immunization coverage. Further, new vaccines like Hib and others may need to be introduced following appropriate assessments and analysis. Polio eradication will also have to be planned on.

#### *2. National STD/AIDS Prevention and Control Programme*

Comprehending the problem of STDs/AIDS in the country with pockets of high prevalence in some areas, the timely and effective interventions will be made to reduce and control the frequency of the disease and its transmission. Through the multi-sectoral approach, all the Dzongkhags will have the Working Committee formed to deal with the STD/AIDS problem. The increased mobility of the people in and out of the country and the unchecked incidence of prostitution in some major townships are understood to be the main reasons of its spread across the country.

3. *National TB Control Programme*

With most of the diagnostic services available now at the dzongkhag hospitals, the implementation and monitoring of the TB control activities have improved on the whole. Since the WHO's declaration of TB as the global emergency, Bhutan adopted the DOTS strategy as the tool to tackle the disease throughout the country. As this method continues to make a significant progress, and considering its effectiveness, it will be further reinforced. Substantial community efforts are required not only to improve the accessibility of DOTs to the people but also to generate the awareness about the various facets of TB problems. Besides, emerging problem of HIV calls for formulation and implementation action plans for management of HIV-TB co-infection. Surveillance also needs to be undertaken on the prevalence of MDR-TB, which is an indicator of the programme's success.

4. *National Malaria Control Programme*

Over the last past years, there had been dramatic changes in malaria case morbidity and mortality through the programme's interventions with the appropriate control measures. Malaria, though mostly prevalent in southern dzongkhags, is also found to have spread in some other neighbouring dzongkhags. The cross-border malaria transmission is also an accepted phenomenon that needs concerted and collaborative efforts from both sides of the border to combat the malaria menace. Malaria awareness among general population is poor, therefore, IEC advocacy activities need to be intensified and sustained in order to improve early case detection and prompt treatment. The Research and Entomological Units need to be strengthened.

5. *Acute Respiratory Infections (ARI) Control Programme*

Acute respiratory infections take the top position in the disease spectrum in Bhutan. It is the main contributor of morbidity though the extent of mortality that it causes is unclear.

Convinced that there is high prevalence of the common illnesses like ARI and CDD among the children, the programme must look into the integrated approach to handle them. The recent trend shows that under-5 morbidity suffering from cough and cold is 81%, while from pneumonia is around 20%. Existing MCH clinic will be expanded into 'well-child-clinic' to promote childcare practice for children under five. Parents and guardians will be encouraged to attend to such institution even after the completion of the immunization schedule till the age of five.

6. *National Control of Diarrhoeal Disease Programme*

As it is evident that the diarrhoeal diseases still continue to be a major health problem affecting the survival of the children of the country, standing second in trend among the ten commonest morbidity. More effort has to be put in to ensuring the continuance and effectiveness of the public awareness and education campaign. There is a large knowledge and practice gap on the various health activities; therefore, the programme will give more emphasis on providing the awareness training for the health workers, VHWs and the mothers/care

givers on the proper management of diarrhoeal diseases, sanitation, hygiene practices and correct feeding practice.

7. *Leprosy Control Programme*

Although leprosy does not pose much of a problem as of now, unlike earlier times, the efforts will be maintained to address the acute disabilities and deformities and sustain surveillance to ensure elimination status.

8. *Primary Eye Care Programme*

This programme will be strengthened and its objective of preventing and controlling of major avoidable causes of blindness will be continued. The eye care services will be made available in most of the major dzongkhag hospitals.

**Non-disease programme**

1. *Information, Education and Communication for Health*

Health's success invariably depends on the wholesome actions of an individual, family and community. People will have to make their own decisions both at individual and communal level to become more responsible for their own health. This necessitates the people to adopt and uphold healthful life practices to maintain their health and prudently utilize the health services available to them. Reaffirming that the role of community is something that cannot be left out in the planning process of health, the Programme will aim at improving and strengthening of community involvement and participation in health promotion. There will also be improvement and expansion of IEC in support of utilization of Reproductive Health (RH) services, promotion of intersectoral collaboration and even the involvement of private sector. Hence, the programme is going to place high priority on the awareness raising and education of the population for the implementation of the Government's population and development objectives.

2. *Reproductive Health and Population Development*

High maternal death ratio, high infant and under five deaths, high fertility rates and high natural growth rates had been some of the concerns of the Government. In wake of the rising concerns, the integrated maternal and childcare, family planning, Safe Motherhood, Adolescent reproductive health and other RH related programmes were started.

Since the reproductive health is essential for all the stages of human development and an important component of the PHC delivery system of the country, there is a need to step up the strategies that focus more on the family planning method, safe motherhood and child survival, community awareness about the transmission and prevention of STDs/HIV, reduction in teenage pregnancy and mortality due to cervical cancer. Focus will also be given in the establishment and strengthening of Emergency Obstetric Care (EmOC) facilities in the country. Apart from the health education and public awareness, there is a need to improve the quality of reproductive life of men, women and adolescents by establishing a high quality reproductive health services.

3. *Human Resource Development*

Health is manpower intensive sector. Development of national capacity will fill the present gap of manpower requirement and improve the quality of the services. The HRD Masterplan has been revised based on the expected future developments within the health sector. However, the HRD masterplan will be subjected to revisions during the plan implementation, if necessary since the masterplan is a living document. A major objective is still to ensure a national capacity development in the sector. The development of a Continuing Education System for health personnel will cater to the need for health workers to continue the education throughout their careers in view of the changing environments in terms of technologies and health needs.

4. *Community Based Rehabilitation Programme*

Disability is a global phenomenon of huge proportions. It is estimated that 7% to 10% of the world population is disabled resulting from diseases, trauma, malnutrition, genetic causes, poverty etc. Bhutan itself has about 3.5% disabled population that is quite a large number in relation to the small overall population of the country. The disabled are severely affected by hardships and functional problems in daily life activities. Thus, the objectives should be developed as to give recognition and inclusion of disability prevention and rehabilitation as an integral part of PHC in all the dzongkhags and promote the social integration of people with disabilities with community activities.

There will be appropriate steps taken to make all the disabled attain the fullest potentials, become self-reliant within their limitations and be active contributors in the nation building to the extent possible.

5. *Nutrition Programme*

The 1999 Survey indicates that 19% of children under-five are underweight and 40% stunted. Iron, iodine and vitamin-A deficiencies are the three major micronutrients that are of concern to the Bhutanese population. Therefore, to ensure healthy physical and mental development of the women and children, the corrective measures will have to be taken through the intervention of adequate nutrition and avoiding premature death or disability from diet related chronic diseases and making a possibility for everyone to progress into a fit and healthy old age.

6. *Village Health Worker Programme*

The basic philosophy of the VHW programme is to maintain a link between the community and the health services. The concept of PHC is disseminated through VHWs to the community including improvement of basic hygiene and sanitation, prevention of vaccine preventable diseases, family planning, nutrition, STD/AIDS and control of diarrhoeal disease. As of now, the total number of VHWs trained across the country is 1341. So the programme will further facilitate the increased access to health care services, thereby, enhancing the health coverage on the country.

7. *Mental Health Programme*

Mental health is an emerging health problem in Bhutan. It is reported that depression and anxiety constitute 80% of the mental disorders. Since the general knowledge and awareness about the mental health in the country is limited, people have certain beliefs and negative attitudes towards mental disorders that stop them from seeking help and medical treatment. So there is a need to sensitising health personnel and alike to provide mental health care along with the general health care to reduce the problems related to alcohol, drug dependence and mental and neurological disorders among the masses. The programme will be strengthened to gradually cover the entire country with health staff oriented to provide basic mental health care at the community level. The advocacy and IEC activities on the mental health for community leaders, clergy and traditional healers will also be intensified.

8. *Health Management Information System*

Parallel to the development of health services, there has been increasing use of information in the recent years. The use of information is recognized as the crucial element in the health monitoring system to improve the quality of health care and management, problem identification, performance evaluation, strategic planning and optimising the use of limited financial resources. Therefore, there is a need to address the weaknesses and strengthen the existing health information system so that it becomes an efficient tool to support the implementation of the health programmes and to identify indicators appropriate for monitoring the progress within the health sector. Through a sound information collecting process, the data collected could be used appropriately in assessing the quality of services.

9. *Research and Epidemiology*

Research comes as an important tool to evaluate, reassess and prioritise our needs so that the available resources are used optimally. It is also equally important to generate new knowledge as well as to make sound policy decisions. Hence, this unit will be strengthened and promoted to use as a tool to understand the problems and to seek for appropriate cost-effective solutions.

10. *Rural Water Supply & Sanitation Programme*

Over to the already accomplished targets, the programme will be further reinforced to reach the universal coverage of the clean drinking water and sanitation for rural population. It will also be aimed at improving the health of the rural population by reducing the incidence of water borne and related disease through the provision of safe drinking water and basic sanitary latrines.

11. *Quality Assurance and Standardization Programme*

In view of consolidating health infrastructure and giving priority to the quality of services, the standardization and quality assurance of services is important. This would be a means of ensuring the quality of services across the country and a yardstick to assess the performance of the Health sector. Therefore, it is essential to establish structures and processes to ensure continuous improvement in the

quality of health care and appropriate development and use of health technologies.

### **Institutes and Support Units**

1. *Royal institute of health sciences*

The Institute should be geared towards producing competent and qualified health personnel, not only stressing in quantitative term, as the quality of health services delivered depends largely on the quality of the training imparted by the Institute. There is a need to improve the quality of the training programs by upgrading the qualification of the existing trainers and recruiting some additional qualified trainers.

2. *National institute of traditional medicine*

The integration of modern and traditional health care has not only broadened the range of services available but also responded well to the needs and demands of the population. In order to make the traditional medicine system more attractive and cost effective in the dominating modern healthcare, the ways and means should be explored to encourage and promote the traditional products in the market.

3. *Drugs, vaccines and equipment division*

Although the availability of the medicine supplies has improved since the inception of the Essential Drugs Programme, the selection and the procurement of supplies system will be further strengthened. An appropriate mechanism for timely distribution of medical supplies will be given focus. To improve the supplies system and also to save the resources, a proper monitoring mechanism needs to be put in place with the computerised inventory system.

4. *Public health laboratory*

It was established to carry out the Water Quality Monitoring, Food and Drug Analysis. Now it should focus on setting up analytical facilities to monitor the food safety, water quality and Environmental effect on human health. Since the prevalence and incidences of diseases through laboratory diagnosis are necessary, the research and development should be strengthened.

5. *Other programmes/units*

The other programmes/units that are centrally coordinated by the Department of Health Services are Oral Health Program and School Health Program, Environmental and food safety.

## PLANNED BUDGET OUTLAYS

A total outlay of Nu. 6536.074 million for the Health Sector is planned, of which 40% is allocated for capital expenditures and 60% for recurrent expenditure. 69% of the total allocation is for Central programmes and 30% is allocated for Dzongkhag and geog programmes. Only 2% is allocated for Human Resource Development.

While calculating the recurrent cost, it has been assumed that the annual increase in the recurrent cost would be around 8%. Under recurrent expenditures, priority will be given for operation and maintenance of existing facilities.

**Table 6.** Budget outlay

Programme	Recurrent	Capital	Total
Central	2802.426	1703.409	4505.835
Dzongkhag	1131.365	551.028	1682.393
Geogs	0.000	229.846	229.846
HRD (RCSC)	0.000	118.000	118.000
<b>TOTAL</b>	<b>3933.791</b>	<b>2602.283</b>	<b>6536.074</b>

Table 5. Summary Budget Outlay for Central Health Programmes

<b>Ministry of Health (Secretariat)</b>	141.827
<b>Department of Public Health</b>	
General Administration & Directions	34.190
<i>Communicable Disease Division</i>	
STD/AIDS	57.939
TB Programme	48.530
Leprosy Programme	9.960
Malaria Control Programme	133.395
ARI	9.875
CDD	10.789
EPI	139.901
<i>Non Communicable Disease Division</i>	
Reproductive Health	136.777
Nutrition	29.098
CBR	48.825
Mental Health	23.511
VHW	10.715
Environmental & Food Safety	8.129
Primary Eye Care	9.555
Oral Health	12.480
Other non communicable disease	7.486
<b>IECH DIVISION</b>	68.001
Comprehensive School Health Program	5.675
<i>Epid/Hlt. Info &amp; Research Division</i>	
Epidemiology and Research	11.285
Health Management & Information	8.064
<b>Department of Medical Education</b>	
General Administration & Directions	34.190
<i>Institutes</i>	
National Institute of Traditional Medicine	24.053
Pharmaceutical & Research	85.597
Royal Institute of Health Sciences	81.968
Continuing Education	15.000
Department of Medical Services	
General Administration & Directions	34.190
<i>Hospital Services Division</i>	
Health Telematics Project	31.132
JDWNRH Hospital Direction	611.162
Social Care Services (Treatment outside)	296.752
Mongar Regional Referral Hospital	99.219
Yebilabtsa RR Hospital	136.055
General Hospital Services Trashigang	60.039
Dewathang Hospital Services	34.841
Gedakom Hospital Services	21.773
National Indigenous Hospital	41.920
Laboratory/X-ray Services Division (PHL)	97.301
Quality Assurance	14.264
<i>Medical Supplies Division</i>	
Drugs Vaccine & Equipment Division	571.192
HERM	22.788
Bhutan Medical Council	3.857
Medical Supply Depot P/ling	57.130
<i>Infrastructure &amp; Maintenance Division</i>	
Rural Water Supply and Sanitation	81.507
Health Engineering Cell	43.178
PMU for GOI Project Thimphu	670.000
PMU for GOI Project Mongar	370.000
<b>GRAND TOTAL</b>	<b>4505.835</b>

## **FINANCING MECHANISM**

The Government has always accorded a high priority to the social sector. Policy of self-reliance and sustainability will be pursued in view of limited resources generated by the government and high dependency on external aid. In view of this, the capital works be implemented through the external assistance and the recurrent expenditure will be requested to be financed by RGOB. It is, however, assumed that 7% of the recurrent cost will continue to be financed through the external assistance.

It is further expected that the present Health Trust Fund will be fully operationalised and the trust fund is expected to take care of financing of drugs and vaccines.

It is expected that the present trend in financing and supporting the health sector by the government and donors will continue as in the 8FYP. It is also assumed that traditional collaborating partners like GOI, DANIDA, WHO, UNICEF, UNFPA, JICA, etc will continue to provide financial and technical assistance during the 9FYP. For instance, budget for RWSS has been secured from DANIDA till 2004 and the expansion of JWDNRH and Mongar Hospital will be financed by GOI. Also it has been indicated that DANIDA will continue to give its support to health for the 9FYP. It is expected that WHO, Unicef, UNFPA and others will provide the same level of support as of now and continue in the 9<sup>th</sup> FYP.

## **IMPLEMENTATION STRATEGY**

The responsible heads of the Departments, Divisions, Units and Programmes coordinate the programme activities at the national level. The central program plans and implements national level activities and provide technical and logistic backstopping to the dzongkhags. Central monitoring and evaluation is also the responsibility of the programs in collaboration with the department and the ministry.

The DMOs, Superintendents, DHSOs, Health workers, community members will plan and implement at the dzongkhag level in the spirit of integration, decentralization and empowerment.

## **MONITORING AND EVALUATION MECHANISM**

Periodic reporting, supervisory visits and meetings will keep track of the activities. The central level programmes will be responsible for establishing and updating targets, standards, guidelines and procedures for implementing plans.

Monthly, quarterly and annual summaries of the activities at different levels will be reported to the dzongkhags and national level. This will ensure the achievements of the set targets and objectives at all levels and highlight any deviation thereof, so that modification of activities or adjustment in the plan can be decided upon. Appropriate evaluations shall be planned. Establishment of regular information feedback mechanism between all levels of implementing and coordinating bodies will be institutionalised.

Establishment of quality assurance and standardization systems both at the Central and Dzongkhag levels will ensure the quality of the health services delivered and this also can be used as the monitoring and evaluation instrument to intervene and correct the system.