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Health Care Service in the Context of Gross National Happiness

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1. INTRODUCTION: Health care system in Bhutan

Since its introduction in the latter half of the last century, the modern Bhutanese health care system is built around the strong foundation of primary health care for which the country has received several international acclaims. The health sector, which together with the education formerly constituted the social welfare ministry, continues to garner strong commitments from the highest echelons of power in terms of budgetary appropriation and other forms of support.

All aspects of health care including referrals outside the country for highly tertiary medical treatments are provided free of cost to its citizens is indeed not only unique feature but also a reflection of the government's commitment to build a healthy society. The Constitution of Bhutan further guarantees to its citizens that the government shall, as a matter of state policy, provide free access to basic health care services both in allopathic and traditional medicines.

The Bhutanese health care system is rooted in its practices and precepts of Buddhism characterized by an abundance of traditional healers, spiritual practices, and natural propensity of the Bhutanese for social cohesion and compassionate coexistence with all forms of sentient beings in perfect harmony with one's environment. The practice of '**gSo-ba Rigpa**', popularly known as traditional medicine, has evolved as a distinct entity and today both the allopathic and traditional systems of health care services are provided side by side in all the district hospitals.

From a virtually non-existent health facilities in the early sixties in terms of modern sense, there are now 519 outreach clinics (ORCs), 178 primary health

centres (BHUs) and 30 hospitals including one indigenous hospital, which are manned by 157 Bhutanese doctors, 38 traditional doctors – known as the Drungtshos, 559 nurses, and 2451 other category of health workers.

When I pointed out to the Minister of Health from Cuba the system and structure of our health care from ORC to BHU through district hospital to the National Referral Hospital, he commended on Bhutan's development of a comprehensive of health care system that caters to the people at the grass root level. My predecessor profusely told me that Bhutan has a functional primary health care system.

Guided by the visionary monarchs and steered ably by a dedicated team of health workers, the country has made remarkable achievements in such a short span of social development. Tangible improvements in many of the traditional health indicators, such as enhanced life expectancy to about 70 years, significant reductions in maternal mortality ratios, infant and child mortality rates, universal immunization coverage of over 90 percent, eradication of polio and iodine deficiency disorders, marked improvement in access to safe and portable drinking water supply, and evolving curative services bear testimony to the glaring achievements in the health sector. Recently, Bhutan was selected for the GAVI Award for the best performance in Child health and immunization programme.

Even as we deliver almost all forms of public health care predominantly in an integrated approach through the primary health care model, the secondary and tertiary level services are being expanded through appropriate investment in health human resources and health infrastructure developments.

2. HEALTHCARE CHALLENGES

Notwithstanding the tremendous achievements made by the health sector, there are several multi-dimensional challenges that call for reorientation of policies and priorities, restructuring of health human resources, and long term health care planning and information management. The Ministry of Health is working on the National Health Policy based on the philosophy of GNH.

Like in any other countries, Bhutan is facing the problem of double burden of emerging and re-emerging diseases, inequitable access to health care, shortages of health human resources, wastages and fragmentation of health care, low morale amongst health workers, etcetera. These are compounded by difficult geographical terrains, scattered populace, rural to urban migration, widening gap between those who can and those who cannot afford, expectations of quality care, the opportunities afforded by technological advances in medical sciences and skyrocketing health care cost. Sustainability of healthcare financing is our concern.

3. HARMONISING HEALTH CARE WITH THE CONCEPT OF GNH

The term 'health' has been variously defined using different contexts. Traditional view held the 'absence of disease' as being equivalent to 'health', so that 'if one was free of disease then such individual was considered as being healthy.' The ecologists propounded health as being a dynamic equilibrium between man and his environment and maladjustment of man to his environment being manifest as a disease. From psycho-social perspectives, health was considered as being both a biological and social phenomenon that is influenced by social, psychological, cultural, economical and political factors. The WHO defines health as **'a state of complete physical, mental, spiritual and psycho-social well being and not merely an absence of disease or infirmity.'** The holistic model views health as being 'a sound mind, in a sound body, in a sound family, in a sound environment.

GNH encompasses both the health of an individual and that of the society he lives in or belongs to. Symbiotically, a nation or society cannot be healthy without a healthy people. The growing acceptance worldwide of the concept of Gross National Happiness as being a viable alternative to development paradigm is a testimony to the many problems inherent in the traditional capitalistic and socialistic development philosophies. The main focus of GNH, as a development approach which was promulgated by the fourth King Jigme Singye Wangchuck, is holistic, participatory, people-centered and balanced development of society built around the four pillars, namely, (i) sustainable and equitable socio-economic development, (ii) conservation of environment, (iii) preservation and promotion of culture, and (iv) promotion of good governance. These four broad pillars are structured around nine main domains - time use,

living standards, good governance, psychological wellbeing, community vitality, culture, health, education and ecology.

Let me then speak about health in the context of the four pillars of GNH.

Sustainable and equitable socio-economic development

It goes without saying that a healthy people directly impacts the socioeconomic development of a country through productive participation in the economic activities, enhanced quality of life and improved standard of living. Therefore it is not only pertinent that the health care delivery is based on equality and equitable access to every section of the Bhutanese but also on a sustainable basis. We cannot dream of achieving GNH if every Bhutanese citizen has no access to all levels of health care services, right from the basic health care to even the life-saving or life-sustaining tertiary care within or outside the country. In Bhutan, this is provided free of cost to all the people irrespective of social class, creed, race, economic, ethnicity, and religious and political affiliations.

Of several measures taken for sustaining health care financing, one is the establishment of the **Bhutan Health Trust Fund**. The primary objective of the Health Trust Fund is to sustain primary health care through continued and uninterrupted supply of essential drugs and vaccines. The fund, launched in 1998, began operationalization with the procurement of Hepatitis B and anti-rabies vaccines as early as 2003. In November 2009, the initial target of USD 24 million has been achieved and the new target being set up.

In order to strengthen equal and equitable access to healthcare, the government has constructed several basic health units (BHUs) and outreach clinics (ORCs) across the nook and corner of the country. The concept of voluntary village health workers (VHWs) has facilitated the health sector in taking health care further to the community and family levels. The current government is committed to further strengthening these important components of service delivery systems. We are also considering the establishment of the Health Help Centre, a kind of Call Centre under the Public Private Partnership, along the line of HMRI and EMRI in Hyderabad, India, to enable the people in rural areas to have access to a health professional within one hour.

One of the teething problems of the health sector is the continuing shortages in health human resources – both in terms of the number and the spectrum of

disciplines or specialties. The government has initiated a number of long term strategies to bring about harmonization of health human resource development and management with the long term goals of providing quality health care through evidence-based approaches in an equitable and sustainable manner. A few of these are:

- (i) Groundwork is in progress on the establishment of **Bhutan Institute of Medical Sciences** as an overarching apex institute with a university status and full autonomy and comprising of different sister faculties of medicine, nursing, public health, traditional medicine, allied health sciences, etc. The BIMS is intended to address the shortage of medical and health professionals. In the near future, even our remotest Basic Health Units will be manned by doctors and other skilled health workers.
- (ii) Increase in the slots for undergraduate medical training programmes outside the country so that more medical graduates are available for employment in the health sector. The government also provides monetary support to individuals undergoing medical education at their own expenses.
- (iii) Institution of **allowance system** for the health workers involved in full time clinical practice to motivate the health workers and maintain a continuous pool of health workforce.

Other short term measures initiated by the present government in the last couple of years to facilitate equitable access to quality care include-

- (i) Creation of posts of '**nurse assistants**' and 'accelerated nurse training programme' to train as many nurses as possible both within and outside the country in a short span of time.
- (ii) Strengthening and expanding the **Health Volunteers Overseas (HVOs)** programme to disciplines other than Orthopaedics;
- (iii) Institution of **SAARC Telemedicine** at the JDWNR Hospital and **Rural Telemedicine** projects in the BHUs and hospitals;
- (iv) Promotion of information technology by equipping the health centres with computers, printers, fax machines and other accessories;

Feasibility studies are at different stages of progress on several strategic interventions to be initiated to gear health care delivery in terms of equality, choice, equity and fair access to health care.

‘Off Hour’s Clinic’ is being explored as a viable alternative to providing choice to the people on payment basis in order to access health care beyond the normal working hours. There are numerous potential benefits that individuals availing OHC services can accrue from the scheme, such as reduced waiting time, getting to choose health providers, ability to schedule the consultation process, convenience for working individuals and those engaged in businesses, and better coordinated care. The health providers also benefit by way of financial returns for the services provided while the system, too, is also benefitted through better coordination and management of human resources and infrastructures.

Convergence of Health Care with Traditional and Cultural Practices

The Bhutanese psyche, culture, and traditional practices are intricately influenced by Buddhism which is manifested in different traditional healing practices, spiritual rituals and beliefs, and beliefs in compassion and peaceful co-existence with all sentient beings. Evolving from such spiritualistic and religious beliefs and practices is the traditional system of medicine, known as **‘gSo-ba Rigpa’**, which has played an important role in healing much before the advent of modern medicine in the country. Today both these services can be accessed under one roof in district hospitals around the country.

Traditional medicine can be tapped to address psychological well being, one of the GNH domains, in addition to catering to the physical health care needs of the people. Available database indicates that mental health problems and suicide and other forms of self harm are being increasingly reported by the health centres around the country. Such ailments may better be managed through integration of the mental health services with the traditional medicine and religious practices through approaches such as contemplative meditation, herbal steam sauna, hot stone baths, acupuncture, herbal massage, and other forms of traditional treatments.

Notwithstanding the government’s stated policy of integrating both these systems of medicines, the vast potentialities of traditional medicine remains untapped yet. The present government is committed towards optimal utilization

of traditional medicine services. Introduction and expansion of existing facilities, such as herbal steam sauna, hot stone baths, acupuncture, herbal massage, and other forms of traditional treatments in the district hospitals on cost sharing basis are being explored. The wellness centre using all indigenous medical care services will form part of medical tourism.

Strengthening Good Governance in Delivery of Health Care Services

The main foundation of the GNH development paradigm is the concept of ‘good governance’, which will determine the final outcome of all our developmental intervention strategies in the pursuit of Gross National Happiness. Therefore it is very pertinent to strengthen ‘good governance’ in health care delivery systems.

Notable among some of the initiatives undertaken by the government in general and the health ministry in particular, is decentralisation process whereby the health sector in the districts are empowered to make decisions in relation to the management of health human resources, formulation of developmental plans, implementation, monitoring and supervision processes.

The health ministry has already restructured the Human Resource Committee at the ministry to make the human resource development and management processes more transparent, accountable, and effective. Similarly, restructuring of the Drugs Vaccine and Equipment Division was undertaken to promote standardisation of drugs, equipment and other supplies. Essential Medicine and Technology Division, an entirely new division, was created to streamline the procurement of drugs and non drug items.

Bhutan Medical and Health Council was established to regulate the health professionals and maintain standards of medical education with the ultimate goal of ensuring high quality care. The council has developed a number of policy documents, such as guidelines to writing medical certificates and reports, CME guidelines and regulations governing disciplinary proceedings for medical negligence and malpractice, to streamline the health professionals’ code of conduct in clinical practice. The council also maintains institutional linkages abroad and advises the health ministry in any matters related to medical education, recognition of qualifications and institutions, registration of health professionals and disciplinary proceedings against health workers. The

government is committed towards further strengthening the Council by granting it a full autonomous status.

The Jigme Dorji Wangchuck National Referral Hospital bears the unwavering commitment by the government to strengthen good governance in order for the apex hospital to be able to play a vital role in improving health care services in the country. Thus, it was granted the autonomy.

The first ever National Health Policy (NHP) which is being formulated in the context of GNH is at the advanced stage of completion. The NHP will be the main guiding document to reorient and restructure the current and future healthcare delivery services in line with the goals and objectives of GNH.

5. CONCLUSION

In spite of numerous achievements in the past decades, we have a long way ahead. Given that the country's development is governed by the philosophy of GNH, it has become expedient to harmonize health care delivery in the context of GNH. This calls a multi-pronged interventions such as formulation of health policies, revision of existing policies and directives, reorientation, restructuring and even formation of newer programmes, divisions and departments, convergence of health care delivery with other relevant sectors and stakeholders, ,

My version of a GNH-harmonized Health Care would entail provision of health care by highly competent, knowledgeable, skilled, and motivated team of health workers through compassionate, integrated, patient-centered and evidence-based approaches on equity, equality, and sustainable basis. The health policies should recognize the right of every Bhutanese to enjoy the highest attainable standard of physical, mental and spiritual health. The outcome is generation of healthy Bhutanese people who are able to contribute productively to the socio-economic development of the country, and live in perfect harmony with his environment and fellow countrymen. Indeed, the Health sector is intricately linked to our pursuit of Gross National Happiness.

Our health workers will be smiling and calming Buddhas

Tashi Delek!