



# **National Health Policy**

## **First Draft**

**Ministry of Health**

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# **PART I: INTRODUCTION**

## **1. Health and Development**

The health development of Bhutan has been remarkable over the years. The improvement in the health status of population has been brought about by a strong health system, increase in literacy, especially of women, and improvements the Renewable Natural Resources (RNR) sector as well as through a concerted effort to improve water and sanitation.

The Royal Government of Bhutan (RGoB) continues to attach high priority to maintain universal access to basic health care services, focusing on equity and quality. This high priority of extending free basic public health care services has been further enshrined as a constitutional obligation including mandating the government to “provide free access to basic public health services in both modern and traditional medicines” and that it shall “endeavor to provide security in the event of sickness and disability or lack of adequate means of livelihood for reasons beyond one’s control.” Bhutan has progressed well on health outcomes and is well on its way to attaining most of the Millennium Development Goals (MDGs). The key area of focus continues to be directed at further improvement in maternal and child health as the foundation of well being of families and communities and thus contribute to Gross National Happiness (GNH).

The important achievements so far have been possible due to sustained focus on primary health care, concerned with equity and expansion of coverage. Bhutan’s successful integration of traditional medicine services and allopathic services has provided alternative choices for the people. Each relevant stakeholder has effectively collaborated and contributed through their specific efforts in generating the good health outcomes for Bhutan. Having achieved much success in increasing health service coverage, the health sector shall shift its focus towards enhancing quality of health services. The financial resources for delivering health have been increasing at a considerable pace and government now allocates around 8% of the GDP to health.

While Bhutan has overcome many obstacles in the past, it must now confront some new and emerging challenges: 1) rising health care expenditure; 2) changing disease pattern; 3) inadequate human resources; 4) changing political environment; 5) more demanding population.

## **2. Key features of the National Health Policy**

Bhutan recognizes health as a fundamental right and a prerequisite for economic development, poverty reduction and the road to Gross National Happiness (GNH). Health as one of the nine domains of GNH, the national health policy reflects various inputs ranging from social, spiritual cultural and environmental aspects. This policy aspires to be congruent with the four pillars of GNH philosophy by taking into account the indicators which will serve as instruments of evaluation over time. The proposed policy implementation shall be through examination of values which will ultimately shape the health status of the Bhutanese population and contribute towards achieving Gross National Happiness.

The National Health Policy sets the agenda and general direction for the overall **health vision:** *“Attainment of highest standard of health by the people of Bhutan within the broader framework of overall national development, in the spirit of social justice and equity”.*

Social justice and equity is to be maintained through a socialized health care system by providing free access to basic public health services, as enshrined in the Constitution.

It is envisioned that health goals would be achieved through sustained provision of quality general and public health services. Sustained focus on primary health care (PHC) shall be maintained to promote equity and expansion of coverage through integration of PHC into the overall health care system and maximum community participation. This shall be further complemented by provision of integrated traditional and modern health care services.

Effort to pursue decentralization system in health care shall be continued through provision of a supportive environment such as competent local administrative and managerial capacity in the implementation of tasks at the Dzongkhag level. However, decision-making power on regulation concerning public safety; and monitoring, assessing, and analyzing both the health of the population and the quality of health services, shall be maintained at the central level.

This policy is gender-sensitive and respects the rights of the people and their aspirations on full participation in policy making, consent and confidentiality in medical decision making. To maintain the values of democracy, transparency and equity, partnership in health shall be recognized as central to planning, implementing and monitoring of health care service delivery for positive health outcomes.

Self-reliance and sustainability shall be ensured by increasing efficiency, careful considerations before introduction of new services and technologies, increasing domestic financing for health, and promoting efficient and proper management of resources in a decentralized setting.

The national health policy is a living document that shall be regularly updated to accommodate the changing environment and the social and economic development of Bhutan.

## **PART II: HEALTH SYSTEM**

### **II.I Service delivery**

#### **1. Health services**

- a. Bhutan shall maintain a three-tiered system of health delivery: primary, secondary, tertiary health services.
- b. The Primary Health Care (PHC) approach shall be the main guiding principle of Health System development. The coverage shall be sustained with 90% of the population shall live within 1 hours walking distance from health facility, i.e. ORC, BHU or hospital.
- c. The BHUs, as the primary health centre, shall reach out to the people through ORC, VHWS and other modes of communication like use of mobile phones.
- d. The Dzongkhag hospitals, as the secondary health centers, shall serve as the referral centres for the BHUs under them.
- e. The national referral hospital JDWRH, as the apex hospital, shall provide technical backup and to regional and Dzongkhag hospitals and tertiary care to the general population.
- f. Effective and well organized referral and feedback mechanism between primary, secondary and tertiary care shall be instituted with the focus to use the services at the local level. This shall avoid unnecessary consultations at secondary and tertiary care centres.
- g. Patients who have complicated or life threatening conditions must be referred as required to the appropriate specialist on time.
- h. Patient requiring referral services from the designated referral centres abroad shall be referred only if approved by the referral committee of the national referral hospital.

#### **2. Quality assurance and standardization**

- a. A nationwide quality assurance system shall be institutionalized with participatory leadership and quality indicators, to measure the ability of our health service to meet the needs of the service users and providers in an equitable and acceptable manner.
- b. Procurement procedures, quality assurance, storage, monitoring and computerized information system shall be further improved so as to achieve availability of appropriate and quality medical supplies to all health facilities.
- c. Setting standards for both human resources, medical and diagnostic services for each level of health facility shall be institutionalized.
- d. The royal government shall ensure all measures are in place to minimize a patient's risk of injury or harm during the delivery of care including accurate patient identification and an up-to-date medical history.

- e. Compliance and recognition of the importance of infection control procedures and practices in health care settings shall be promoted in order to prevent disease transmission from patient to care provider, from care provider to patient, and from patient to patient.
- f. Safe and appropriate method of waste disposal shall be adopted to minimize the risk of transmitting microorganisms and potential infection via this route.
- g. The use of antimicrobials in the most appropriate and prudent way for the treatment or prevention of human infectious diseases shall be enforced to reduce the risk of antibiotic resistance, minimize healthcare associated infections and cost.

### **3. Health Infrastructure**

- a. The backbone of basic health service shall continue to be the delivery of primary health care through the network of adequately equipped BHUs, ORCs and hospital out-patient clinics.
- b. Strategic planning for construction of health infrastructures including new, up gradation and relocation shall be done by capturing the key parameters such as service demand, demographic profile and resource availability.
- c. All health infrastructures shall be of sustainable design integrating environmental and health principles and practices to promote a safe patient environment minimizing infection risk.
- d. The Dzongkhag authorities shall be responsible for management and resource mobilization for maintenance of all health infrastructures in their respective Dzongkhags.

### **4. ICT and Telemedicine**

- a. Information, communication technology (ICT) services shall be optimally utilized as an empowerment tool for all kinds of health service delivery.
- b. Use of telemedicine and ICT shall be pursued considered as a viable alternative to enhance access to high quality diagnosis and care to the people in the periphery.
- c. Improvement, expansion and increased utilization of telemedicine services for patient treatment as well as continuing medical education for health workers shall be promoted.
- d. Health Telematics and ICT services shall be further promoted to provide specialized consultative opportunities for all health professionals both within and outside the country.

## **II.II Health Human Resource**

- a. Only those health professionals certified and recognized by the Bhutan Medical and Health Council (BMHC), shall be permissible to practice their profession in the country. The registration status shall be renewed, subject to fulfillment of continuing medical education (CME) credit requirements.

- b. Intensification of human resource development through appropriate trainings, up-gradation courses and continuing medical education shall be maintained.
- c. The selection, recruitment and deployment of health professionals at all levels shall comply with the prevailing Bhutan Civil Service Rules & Regulation (Civil Service act). Dzongkhag Health authorities shall have the authority to deploy or transfer health workers within their respective Dzongkhags.
- d. Establishment of new health training institutes like Bhutan Institute of Medical Sciences and introduction of new degree programmes through up gradation of the existing institute shall be adopted to address the health human resource issues in the long term.
- e. Advanced nursing practice shall be promoted to achieve excellence in professional practice and nursing care.
- f. More focus shall be given towards exploring the use of technology to promote access to health care services and address the human resource shortage.
- g. WHO minimum benchmarks for health human resource requirements shall be used as the baseline for human resource planning. However, benchmarks shall be addressed in context of Bhutan's specific needs.
- h. Health Human Resource Master Plan shall be revised and updated taking into consideration the epidemiological and population profile. Human resource planning shall focus on having more health workforce at the working level and fewer experts to deliver specialized care.
- i. An incentive mechanism shall be put in place to retain qualified clinical personnel in the system.

## **II.III Health Information and research**

- a. A single entity of Health Information system that provides comprehensive quality health information including disease epidemiology, diagnostic services, human resource for health, and health financing shall be instituted.
- b. The national health research system shall be enhanced to provide an enabling structure to facilitate in conducting research that improves human health and wellbeing in Bhutan through evidence based decision making.
- c. Information about a patient shall not be disclosed to a third party without patient consent unless it is for providing effective care and treatment or in circumstances where the wider public interest outweighs the rights of the patient to confidentiality in order to maintain trust and understanding between a healthcare provider and patient.
- d. Any medical procedure in the course of providing care and treatment to be performed only upon receiving informed consent from the patient party.

## **II.IV Medicinal products, vaccines and technologies**

- a. The government shall ensure that 90% of essential drugs are available at all times in all the health centers.
- b. All new health technologies including pharmaceuticals, biological, medical devices and equipments for introduction into the health sector shall only be done so after systematic evaluation and assessment of its safety, efficacy, quality, indication for use, cost and cost-effectiveness, including social, economic and ethical consequences.
- c. The government shall adopt and implement a central procurement and distribution strategy that ensures the availability of cost-effective medical supplies of good quality, in compliance with generic specifications and in line with the standardization of services, through a sustainable financing mechanism.
- d. Access to safe, effective and quality essential medicines and vaccines shall be improved through an efficient supply management system and promotion of rational drug use.
- e. The use and acceptance of international non-proprietary names (generic medicines) shall be advocated to improve availability and promote affordability.
- f. Donation in any form shall not be permissible if it does not comply with the specifications and standards of the essential drugs list or the standards of existing services and specifications of equipments
- g. Bio-medical engineering services shall be strengthened by instituting an effective maintenance system for medical equipments. Bio-medical engineering services shall actively participate and guide the procurement, selection and quality assurance of medical equipments.
- h. Facility-based ownership for care and maintenance of medical equipment shall be promoted and institutionalized through a decentralized process.
- i. The government shall ensure that all safeguards (especially parallel importation and compulsory licensing) and other flexibilities (including provisions against 'evergreening') that can help ensure access to affordable, generic medicines will be incorporated in the national legislation, and will be implemented as necessary, in line with international agreements.

## **II.V Health Financing**

- a. Government, as the elected representatives of the people, shall be the responsible for ensuring solidarity and universal access to quality health care.
- b. Adequate financial resources (8-10% of GDP) shall be made available to health sector to fund both health promotion and the provision of effective and quality health care for all.

- c. No commitments shall be made during trade negotiations with regard to health and health services (FDI in health-related services and foreign health professionals) in order to retain maximum flexibility for the government to adopt policy measures that guarantee the quality and equitable access to health services. However, the government shall explore possibility of FDI in health services.
- d. Bhutan shall explore a mix of the health care financing system including insurance, tax based financing and public-private partnership. Any financial restructuring must not deprive the vulnerable group (people living under poverty, women & children) from access to quality health care.
- e. Before embarking on any new financing mechanism, the government shall device the necessary regulations to ensure that such modalities benefit the entire population and not just the privileged.
- f. Bhutan Health Trust Fund shall continue to be an alternative source of health care financing to provide sustainable universal access to essential drugs and vaccines and will be de-linked as an autonomous body.
- g. Government shall continue with the strategy to charge user fees for non-essential health care services, e.g. private cabins and tertiary dental services.

## **II.VI Leadership and Governance**

### **1. Policy setting**

- a. The health sector shall be responsible for the policies, programme designs, technical guidelines and directives to all the preventive, promotive, curative and rehabilitative health programmes.
- b. The plan of the health sector shall be formulated based on the overall decentralization policy of the government within the geog-based planning framework. The central plan shall be developed based on the needs and priorities of Geogs and Dzongkhags.
- c. Mechanisms for central programmes to decentralize implementation and fund management to Dzongkhags shall be instituted.
- d. In line with the decentralization policy, Dzongkhag health services shall be strengthened in terms of managerial and clinical support mechanisms and structure to ensure continued Quality health service delivery at dzongkhag and gewog levels.

### **2. Health legislation and Regulation**

- a. All health interventions shall be done in compliance with the existing health related acts and regulations along with international, regional and national conventions, resolutions and treaties.
- b. A National Health Act shall be formulated to enforce the National Health Policy.

- c. The Bhutan Medical and Health Council shall function as an independent body to regulate the practice of medical and health professionals in Bhutan with primary role being to protect the health of the public.
- d. The Drug Regulatory Authority (DRA) shall be the independent and transparent authority to regulate and ensure the safety, efficacy and quality of medicinal products.

# **PART III: DISEASE CONTROL AND MEDICAL CARE**

## **III.I Preventive and Promotive Services**

### **1. Communicable Diseases**

- a. The public health laboratory and the centre for tropical and zoonotic diseases shall advise national policies on infectious diseases through provision of diagnostic testing, disease surveillance, applied research, laboratory training and other essential services to protect public's health and wellbeing.
- b. Priority shall be given to strengthen preventive services for conditions that account for high disease burden in Bhutan such as acute respiratory infection (ARI) and diarrheal diseases.
- c. Multi-sectoral and multi-disciplinary approach shall be emphasized to promote universal access to prevention, treatment, care and support for HIV/AIDS through individual and collective responsibility.
- d. Prevention of mother to child transmission shall be intensified and integrated in the overall care and treatment for HIV pregnant women and babies born to positive mothers including provision of formula feed.
- e. Efforts shall be intensified to strengthen prevention programmes as an effective way to prevent the further spread of the disease to address issues of gender equality, human rights and intentional, reckless and accidental transmission of HIV/AIDS.
- f. The risk of emergence of drug-resistant communicable diseases such as tuberculosis and associated mortality shall be addressed through provision of early diagnosis and treatment using the directly observed therapy strategy (DOTs).
- g. Efforts to reduce the adverse effects of and mortality due to vector borne diseases, both indigenous and imported, shall be continued by enhancing vector control activities and ensuring availability of fast and effective treatment at all times.
- h. In compliance with the International Health Regulations (IHR) 2005, the Royal Government shall adopt a multi-sectoral approach to fulfill all obligations for detection, prevention and control of international spread of disease while avoiding unnecessary interference with traffic and trade.

### **2. Non-communicable diseases and health promotion**

- a. Collective and integrated approach shall be taken to control the behavioural and environmental risk factors to reduce the incidence of non-communicable diseases.
- b. Health care, health promotion activities shall be strengthened and incorporated as a vital component in all relevant programmes and interventions.
- c. Addressing social determinants of health and adaptation of healthy lifestyles shall be the key means for promoting good health.

- d. Nutrition services shall be scaled up to diminish the poor health and negative economic outcomes associated with malnutrition and obesity not only through health but also through appropriate actions in agriculture, rural development, water supply and sanitation, social protection, education, gender, and community-driven.
- e. No (binding) commitments shall be made (during trade negotiations) that undermine the ban on tobacco.

### **3. Maternal and Child Health**

- a. Universal access to family planning services shall be provided to promote the health and welfare of the family.
- b. Every effort shall be made to ensure that all pregnant women receive full antenatal care to prevent maternal, perinatal and neonatal mortality.
- c. The government shall facilitate in promoting all child births to be attended by skilled health workers in adequately and appropriately equipped health centres with essential and emergency obstetric care facilities.
- d. All children shall be exclusively breastfed for the first four months and continue breastfeeding till the child attains two years of age.
- e. Focused efforts to reduce mortality and the frequency and severity of illness in infants and young children shall be made by improving case management practices of health staff, by providing appropriate guidelines and by promoting their use.
- f. All children and pregnant women shall have free and equitable access to safe, quality and cost-effective vaccines in the immunization program to protect against vaccines-preventable diseases.
- g. The introduction of new vaccines shall be done only after assessing the disease burden, public health impact, cost effectiveness of the vaccine, affordability and sustainability.

## **III.II Medical Care**

### **1. Traditional medicines**

- a. As traditional medicine is indigenous, sustainable and affordable, the system shall be preserved and promoted by effectively integrating it into the overall national health care delivery system.
- b. Focused efforts shall be directed towards improvement in the production and quality of traditional medicines services through strengthening human resource and infrastructure development to enable its potential as a centre for wellness tourism.
- c. Identification and demarcation of areas rich with medicines plants for care and management by relevant Dzongkhag Administration shall be instituted

## **2. Diagnostic services**

- a. Diagnostic facilities and services shall be enhanced to promote early diagnosis and treatment.
- b. Every effort shall be made to ensure easily accessible and adequate supply of safe and quality blood and blood components collected from a voluntary donor in well equipped premises, which is free from transfusion transmitted infections, and is stored and transported under optimum conditions.
- c. Mandatory testing of all blood and blood products shall be done for HIV/AIDS, hepatitis and syphilis.
- d. The royal government shall provide cancer screening services especially for cervical and breast cancer in a manner which is acceptable to women in the target group and in accessible, non-threatening and comfortable environments.

## **3. Emergency medical services**

- a. All health facilities shall provide an appropriate system of care in case of disasters and epidemics. The services shall be supported by appropriate transport facilities, safe health infrastructures and competent emergency medical team.
- e. National emergency preparedness plans shall be maintained at all levels to detect, report and respond rapidly to public health events of national and international concerns.

## **4. Services for special groups**

- a. Healthy ageing of older people shall be promoted through social commitment and community involvement allowing them to maintain autonomy, self-esteem and their place in society.
- b. Appropriate rehabilitation facilities shall be made available to all people with disabilities to live independent lives with dignity through involvement of competent health workers, families and community members.
- c. National Guideline for safety requirements shall be developed to prevent and reduce the high incidence of mortality and morbidity associated with accidents.
- d. Prioritize mental health problems, as one of the emerging non-communicable diseases, emphasizing on the use of existing resources while acknowledging the clinical and cultural realities through a multi-sectoral approach.
- e. Recognition of the importance of alcohol related problems on health in carrying out preventive and curative interventions.

## **PART IV: PARTNERSHIP IN HEALTH**

### **1. Community participation**

- a. Village health workers (VHWs) shall be trained in order to achieve universal health coverage for the rural population and also to encourage community participation in the health care delivery system.
- b. Measures shall be developed to ensure the local populations are better informed about health, life style, environment problems as a prerequisite for community involvement and participation in health.

### **2. Multisectoral collaboration**

- a. All school children shall be provided with holistic education through promotion of healthy lifestyle by empowering them with basic life skills in terms of mental, physical and spiritual aspects so that they enjoy comprehensive health and wellbeing.
- b. Combined psychological, social and educational services shall be provided to address mental disorders.
- c. Specific policies including food safety, car safety systems and roads safety shall be designed to protect consumers and prevent injuries.
- d. The government shall strive to contribute towards the national goal of food self sufficiency through effective enforcement of standards and regulations and shall endeavor to assure that foods are of good quality and safe for consumption.
- e. Mobilization and training of field workers from other sectors to contribute to health development shall be re-enforced.
- f. All the sectors shall invest for health in thier respective agencies and formulate policies and actions accordinly for overall health development. All the sectors shall be accountable for the effects of their polices and actions on health.
- g. Rural water supply and sanitation schemes shall be intensified and decentralized to Dzongkhags and Geogs with active community and multi-sectoral participation in planning, monitoring and management to enhance access to safe drinking water and sanitation facilities.
- h. Population level education shall be emphasized as a key approach to fulfill international obligations and comply with national legislations on tobacco control through multi-sectoral collaboration.
- i. Multisectoral approach to control alcohol consumption, shall be initiated to avoid intentional and unintentional violence at large and traffic accidents.
- j. Multisectoral approach to control unhealthy diets, tobacco and substance abuse shall be strengthened.

- k. Sustained focus shall be given towards achieving universal primary education and eliminating gender disparities, as critical for promoting health especially among girls and women.
- l. The royal government shall endeavor to have in place a system to address and minimize the adverse effects of climate change on human health through emergency preparedness and people education on behavioral adaptations.

### **3. Public-private partnerships**

- a. Mechanisms for participation of the private sector in financing and provision of health services shall be explored.
- b. The government shall continue exploring feasible health services to be outsourced to reduce costs and improve administrative efficiency in medical care.
- c. Based on the unique features of Bhutan, the pristine environment, the concept of spiritual and physical health and the traditional medicine system, the RGOB shall explore medical tourism through public-private partnerships.

### **4. International partnerships**

- a. The government shall take active part in health development with continued engagement with international organizations.

## Bibliography:

1. The Constitution of the Kingdom of Bhutan (2008), RGoB
2. National Drug Policy (2007) Ministry of Health, RGoB
3. Organizational Development Exercise (Sept. 2007) PPD, Ministry of Health, RGoB
4. Medical and Health Council Act (2002), Ministry of Health, RGoB
5. Bhutan Medical and Health Council Regulation (2005), Ministry of Health, RGoB
6. Annual Health Bulletins (2008&2009), BHMIS, Ministry of Health, RGoB
7. The Medicines Act of the Kingdom of Bhutan (2003), Ministry of Health, RGoB
8. Guideline for Infection Control and Health Waste Management in Health Facilities (Third Edition 2006), DMS, Ministry of Health, RGoB
9. National Guideline for Patient Referral Outside Bhutan (2008), National Referral Committee, JDWNRH, Ministry of Health, RGoB
10. Draft National Forest Policy of Bhutan , (Aug 2009), Ministry of Agriculture, RGoB
11. Bhutan Population Policy, Goals and Strategies, (2009), Gross National Happiness Commission, RGoB
12. Draft National Human Resource Development Policy of the Kingdom of Bhutan (2009), Ministry of Labour and Human Resources, RGoB
13. Bhutan Situation Analysis Population and Development (2009), Gross National Happiness Commission – UNFPA, RGoB
14. National Blood Policy Bhutan (1st Edition 2007), Ministry of Health, RGoB
15. Rural Water Supply and Sanitation Foundation for Health, Productivity and Well – being in Rural Areas of Bhutan, RWSS Sector Policy (Dec 2002), Ministry of Health and Education, RGoB
16. National Environment Protection Act of Bhutan (2007), National Environment Commission, RGoB
17. On the Trail of the National Women’s Association of Bhutan (2008), National Women’s Association of Bhutan, RGoB
18. National Health Act B.E.2550 (2007), The Kingdom of Thailand.
19. Bye – Laws Staff Welfare Scheme, Health Services, Ministry of Health, RGoB
20. Strategy for Gross National Happiness (SGNH), GNHC, RGoB
21. WHO Country Cooperation Strategy for the Kingdom of Bhutan 2009-2013 (April 2009)), World Health Organization, Bhutan
22. National Health Policy (2002), India
23. Bhutan 2020, A Vision for Peace, Prosperity and Happiness (1999), Planning Commission, RGoB
24. The Lancet Series Volume 373, Issue 9663, Trade in Health – Related Services (14th Feb 2009)
25. Revised National Health Policy (Sept, 2004) Federal Ministry of Health Abuja, Federal Republic of Nigeria.
26. Draft National Health Policy (Oct, 2003) Ministry of Health, The United Republic of Tanzania
27. Draft National Health Policy (Review 2005), Division of Health Planning and Republic of Information, Republic of Seycelles.
28. National Health Policy 2006-2015 AND Strategic Plan 2006-2010, Ministry of Health, Jamaica.
29. Labour and Employment Act of Bhutan (2007), Ministry of Labour and Human Resources, RGoB
30. National Health Policy (Oct 2002) Ministry of Health and Sanitation, Republic of Sierra Leone.
31. National Health Policy (2007) Federal Ministry of Health, Sudan Government of National Unity.
32. Written replies of RGoB to the List of Issues prepared by the Committee on the Elimination of all Forms of Discrimination Against Women Contained in Document No. CEDAW/C/BTN/Q/7 DATED 12 AUGUST 2008 (July 2009), National Children and Women Commission, RGoB.
33. Second Periodic Report of the Kingdom of Bhutan to the Committee on the Right of the Child (2007), National Children and Women Commission, RGoB.
34. Study of Gender Seterotypes and Women’s Political Participation (Women in Governance) (2008), NCWC, RGoB
35. Draft Transport Policy ( ), Ministry of Information and Communication, RGoB
36. Protocol for Policy Formulation in the Royal Government of Bhutan, GNHC, RGoB
37. Improving Health Service Delivery in Developing Countries, The World Bank, Washington, DC
38. Health Master Plan Summary, Healthy & Shining Island in the 21ST Century (2007 – 2016) Ministry of Healthcare & Nutrition, Democratic Socialist Republic of Sri Lanka
39. Health 21, The health for all policy framework for the WHO European Region ( ), World Health Organization, Regional Office for Europe , Copenhagen.
40. Draft National Health Policy ...An Update (Aug, 2008) Ministry of Health and Family Welfare, Govt of the Republic of Bangladesh.
41. Draft Economic Development Policy of the Kingdom of Bhutan (2009), Ministry of Economic Affairs, RGoB