The WHO Country Cooperation Strategy is a medium-term vision for WHO's technical cooperation in Bhutan over the period 2014–2018.

This fourth Country Cooperation Strategy has been developed, as in the past, through extensive consultations with the Ministry of Health, related ministries, national agencies, key stakeholders and development partners contributing to the health sector in Bhutan, including United Nations agencies, funds and programmes.

The document provides an overview of WHO collaborative work in Bhutan over the past 30 years, followed by a description of the key priority areas for collaboration during 2014–2018, based on a review of the trends in the health status of the Bhutanese population, the national health system, and response to the major health challenges of the population, attributes of the National Health Policy and the 11th Five Year Plan, as well as development cooperation and partnerships in the health sector in Bhutan. The strategic agenda presented in the document aligns the work of WHO with Bhutan's 11th National Five Year Plan 2013–2018, and with the United Nations Development Assistance Framework 'One Programme' for 2014–2018.

This Strategy serves as a tool to further strengthen the collaboration between WHO and Bhutan, in the spirit of a harmonized and aligned partnership towards the betterment of the health of the people of Bhutan.
WHO
Country Cooperation Strategy
Bhutan 2014–2018
# Contents

Message from His Excellency the Minister of Health .................................................. v
Preface .......................................................................................................................... vii
Foreword ..................................................................................................................... ix
Abbreviations ............................................................................................................. x
Executive summary ..................................................................................................... xii

## 1 — Introduction ........................................................................................................ 1

## 2 — Health and development challenges, and health systems response .......... 3

2.1 Macroeconomic, political and social context ...................................................... 3
2.2 Major determinants of health situation and outcomes ...................................... 4
2.3 Health status of the population .......................................................................... 9
2.4 National responses to overcoming health challenges ........................................ 17
2.5 Health-systems response .................................................................................... 20
2.6 Contributions of the country to the global health agenda ................................ 22
2.7 Summary ............................................................................................................. 23

## 3 — Development cooperation and partnerships ................................................ 25

3.1 The aid environment in the country ................................................................. 25
3.2 Stakeholder analysis ......................................................................................... 25
3.3 Coordination and aid effectiveness in the country ........................................... 28
3.5 Summary ............................................................................................................. 33
# Table of Contents

4 — **Review of WHO's cooperation over the past **
Country Cooperation Strategies .................................................35

4.1  Review of WHO's cooperation with stakeholders ...................35

4.2  Analysis of WHO contribution to health development through implementation of the WHO Country Cooperation Strategy 2008–2013 Bhutan .................................................................37

4.3  Internal review ........................................................................44

4.4  Resource mobilization for the health sector in Bhutan .............47

4.5  Synthesis of key findings and lessons learnt .............................47

5 — **The strategic agenda for WHO's cooperation 2014–2018** ............49

5.1  Health and development challenges and the planning response ...49

5.2  Criteria for priority-setting .......................................................49

5.3  The strategic agenda ...............................................................54

5.4  Validation of CCS strategic priorities with 11th Five year Plan ......62

5.5  Validating the CCS strategic agenda with UNDAF outcomes and outputs .................................................................63

6 — **Implementing the strategic agenda** ........................................67

6.1  Core capacity requirements .....................................................67

6.2  Staffing ...................................................................................67

6.3  Financing ..................................................................................69

6.4  Collaboration and coordination .................................................69

6.5  Coordination with the Ministry of Health and Partners ..............70

6.6  Expanding partnerships and the role of WHO as a knowledge hub ....70

6.7  Delivering on results ...............................................................71

6.8  Monitoring the Country Cooperation Strategy ...........................71

6.9  Using the Country Cooperation Strategy .....................................72

References ..................................................................................73
Message from His Excellency the Minister of Health

The World Health Organization (WHO) is a key partner of the health sector of our nation. I am therefore very pleased to convey my message of appreciation of the work of WHO in Bhutan at the commencement of the fourth Country Cooperation Strategy.

This document reflects the evolving nature of the collaboration between WHO and the Royal Government of Bhutan. This WHO Country Cooperation Strategy Bhutan 2014–2018, while building on the achievements of the past, places emphasis on emerging challenges that the health sector in Bhutan now faces.

While we have made progress in many areas, evidenced by a continuous decline in several communicable diseases and maternal and infant mortality rates, and in increased longevity, we are now faced with new challenges brought about by concurrent socioeconomic and demographic changes, rural-to-urban migration, and alterations in the lifestyles adopted by our people, as well as climate and environmental changes. These have contributed to changing the disease patterns among the Bhutanese population – today many more of our people are affected by noncommunicable diseases, which now account for over two thirds of the disease burden in Bhutan.

The Royal Government of Bhutan remains committed to maintaining free health services for all our citizens, in accordance with our Constitution. Our health system is strongly anchored on the principles of universal health coverage and equitable access to quality health care for all our citizens. The health-sector aspects of the 11th Five Year Plan aim, through several initiatives, to realize and sustain this goal. We are aware that our commitment to this goal cannot be met without both technical and financial support from our key development partners. While we continue to maintain high national budgetary allocations for the health sector, much needs to be done to overcome the gaps in our health system, such as shortages of skilled health personnel, and inadequacies in infrastructure, in the face of rising costs for health care. While we continue to build the capacity of our health system to meet our myriad challenges, WHO will continue to be a key partner working with us on strategies and plans to tackle these challenges.
I am glad to note that the *WHO Country Cooperation Strategy Bhutan 2014–2018* is fully aligned with the current situation of the country and the strategic directions and key results of the *11th Five Year Plan* of the Royal Government of Bhutan. Our close collaboration over three decades has ensured that priorities are developed in harmony and in support of Bhutan’s overall development goals.

I am fully aware how essential our partnership with WHO is to meet the goals we have set for the health of our people. I congratulate the Organization for having prepared this plan in close collaboration with the Ministry of Health and other partners in Bhutan.

I warmly welcome this opportunity to endorse the new *WHO Country Cooperation Strategy Bhutan 2014–2018*. I am convinced that the implementation of the strategy will greatly benefit our people, as we rededicate ourselves to our common goal of further improving the health of the people of Bhutan.

H E Lyonpo Tandin Wangchuk
Minister of Health
Bhutan
Preface

The WHO (World Health Organization) Country Cooperation Strategy Bhutan 2014–2018 serves to reinforce the strategic partnership between WHO and the Royal Government of Bhutan, and define a medium-term framework for technical cooperation with the health sector. It provides direction for WHO’s work in Bhutan for the next 5 years, between 2014 and 2018, and will form the basis for the WHO biennial workplans for this period.

Bhutan has pursued free universal health coverage, based on the primary care approach, as the strategy for social protection and development. This has resulted in significant gains in the health status of the population, and commendable successes in the prevention and control of communicable diseases. The country is now well positioned to eliminate malaria, as well as several vaccine-preventable diseases, in the next few years. Commendable progress has similarly been made in improving maternal and child health. We are well aware that Bhutan is well on track to meet and sustain the health-related targets set under the Millennium Development Goals.

We are equally aware, however, that rapid demographic, social, environmental and consequent epidemiological transitions, have resulted in new challenges for the health sector, posing a triple burden on the health system. Bhutan is yet to overcome the several communicable diseases still prevalent in the country, as evidenced by outbreaks of dengue and new infections of HIV and tuberculosis, as well as tropical diseases. At the same time, lifestyle-related disorders, primarily noncommunicable diseases, now account for an overwhelming burden of disease in the country. Given that Bhutan is prone to frequent natural disasters, a high level of disaster preparedness is also required of the health system.

Addressing this triple burden requires a truly multisectoral approach, based on a strong partnership between the Ministry of Health, other sectoral ministries, national agencies and nongovernmental organizations, and the adoption of a “health in all policies” approach, which already finds resonance in the principles of the Gross National Happiness.

This will be essential to overcome the challenge of maintaining free universal health coverage in the face of escalating health-care costs. We are keenly aware that Bhutan
is also facing a gradual phasing out of funding support from traditional partners and international funding initiatives, as the nation is in the process of transition to lower middle-income status. This, in turn, will call for increasing allocations for health from the national budget and other domestic sources.

WHO is privileged to have collaborated with the Royal Government of Bhutan in their health-development efforts over the past three decades. I take this opportunity to assure the Royal Government of the Organization’s continued close collaboration and support in our common efforts to ensure the realization of greatly enhanced health outcomes for the people of Bhutan in the years to come.

Dr Poonam Khetrapal Singh
Regional Director
WHO South-East Asia Region
The collaboration between the World Health Organization (WHO) and the Royal Government of Bhutan spans over three decades. As a result of this close and sustained partnership, the work of WHO in Bhutan, through successive Country Cooperation Strategies, has always been closely aligned with the work of the health sector to meet the health needs of the Bhutanese population.

This fourth Country Cooperation Strategy, has been developed, as in the past, through extensive consultations with the Ministry of Health, related ministries, national agencies, key stakeholders and development partners contributing to the health sector in Bhutan, including United Nations agencies, funds and programmes.

These consultations have resulted in a thorough analysis of the key challenges and opportunities for WHO in supporting the health-sector response to achieve the strategic objectives and key results for the health sector, as described in the 11th Five Year Plan of the Royal Government of Bhutan. The process of developing this Country Cooperation Strategy was also guided by the main considerations of the ongoing WHO reform process, and the strategic priorities identified therefore conform with both the agenda for WHO’s work as articulated in the 12th General Programme of Work, and the core development directions of the Royal Government of Bhutan.

The six priority areas of work identified within the Country Cooperation Strategy are expected to guide the development of the biennial workplans that will further elaborate the work of WHO in the country during this period, in the spirit of harmonized and aligned support towards reaching national goals for the health of the people of Bhutan.

It gives me great pleasure to present the WHO Country Cooperation Strategy Bhutan 2014–2018 to the Royal Government of Bhutan, as well as to all our national and international partners in health. I trust this document will serve to strengthen our common efforts to advance and nurture the health of the people of Bhutan.

Dr Nani Nair
WHO Representative
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AusAID</td>
<td>Australian Agency for International Development</td>
</tr>
<tr>
<td>BAFRA</td>
<td>Bhutan Agriculture and Food Regulatory Authority</td>
</tr>
<tr>
<td>BHU</td>
<td>basic health unit</td>
</tr>
<tr>
<td>BNCA</td>
<td>Bhutan Narcotics Control Agency</td>
</tr>
<tr>
<td>CCS</td>
<td>Country Cooperation Strategy</td>
</tr>
<tr>
<td>DaO</td>
<td>Delivering as One</td>
</tr>
<tr>
<td>DRA</td>
<td>Drug Regulatory Authority</td>
</tr>
<tr>
<td>DTP3</td>
<td>diphtheria–tetanus–pertussis trivalent vaccine</td>
</tr>
<tr>
<td>GAVI</td>
<td>Global Alliance for Vaccines and Immunization</td>
</tr>
<tr>
<td>GDP</td>
<td>gross domestic product</td>
</tr>
<tr>
<td>GF</td>
<td>Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
</tr>
<tr>
<td>GNH</td>
<td>Gross National Happiness</td>
</tr>
<tr>
<td>HepB</td>
<td>hepatitis B vaccine</td>
</tr>
<tr>
<td>Hib</td>
<td><em>Haemophilus influenza</em> type B vaccine</td>
</tr>
<tr>
<td>HPV</td>
<td>human papilloma virus</td>
</tr>
<tr>
<td>IHR</td>
<td>International Health Regulations</td>
</tr>
<tr>
<td>IMNCI</td>
<td>Integrated Management of Neonatal and Childhood Illnesses</td>
</tr>
<tr>
<td>JDWNRH</td>
<td>Jigme Dorji Wangchuk National Referral Hospital</td>
</tr>
<tr>
<td>MCV1</td>
<td>measles-containing vaccine</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
</tr>
<tr>
<td>mhGAP</td>
<td>mental health gap</td>
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</tbody>
</table>
NCWC National Commission for Women and Children
NEC National Environment Commission
NGO nongovernmental organization
ODA Official Development Assistance
OFID OPEC Fund for International Development
OPEC Organization of the Petroleum Exporting Countries
OSER office specific expected result
RENEW respect, educate, nurture and empower women
SAICM Strategic Approach to International Chemical Management
STI sexually transmitted infection
TB tuberculosis
UMSB University of Medical Sciences of Bhutan
UNAIDS Joint United Nations Programme on HIV/AIDS
UNDAF United Nations Development Assistance Framework
UNDP United Nations Development Programme
UNFPA United Nations Population Fund
UNICEF United Nations Children’s Fund
WASH water, sanitation and hygiene
WHO World Health Organization
Executive summary

This document is the fourth Country Cooperation Strategy (CCS) for Bhutan. It covers the period 2014–2018, running alongside the period of the 11th Five Year Plan of the Royal Government of Bhutan and the United Nations Development Assistance Framework One Programme 2014–2018 for Bhutan. It serves to define the medium-term vision and framework for the World Health Organization’s (WHO’s) work in support of the health sector in Bhutan.

The process for development of the CCS was initiated in late 2012. The process involved documentary reviews, situational analysis and consultations with the Ministry of Health, other Ministries, national agencies, bilateral donors and development partners, United Nations agencies and programmes, the WHO Regional Office for South-East Asia, and WHO headquarters. The strategic prioritization exercise for the CCS was undertaken in parallel with that for the development of the national 11th Five Year Plan and the United Nations Development Assistance Framework One Programme 2014–2018, in order to align the CCS with the national key result areas under the 11th Five Year Plan, as well as the plans and priorities of the various United Nations partners.

The criteria used to identify the strategic areas of work were the current health situation, burden and trends in disease; the needs of the country for WHO support; internationally agreed instruments; the existence of evidence-based, cost-effective interventions and opportunities for developing national capacity, promoting equity and efficiency; and WHO’s comparative advantage and core functions. The process was also guided by the ongoing WHO Reform Agenda and priorities identified under the 12th General Programme of Work, 2014–2018. The key outcomes of this process were identification of six strategic priorities, key objectives and strategic approaches for each priority area.

Gender, equity and human rights were selected as cross-cutting themes, recognized as essential for all six strategic priorities.

The various chapters of the CCS present the major health and development challenges and attributes of the National Health Policy and the 11th Five Year Plan; the current health system and national response to the health challenges; development cooperation and partnerships in Bhutan with a focus on the new United Nations Development Assistance Framework; key determinants for health and the trends in the health status of the Bhutanese population; and a review of WHO collaboration over
the past CCS cycles, followed by a description of the key priority areas for collaboration during 2014–2018 and a discussion of implementation of the strategic agenda.

Goals and main outcomes are formulated for each strategic priority. These are presented next. For each priority, the goals are defined, and for each of the goals a set of outcomes is included in the main document.

**Strategic priority 1**
Achieving and sustaining universal health coverage through a revitalized primary health-care approach and sustainable service delivery through strengthening of health systems

**Goal:** Equitable access to affordable quality health-care services

**Strategic priority 2**
Scaling up of prevention, early detection, monitoring and treatment of noncommunicable diseases and addressing their determinants through intersectoral collaboration

**Goal:** Reduced morbidity, mortality and disabilities from noncommunicable diseases

**Strategic priority 3**
Pursuing an approach of health through the life-course, with a focus on maternal, neonatal, child and adolescent health

**Goal:** Achieve and sustain the targets of Millennium Development Goals (MDGs) 4 and 5 and contribute to the post-2015 agenda

**Strategic priority 4**
Strengthening prevention and control of priority communicable diseases, in particular neglected tropical, vector-borne and vaccine-preventable diseases, and achieving and sustaining the targets of MDG 6

**Goal:** Achieve and sustain the targets of MGD 6 and elimination of kala-azar, leprosy and rabies

**Strategic priority 5**
Achieving national capacity to prevent, reduce the risk of, respond to and manage threats to health security

**Goal:** Reduced impact of disease outbreaks, emerging diseases, natural disasters and climate and environmental changes
Strategic priority 6

Forging effective partnerships and sector coordination mechanisms that support the National Health Policy and reflect the health agenda in all area of policy across government

**Goal:** Strong public health leadership and promotion of aid effectiveness

These strategic priorities have been validated in terms of harmonization and alignment with the 12th General Programme of Work of WHO and the 11th Five Year Plan for the health sector, as well as with the United Nations Development Assistance Framework One Programme 2014–2018, to ensure consistency with these.

The Kingdom of Bhutan has achieved considerable gains in the health of its population in recent decades. The country is well on track towards reaching the health-related MDGs. However, rapid demographic, epidemiological and environmental transitions, including rapid urbanization and changes in lifestyle of the population, present new challenges. While considerable gains have been made in combating communicable diseases and in maternal and child health, the rise in noncommunicable diseases, effects on health due to climate and environmental changes, and the natural disasters to which Bhutan is prone, pose an increasing burden on the national health system. Rising road traffic accidents and occupational safety are emerging concerns. Therefore, strengthening health-systems capacity for designing and implementing cost-effective interventions emerges as a key priority.

While WHO has contributed to several achievements in the prevention and control of communicable diseases, maternal and child health, immunization, and emergency and disaster preparedness, during previous CCS cycles, in the coming years, the work of WHO will increasingly need to focus on health issues emerging as a consequence of recent rapid socioeconomic, demographic and epidemiological transitions. In addressing these, and in particular noncommunicable diseases, through a comprehensive multisectoral and whole-of-government approach, there is a clear need to support the Ministry of Health and other sectors to operationalize a “health in all policies” approach.

WHO’s contribution to the development of human resources in health has been perceived as being of special importance. However, since national expertise in many areas of public health is, as yet, limited, Bhutan relies heavily on technical support from WHO in many programme areas. WHO provided significant technical assistance and catalytic funding to Bhutan during the period of the last CCS, drawing on resources of the Regional Office for South-East Asia and WHO headquarters. There will be a continued dependence on all levels of the WHO Secretariat for technical assistance in the years to come. WHO will also need to continue assistance to the Ministry of Health in mobilizing additional resources through global health initiatives, as well as
through bilateral support from donors and development partners, given the reductions in direct external support to the health sector as a result of the country’s process of transition to lower middle-income status.

The new CCS has implications for the WHO Country Office for Bhutan. The overall funding for the biennial workplans remains small. This small budget, distributed over a large number of activities, has resulted in difficulties in showing demonstrable impact within the period of past CCSs. The Ministry of Health and other stakeholders have expressed the need to be more focused, selecting a number of priorities and adapting a health-systems approach in support of the modalities contained in the 11th Five Year Plan. This is essential, in order to increase the impact and effectiveness of WHO’s work in Bhutan. Secondly, the WHO Country Office for Bhutan is overstretched in terms of fulfilling its technical functions in line with the mandate of the Organization. The structure and funding of the Country Office, as well as the support required from other levels of the Organization, will need to be reviewed to fulfil its core functions in the context of the priorities identified and of the specific needs of Bhutan as a small country transitioning to LMIC status.

The priorities as agreed within this CCS will guide the development of the new biennial workplans during the next 5 years, which will further elaborate the work of WHO in the country, in the spirit of harmonized and aligned support towards reaching national goals for the health of the people of Bhutan.
The Country Cooperation Strategy (CCS) is a medium-term, adaptable country-specific strategy that provides the framework of cooperation between WHO and the country. It acts as a country-specific guidance document for planning, budgeting and resource allocation for the Member State. It will also be used as a tool for advocacy and resource mobilization to address priority needs.

The World Health Organization (WHO) and the Royal Government of Bhutan have planned and implemented three rounds of CCS. The first document, prepared in early 2000, was used to guide the formulation of 2000–2001 and 2002–2003 workplans for the country. The second CCS, prepared in early 2003, provided the framework for WHO’s work in Bhutan during the 2004–2005 and 2006–2007 biennia. With the transition of the government in Bhutan, the 9th Five Year Plan ended in June 2008 and the 10th Five Year Plan became the first development plan to be implemented by the country’s first elected democratic government. The CCS 2008–2013 was developed concurrently and aligned with the objectives of the 10th Five Year Plan.

In 2013, the 66th World Health Assembly adopted the 12th General Programme of Work, 2014–2019, incorporating a new global health agenda based on the changing health situation in countries, and matching the stated objectives of WHO reform.

The renewed WHO country focus seeks to improve performance of the WHO Secretariat in countries, according to the specific county needs, through:

- actively supporting the development, implementation, monitoring and assessment of national health policies, strategies and plans, towards fully achieving universal health coverage;
- supporting and monitoring the implementation of interventions towards meeting the Millennium Development Goals (MDGs) for health, as well as the health agenda post 2015;
- working with United Nations agencies and other development partners to advocate and mobilize multisectoral contributions for, and support interventions aimed at, better health outcomes. These efforts will include shaping the health dimension of the United Nations Development Assistance Framework (UNDAF) and other partnership platforms, while maximizing synergies with existing global health initiatives;
building capacity for, and supporting risk assessments and response to, disasters and national public health emergencies;

- supporting and monitoring the country’s progress with implementing internationally agreed conventions and agreements such as the *International Health Regulations (2005)* (IHR) and the *WHO Framework Convention on Tobacco Control*;

- maximizing the role of the WHO Country Office for Bhutan as the lead technical agency in health, using resources available at all levels of the Organization to support the country.

Development in recent years, both at the global level and in Bhutan since the previous CCS for the country was formulated, therefore called for changes in WHO’s collaborative work with the Royal Government of Bhutan.

The *WHO Country Cooperation Strategy Bhutan 2014–2018* has been formulated to address these priorities and is fully aligned with the national *11th Five Year Plan 2013–2018*, towards achieving the key national targets set out in this plan.

While Bhutan’s health indicators have shown consistent improvements over the years, evolving demographic patterns, rapid urbanization, and changes in lifestyle owing to socioeconomic development, have resulted in epidemiological shifts that present new challenges for the health system. While the country is yet to overcome communicable diseases and achieve the targets set for maternal, child and adolescent health, noncommunicable diseases and the effects on health associated with climate and environment change, as well as the frequent natural disasters to which Bhutan remains susceptible, pose an increasing burden on the national health system. Therefore, strengthening health-systems capacity for designing and implementing cost-effective interventions is a key priority.

The CCS discussion process was initiated, with support from the WHO Regional Office for South-East Asia, in 2012. This was followed by the preparation of a draft CCS document by the WHO Country Office for Bhutan, with assistance from two senior consultants and through extensive consultations, with the Ministry of Health and the other in-country partners and stakeholders, including resident offices of the United Nation Development Programme (UNDP), United Nations Children’s Fund (UNICEF), United Nations Population Fund (UNFPA), the World Food Programme (WFP), WHO Regional Office for South-East Asia and WHO headquarters.

This process led to identification of the most important priorities for the CCS to complement and support the *11th Five Year Plan* for the period 2014–2018.
2 — Health and development challenges, and health systems response

2.1 Macroeconomic, political and social context

The Kingdom of Bhutan lies on the south-facing slopes of the eastern Himalayas. With a rugged topography and ranging in altitude from that of the Indian plains to heights of over 7000 metres, Bhutan is home to a population of 708,265 persons (2011), of whom 369,476 (52.2%) are male and 338,789 (47.8%) female. The economic vulnerability of the country essentially stems from its small size, remoteness, distance from global and regional markets, landlocked situation, and weak economies of scale, compounded by a narrow economic base that depends on hydropower and tourism.

Bhutan became the world’s youngest democracy in 2008, following its first parliamentary elections. The democratization process and steady devolution of political power to local governments, initiated by the Monarchy, have been carried further by the first democratically elected government, with initiatives to empower people to participate in planning and influence decision-making and outcomes in all aspects of local development.

Some of the major milestones include the formation of the DzongkhagYargyeTshogdue and GewogYargyeTsogchung – dzongkhag and gewog development committees, and the creation of autonomous municipal councils or thromdes, with elected representatives. The growth and emergence of more formal civil society organizations and the private media in Bhutan are essentially linked to the recent democratization process.

Mortality and fertility rates in Bhutan are both declining. At the present time, the crude death rate has declined from 8.6 per 1000 persons in 2000 to 7.7 per 1000 persons in 2012. At the same time, the crude birth rate declined from 34.1 per 1000 live births in 2000 to 18.5 per 1000 live births in 2012, while the total fertility rate is 2.6. The proportion of the population aged above 60 years is expected to increase as a result of improvements in health status, increasing life expectancy and declining fertility. With the population growth rate stabilizing at 1.3%, Bhutan’s population is expected to grow to 886,523 in 2030. The percentage of those aged below 24 years is projected to account for about 46% of the population by 2030, with those below 15 years comprising nearly 30%. Clearly, this demographic profile is likely to result in a correspondingly higher demand for health and education services.
The gross domestic product (GDP) in Bhutan has continued to grow at about 8.9% annually since 2005, and Bhutan’s GDP in 2011 was estimated at US$ 1.834 billion, with a GDP per capita of US$ 2590. The GDP per capita almost doubled from US$ 1387.4 in 2006 to US$ 2590 in 2011. With inflation contained at under 7%, domestic revenues have been buoyant, increasing at 19% a year on average since 2006, and constituted 22.8% of GDP in 2012. While Bhutan’s trade deficit remains high, the overall balance of payments position has been positive, owing to the significant external inflows of grants and loans that have led to a sizeable growth in international reserves, which in 2012, stood at US$ 906 million. However, the international reserves have recently come under pressure because of a shortage of Indian rupees and the need to spend foreign currency reserves to finance imports. The projections are that Bhutan will continue to enjoy a robust period of growth, at close to 9% annually, spurred by the generation of 10 000 MW of hydropower by 2020. While this would translate into sustained revenue growth, it is likely to be accompanied by equally rapid growth in current expenditures. Debt is projected to average at about 60–70% of GDP, with debt service ratios of about 13%.

Bhutan's Gross National Happiness (GNH) values and vision 2020 framework strongly affirm the need to look at aspects of development and deprivation beyond mere income dimensions. A key aspect of the development approach of GNH is to maintain a harmonious and synergistic balance between the four broad pillars of socioeconomic progress, environmental preservation, cultural and spiritual values, and good governance. Bhutan’s Human Development Index in 2011 was 0.522, ranking it 141 out of 187 countries. The Human Development Index of South Asia as a region increased from 0.356 in 1980 to 0.548 in 2011, placing Bhutan below the regional average.

Bhutan views health expenditure as a long-term investment in human capital that will continue to effectively contribute toward building a GNH society, generate considerable socioeconomic returns, and result in further poverty reduction. Health is therefore one of the nine key domains under GNH, and the National Health Policy 2011 articulates investments in the health sector as being essential. Given this commitment to socioeconomic development and alleviation of poverty, a substantial proportion of the total budget outlay is being allocated to health – 8% for the fiscal year 2012–2013 or 3% of nominal GDP, sustained at the same level as the previous years – 3.5% of GDP in 2011–2012 and 3.2% of GDP for the year 2009–2010.

2.2 Major determinants of health situation and outcomes

2.2.1 Income distribution and poverty level

Poverty is predominantly a rural phenomenon in Bhutan. In 2012, 12% of the population lived below the national poverty line of Nu 1704.84 a month, down from 23.2% in 2007. In absolute numbers, 146 100 Bhutanese are still poor, and 98% of these live in
the rural areas. The Multidimensional Poverty Index for 2010 reflects that 27.2% of the population is multidimensionally poor in four of the thirteen living standard indicators. The eastern, southern and central parts of Bhutan are poorer than the western parts. These poor districts are characterized by their distance from the larger urban centres and the capital, relatively dense populations, and high rural-urban migration.

Poverty reduction has been identified as one of the key priorities to be addressed in the 11th Five Year Plan. Inequalities in Bhutan remain relatively high, with the share of the national consumption of the richest quintile being four times that of the poorest 20% of the population. The wealth status and educational level appear to greatly influence the adolescent birth rate, contraceptive prevalence rate, and percentage of skilled birth attendance. There are significant differences in child and maternal mortality rates, related to the education and income background of households across districts and between rural and urban areas. For instance, a child born to an uneducated mother, in a poor family living in rural Bhutan, is three times more likely to die before the age of 5 years, compared to one born in an educated family living in an urban area. Generally, the poorer districts with weaker road access have much higher levels of infant, child and under-five mortality rates.

Disparities in income poverty are also found between dzongkhags. Lhuentse, Mongar, Samdrup Jongkhar, Samtse and Zhemgang dzongkhags had the highest poverty levels, ranging from 53% to 38%. Three of these five dzongkhags are situated in the eastern part of the country. However, there is no discernible trend in life expectancy based on poverty across districts in Bhutan. Indeed, people in some of the poorer districts such as Pemagatshel, Samdrup Jongkhar and Zhemgang enjoy a higher life expectancy.

Rural–urban migration is rapidly emerging as a concern. Of all the dzongkhags, Thimphu has the highest number of migrants from other parts of the country. About two thirds of these internal migrants move for reasons of family, employment and education. Greater attention will therefore need to be paid to the development of sound urban zoning and infrastructure, including housing, water and sanitation, waste management, and recreational space, in addition to creating an adequate network of primary- and secondary-level health facilities for the growing urban population.

2.2.2 Education and employment

School enrolment rates are lower among the poor. The Bhutan Multiple Indicator Survey 2010 showed that about 85% of the children of the poorest and 97% of the children of the richest households attend school. Gender parity in basic education has been achieved, with 102 girls for every 100 boys in primary schools and 103.5 girls for every 100 boys at the secondary level. Gender parity at the tertiary institutes, however, remains a concern as there are only 60.8 girls for every 100 boys.
In 2009, the number of school-age children in Bhutan not enrolled was estimated at 11,565, of which 5,099 were girls and 6,466 were boys. The proportion of pupils completing five years of primary schooling in 2010 was 93.6%, as compared with just 43% in 1991.

Underemployment is widely prevalent in Bhutan – poor and rural workers are most vulnerable. About half of those who are employed do not have sufficient work to engage them year round, or work less than 30 hours a month, while others work at low levels of productivity and receive little or no remuneration. Youth unemployment remains a significant challenge in Bhutan. Young people in Bhutan account for 16.7% of the economically active population but account for more than 46.4% of those who are unemployed. Over the years, youth unemployment levels have remained between two to three times higher than the national average of approximately 3%. In 2010, youth unemployment was 9.2% – almost three times the national unemployment rate.

2.2.3 Gender equity and rights

The principle of non-discrimination on the basis of race, sex, language, religion, politics or other status is enshrined in the Constitution of the Kingdom of Bhutan (Article 7.15). Similarly, the health and education policies ensure access to basic health and education services.

Notable progress has been made by the government and its stakeholders in reducing gender gaps in Bhutan. The constitution of the country, and policies adopted by the Royal Government of Bhutan, promote and safeguard the rights of women across all population groups. The engagement of women has always been encouraged in Bhutan’s development planning processes.

Despite this, women in Bhutan continue to face subtle societal and cultural biases. While the country is clearly on track to eliminating gender disparities in the ratio of girls to boys at the primary and secondary education levels, it is deemed critical to promote female participation in employment and enterprise (female youth employment is higher at 10.9% as opposed to that for males at 6.8%, 2011), to tackle the rising incidence of domestic violence and other gender-based crimes against women, as well as to address the significantly low level of women’s participation in governance and political spheres.

The National Health Policy 2011, envisions building “a healthy and happy nation through a dynamic professional health system with attainment of highest standard of health for the people within the broader framework of overall national development, in the spirit of social justice and equity”. The policy is gender sensitive and responsive to the needs of special groups – young people; women; the elderly; and at-risk
populations, including those who are physically and mentally disabled, suffering from substance addiction, or living in hard-to-reach communities. The policy also specifically states that all health infrastructure shall be women, child, disabled and elderly friendly.

2.2.4 Food and nutrition security

Bhutan is particularly vulnerable to climate change, given that 69% of its people depend on agriculture for their livelihood and live in a fragile mountain ecosystem. The most severe impacts of climate change on agriculture and food security would be due to the loss of arable land, accelerated soil degradation, loss of soil fertility, pest and disease outbreaks, and water shortages, given the dependence on rain-fed agriculture.

Food security has improved in recent years, as a result of increased production, introduction of new crop varieties and improved farming practices. The Renewable Natural Resources (RNR) Census 2009 estimated that 45.5% of the rural households were able to produce enough food grains for their yearly requirement, while households in areas and districts with less arable land experienced an average of 3.5 months of grain shortage. A majority of rural Bhutanese households therefore still suffer from inadequate availability of food grains.

This is particularly acute in the districts of Sarpang, Trongsa, Tsirang, Wangdue and Zhemgang. The Vulnerability analysis and mapping report of 2005 indicates that in addition to destruction of crops by wildlife and pests, the other reasons for food insecurity pertain to labour shortages on farms as a result of rural–urban migration, shortage of cultivable land, low productivity, and inadequate distribution systems.

Those households that are food poor are invariably income poor. The affordability of food becomes ever more important within the context of a shifting trend to procuring food from markets, rather than growing food for consumption.

2.2.5 Water and sanitation

Overall access to safe drinking water, as reported in the Bhutan Multiple Indicator Survey 2010 is 96.1%. Except for Gasa, where only 70% of the population had access to safe drinking water, all districts enjoy high levels of access (>90%). The mid-term review report of the 10th Five year Plan raised concerns about the actual coverage in rural areas, given reports that many water sources had dried up. Concerns were also raised about the quality of the drinking water and the need to periodically ascertain water and sanitation coverage. According to the Bhutan Living Standards Survey 2012, sanitation coverage in Bhutan was 96.4%. The Bhutan Multiple Indicator Survey 2010, however, defined pit latrines without slabs as inadequate sanitation facilities, and therefore estimated access to improved sanitation to be much lower, at 58.4%. This reflects that considerable efforts are required to scale up improved sanitation to reach the target of 83.5% by 2015.
2.2.6 Vulnerability to disasters

Bhutan lies in one of the most active seismic zones in the world and has suffered numerous major earthquakes. In 2009, Bhutan experienced an earthquake of a magnitude of 6.1 on the Richter scale, with its epicentre in Mongar. The earthquake took 12 lives and affected 7290 people, causing damage estimated at around US$ 52 million. In September 2011, another earthquake of magnitude 6.9 on the Richter scale occurred, with an epicentre in India, close to Bhutan’s western border. Although few casualties were reported, all districts reported damage to infrastructure – several dzongs, monasteries, schools, health facilities and rural houses were affected.

The frequency of other natural disasters is also high. In 2011, windstorms damaged about 1833 structures across 12 districts. There is a high risk of flooding from glacial lake outbursts that could devastate downstream human settlements. Global warming is projected to have significant impacts on agriculture, including on crop and livestock production and water and forest resources, as well as on local biodiversity, including vectors transmitting diseases.

2.2.7 Gender equity and rights

Bhutan signed the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) in 1981. With gender equality identified as a cross-cutting theme in Bhutan’s 11th Five Year Plan (2013–2018) (8), the Royal Government of Bhutan, with the National Commission for Women and Children (NCWC), formulated the National Plan of Action for Gender 2008–2013 to work towards these objectives, by providing a strategic guide for the government and all stakeholders to address current gender gaps in policy and to mainstream gender into future development plans and programmes. Health has been identified as one of the seven key areas in the National Plan of Action for Gender, which also includes addressing mental health and disability, as well violence against women. Bhutan has also ratified the Convention on the Rights of the Child and two of its three protocols, as well as a number of regional conventions related to human rights, while also committing to achieve the gender-related targets and goals as articulated in the MDGs and the South Asian Association of Regional Cooperation Development Goals.

The country submitted its second periodic report to the Committee on the Rights of the Child and its seventh periodic report to the Committee on the Elimination of Discrimination Against Women, both in 2007. It also underwent the Universal Periodic Review in December 2009. The 2002 National Pension and Provident Fund Rules provide pension management services for those who are already employed. This is supplemented by the National Housing Development Policy, which ensures provision of safe and affordable shelter to all Bhutanese.
2.3 Health status of the population

Bhutan has made laudable progress in several socio-economic and health indicators over recent decades (see Table 2.1). This is due to both overall socioeconomic development and consistent investments in public health over several decades. Health care and education are free, and access to health facilities and schools has been ensured throughout the country.

The Ministry of Health is mandated to “provide free access to basic public health services in both modern and traditional medicines”, as enshrined in the Constitution of the Kingdom of Bhutan.

In 2012, a total of 32 hospitals, 192 basic health units (BHUs), 48 indigenous hospitals and over 550 outreach clinics spread over all 20 dzongkhags (districts) and 205 gewogs (subdistricts) in Bhutan, provided free health-care services to over 90% of the population.

Primary health-care coverage is currently about 90%. BHUs, supported by outreach clinics and mobile health units, have been instrumental in linking communities with health services and have helped serve remote populations. All BHUs are staffed with well-trained paramedical personnel equipped to provide antenatal and postpartum care, integrated management of neonatal and childhood illnesses (IMNCI), and immunization services, and to treat common ailments and initiate preventive measures to avoid the spread of communicable diseases. All district hospitals operate daily maternal and child health clinics; BHUs operate weekly and monthly antenatal care clinics, while outreach clinics operate daylong clinics with maternal and child health, antenatal care and immunization services once a month. There are currently no private hospitals, and only one private diagnostic clinic operates in the capital Thimphu.

Strong commitment from the government to provide free access to basic health care for all population groups, including those in the very remote mountainous gewogs, has resulted in favorable outcomes, especially for women.

The high coverage of the expanded programme of immunization has led to a notable decrease in vaccine-preventable diseases and to zero reporting of poliomyelitis since 1986. The elimination of endemic goitre, significant declines in maternal, infant and under-five mortality, and in cases and deaths due to major communicable diseases such as tuberculosis (TB) and malaria, are documented public health successes.

According to the National Statistics Bureau publication ‘Socio-Economic and Demographic Indicators 2005’ life expectancy has increased from 37 years in 1960 to 66.3 years (66.8 years for females and 65.7 years for males). Several health indicators have steadily improved as a result of access to medical professionals and facilities within Bhutan.
Table 2.1: Major indicators relating to socioeconomic development in the National 11th 5-year Plan

<table>
<thead>
<tr>
<th>GNH Pillars</th>
<th>National Key Result Areas</th>
<th>Key Performance Indicators</th>
<th>Baseline</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sustainable and Equitable Socio-Economic Development</td>
<td>1. Sustained Eco. Growth</td>
<td>Annual average GDP growth</td>
<td>8-9%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of domestic financing to total expenditure</td>
<td>65%</td>
<td>&gt;85%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Annual average fiscal deficit over plan period</td>
<td>0.3%</td>
<td>&lt;3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consumer Price Index</td>
<td>8.37%</td>
<td>7-8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Priority sector lending</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td>2. Poverty Reduced &amp; MDG Plus achieved</td>
<td>Income poverty reduced</td>
<td>12% (2012)</td>
<td>&lt;5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Multidimensional poverty reduced</td>
<td>25.8% (2010)</td>
<td>&lt;10%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gini Coefficient reduced</td>
<td>0.36 (2012)</td>
<td>&lt;0.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IMR per 1000 live births</td>
<td>47</td>
<td>&lt;20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MMR per 100 000 live births</td>
<td>255</td>
<td>&lt;100</td>
</tr>
<tr>
<td></td>
<td></td>
<td>U5 MR per 1000 live birth</td>
<td>69</td>
<td>&lt;30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of rural pop with access to improved drinking water supply (%)</td>
<td>94.1%</td>
<td>near 100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of rural pop with access to improved sanitation (%)</td>
<td>51</td>
<td>&gt;80</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Malaria incidence per 10 000 population</td>
<td>10</td>
<td>&lt;3.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TB treatment success rate</td>
<td>90%</td>
<td>&gt;90%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Severe mental distress (GNH Index 2010)</td>
<td>5%</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>GNH Pillars</td>
<td>National Key Result Areas</td>
<td>Key Performance Indicators</td>
<td>Baseline</td>
<td>Target</td>
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</tr>
<tr>
<td></td>
<td>Adjusted Primary Net Enrolment Ratio (6–12 yrs old)</td>
<td>i) APNER = 98% (M 97% &amp; F 98%) ii) NER 96% (M 95 &amp; F 96)</td>
<td>i) APNER 100%-M/F ii) NER 98%-M/F</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Basic Net Enrolment Ratio (13–16 yrs old)</td>
<td>94% (F 96% &amp; M 93%)</td>
<td>&gt;96% (M/F)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ratio of females to males in tertiary education</td>
<td>71%</td>
<td>&gt;90%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GER at tertiary level (19–23 yrs) M/F</td>
<td>18%</td>
<td>&gt;35%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of people with adequate housing quality sustained (corrugated galvanized iron (CGI) or concrete brick of stone for roofing, pit latrine with septic tank for toilet and two persons per room for overcrowding) – GNH Index 2010</td>
<td>74.2%</td>
<td>&gt;74.2%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of Household with per capita income per person per month of 1.5*Nu. 1096.94/- or more (GNH Index 2010-)</td>
<td>53.4%</td>
<td>&gt;53.4%</td>
<td></td>
</tr>
<tr>
<td>3. Food secure and sustained</td>
<td>Cereal self sufficiency* (%)</td>
<td>64 (2011)</td>
<td>&gt;75</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stunting (Height for age) %</td>
<td>33.5% (2010)</td>
<td>&lt;30%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Milk Self Sufficiency* (%)</td>
<td>90 (2011)</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>4. Employment</td>
<td>Full employment</td>
<td>97.9%</td>
<td>&gt;97.5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Youth unemployment reduced</td>
<td>7.3%</td>
<td>&lt;2.5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of regular paid employee</td>
<td>23.9%</td>
<td>&gt;40%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Long term/chronic unemployment reduced</td>
<td>NA</td>
<td>TBD</td>
<td></td>
</tr>
</tbody>
</table>
The National Key Result Areas (NKRA) are outcomes at the national level that the government seeks to achieve over the next five years in order to realize the Eleventh Plan objective of “Self Reliance and Inclusive Green Socio-Economic Development”.

In terms of the key indicators for health, Bhutan’s latest MDG report *Bhutan’s progress: midway to the Millennium Development Goals*, published in 2008, indicates that Bhutan is making sustained progress towards achieving the health-related MDGs and is well on track to achieve most of the targets set for 2015.

In spite of significant reduction in infant and under-five mortality, inequities exist, with higher mortality among the poor and those living in rural areas. The *Bhutan Multiple Indicator Survey 2010* confirmed the links between higher infant and child mortality rates, poverty and a lower level of mothers’ education. The survey also showed regional differences, with the level of infant and under-five mortality being lower in the western and central regions, as compared to the eastern region. The under-five mortality in rural areas is twice that in urban areas. The most common causes for neonatal deaths are preterm birth, birth asphyxia and sepsis. For children between 1 and 5 years of age, the most common causes of death are pneumonia, meningitis and diarrhoea, followed by other infections. A stronger involvement of community and village health workers would be valuable to reduce deaths due to pneumonia and diarrhoea.

### 2.3.1 Communicable diseases

There have been notable achievements in reducing the burden of malaria and TB, and the MDG targets set for TB and malaria are expected to be reached by 2015.

TB case notification rates declined from 211 per 100 000 population in the year 2000 to 176 per 100 000 in 2011. The increasing trend of multidrug-resistant TB cases and possible emergence of TB-HIV coinfections, however, are major threats to the success of TB control efforts in Bhutan.

Confirmed malaria cases in Bhutan declined by 98.7% from 1994 to 2010 and the country is on track to achieving elimination of malaria. In 2013, there were fewer than 10 microscopy-confirmed indigenous cases. The majority of cases are due to *Plasmodium vivax*. A major challenge in the future will be prevention and management of imported malaria infections from the Indian states of Assam and West Bengal that border Bhutan.

HIV prevalence rates remain below 0.2%; 297 cases have been detected as of January 2012. Of these, 225 people are known to be living with HIV. WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimate that there may be as many as 1000 people already infected. Current evidence shows that the predominant route of HIV transmission is heterosexual transmission (90%), followed by mother-to-child transmission (8.1%), with less than 2% of transmission occurring through blood
transfusion or injecting drug use. Even as prevalence rates remain low, there are concerns about the increasing number of infections being detected in recent years.

High-risk behaviours, growing trade and mobility across common borders to countries with a higher prevalence of HIV, the high rate of sexually transmitted infections (STIs), rising levels of substance abuse, and inadequate condom use among youth are serious concerns. The mid-term review of the 10th Five Year Plan highlighted the need to review the national HIV/AIDS policy and to strengthen voluntary counselling and testing, prevention and care programmes. The Ministry of Health has also identified the need to develop strategies for the protection, care and support of children affected by AIDS.

Bhutan has witnessed outbreaks of dengue and influenza but these epidemics have, so far, generally been mild. While the last dengue outbreak was reported in 2008, global warming and climate change could result in a rise in vector-borne diseases, including dengue. Bhutan reported cases of chikungunya for the first time in decades in 2012. Recurrent outbreaks of avian influenza among poultry remain a potential threat to human health. These highlight the need for stronger detection, surveillance and outbreak-response systems.

2.3.2 Noncommunicable diseases and lifestyle-related disorders

Noncommunicable diseases such as hypertension, diabetes and cardiovascular diseases, due in part to the increasing adoption of unhealthy food habits and sedentary lifestyles, now account for more than 70% of the reported burden of disease, and pose a significant challenge to the health of people in their most productive years (see Table 2.2).

The Bhutanese diet is high in salt and fat content, while being heavily seasoned with chillies. Rice is the main staple, followed by maize. These are significant predictors of hypertension, cardiovascular disease, gastrointestinal disorders and various forms of cancer.

Stringent legislative measures, together with sustained advocacy and communications campaigns, have resulted in a significant decrease in the use of all forms of tobacco.

Table 2.2: Age-standardized death rates due to noncommunicable diseases, per 100 000 population, 2008

<table>
<thead>
<tr>
<th></th>
<th>All non-communicable diseases</th>
<th>Cancers</th>
<th>Diabetes mellitus</th>
<th>Cardiovascular diseases</th>
<th>Chronic respiratory diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Females</td>
<td>Males</td>
<td>Females</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Females</td>
<td>667.2</td>
<td>801.0</td>
<td>119.0</td>
<td>131.8</td>
<td>18.7</td>
</tr>
</tbody>
</table>

Tobacco chewing and smoking, once very common, are now on the decline, in part due to stringent legislation, sustained high-level advocacy, and information and education efforts targeting all sections of society. The prevalence of smoking among adults is estimated at 11%. However, data from the STEPS survey in 2007, of risk factors for noncommunicable disease in Thimphu, revealed smokeless tobacco use of up to 21.1% among males and 17.3% among females aged 25–74 years. Chewing *doma*, or betel nut, is a common habit, and a part of Bhutanese tradition. Alcohol abuse remains a major concern, given the ease of access and cultural acceptability of the use of alcohol.

In urban areas, there is a general lack of physical exercise. The STEPS survey conducted in the capital, Thimphu, in 2007 revealed an estimated prevalence of inactivity of 41.2% among males and 63.5% among females. Among adults, 23.4% were reported to be overweight, with small differences between males and females, while obesity was estimated to be 4.3% among males and 6.4% among females.

Mental health problems are also on the rise, owing to sociocultural changes, urbanization, migration and unemployment. The most common among these are neurotic disorders, substance abuse and schizophrenia. Crime related to drug and narcotic abuse is also reported to be increasing, from 44 cases in 2007 to 272 cases in 2012. Given the scarcity of personnel trained in addressing these problems, efforts to both train health personnel on psychiatric management and establish community-based mental health programmes are critical.

Road traffic injuries are steadily rising, on account of the growing network of motorable roads and an ever-increasing number of motorized vehicles. While Bhutan is committed to implementing the actions articulated under “The Decade of Road Safety”, employing a truly multisectoral approach will need much work to effect planned measures across the country through this approach.

### 2.3.3 Health over the life-cycle: reproductive, child and adolescent health

The maternal mortality rate has decreased from 560 per 100 000 live births in 1990 to 255 per 100 000 live births in 2000. The current estimate is 146 per 100 000 live births, indicating that Bhutan is on track to achieve the target of 140 per 100 000 live births annually. Maternal death reviews, also including a review of perinatal and neonatal deaths, have been carried out since 2009. The causes of maternal mortality are predominantly post-partum hemorrhage (30%), sepsis (15%) and obstructed labour (8%).

There is a high adolescent fertility rate, according to the *Bhutan Multiple Indicator Survey 2010*. The percentage of women giving birth before the age of 18 years has remained relatively unchanged over the last 25 years. Among women aged 20–24 years, 15.3% have had a live birth before 18 years of age. Early child bearing is almost 10 times more common among women with no education and also more common in rural areas.
Abortion on medical grounds is legal in Bhutan. However, a growing number of women are reported to be seeking elective abortions across the border. An increasing trend in abortion-related complications being treated in health facilities in border districts was noted during the Reproductive health review Bhutan 2011.

The mid-term review of the 10th Five Year Plan also highlighted the heightened vulnerability of adolescents and young people to substance abuse. These are worrying trends, given that 56% of the population is under the age of 25 years.

Youth-friendly health services, particularly targeting marginalized and at-risk young people, therefore remain a priority. While the National Youth Policy addresses aspects such as health education and HIV prevention, higher investments in addressing the health needs of young people will be important to ensure that concerns such as teenage pregnancies, drug abuse, HIV and STIs do not continue to rise.

A baseline survey of a purposive sample of 15 health facilities and 15 schools was undertaken to establish the level of implementation of youth-friendly services. This showed, not unexpectedly, that young people’s knowledge of and access to health services was partial and that efforts were required to both improve access and meet expected standards.

The infant mortality rate has decreased from 90 per 1000 live births in 1990 to 47 per 1000 live births in 2010, while under-five mortality rates have reduced from 123 per 1000 live births in 1990 to 69 per 1000 live births in 2010.

A high immunization coverage has been sustained since 1990. In 2011, out of 20 districts, 19 had over 80% coverage for diphtheria–tetanus–pertussis trivalent vaccine (DTP3), 14 had over 90% coverage for measles-containing vaccine (MCV1) and 11 had over 80% coverage for tetanus toxoid vaccine (TT2+) among pregnant women. The DTP–Haemophilus influenza type B (Hib)–hepatitis B (HepB) pentavalent vaccine was introduced in 2009. Bhutan also introduced the human papilloma virus (HPV) vaccine in 2010, through a school-based catch-up campaign targeting all girls between 12 and 18 years. More than 90% coverage was achieved through three rounds. At the beginning of 2011, the HPV vaccine was incorporated into the national routine immunization programme and is now provided to all girls at 12 years of age.

The nutritional status of Bhutanese children, as reflected in several surveys, has shown overall improvements. However, there remain pockets of malnutrition, especially among poorer population groups; 9.9% of newborn babies are born with low birth weights, indicating a need for greater attention to nutrition among young mothers. Children born with normal weight also risk becoming malnourished during their first and second years, owing to poor and irrational feeding practices.

The Bhutan Multiple Indicator Survey 2010 highlighted the need to address nutrition among children as an urgent priority for Bhutan. It found that 5.9% of children under...
5 years of age were severely malnourished, while 33.5% of children in this age group were stunted. The World Food Programme currently supports the national school feeding programme, in collaboration with the Ministry of Education. It also works in collaboration with the Ministry of Agriculture and Forests to support the School Agriculture Programme, in order to provide nutritional supplementation to children. The introduction of training on improved nutrition for young mothers, neonates and young children in the curriculum of village health workers and health assistants, and in the BSc Nursing and Midwifery curriculum during 2012–2013, will strengthen the health-systems response to this.

2.3.4 Environmental health, including water, sanitation, waste management, sound chemicals management and food safety

Improved access to safe drinking water and improved sanitation and hygiene have contributed to declining child mortality. Solid and liquid waste management, including management from health facilities, remains a challenge. Environmental determinants of disease, including the occupational environment and exposures to carcinogens and other toxic chemicals, have not yet been addressed. With high importance being accorded to agriculture and industrialization to boost economic growth, there is an increased use of, and reliance on, fertilizers, pesticides and other toxic chemicals. While several legislations and campaigns have been effected for occupational health in recent years, implementation is weak. The use of asbestos is increasing, as is the use of other known carcinogens. Increasing numbers of work-related injuries have been recorded, from 10,795 in 2007 to 27,929 in 2011. This calls for attention to risk-reduction and mitigation measures to protect the health of workers in the construction, agriculture, mining and industrial sectors.

*The Food Act of Bhutan* was introduced in 2005, setting up a national codex committee, outlining the role of food inspectors and requiring proper labelling, in English, of imported food. While national capacity for laboratory analysis of food has been strengthened with support from WHO, greater efforts are required to ensure the quality and safety of food in the country, given the high level of dependence on imported food materials and packaged foods.

2.3.4 Social determinants and vulnerability of specific population groups

While primary health-care coverage is currently about 90%, challenges such as poor geographic access, cultural beliefs, shortage of skilled health personnel, and inadequate referral mechanisms will need to be met to further reduce existing disparities and reach the remaining 5%, most of whom would fall under the most isolated and poorer sections of Bhutanese society. It is equally important to factor in concurrent measures undertaken to reduce poverty, which will impact the health status and health outcomes.
of the population in the longer term. Attention to enhancing collection and use of gender-disaggregated health data is equally necessary, to improve evidence-based policy-making, particularly for further improvements in the health of women and adolescents.

2.4 National responses to overcoming health challenges

The concept of Gross National Happiness (GNH), first propounded by the fourth King of Bhutan, is today enshrined in the Constitution of the Kingdom of Bhutan as a core principle of state policy:

- The quest for a more holistic outcome of development, one that places people truly at the centre of development and locates human happiness and well being at the core of the development equation.

The key development approach of GNH is the intent to maintain a harmonious and synergistic balance between the four broad pillars:

- sustainable and equitable socioeconomic development;
- preservation and promotion of culture and tradition;
- conservation and sustainable utilization and management of the environment;
- strengthening good governance.

The 11th Five Year Plan builds on the four pillars of GNH. Within each domain, the health sector has defined a set of sector key results areas, related key performance indicators and the key interventions expected to be implemented to achieve the stated outcomes.

The National Health Policy is the basic document that guides the health sector towards improving the health status of the Bhutanese people. The policy was drafted in 2009 and, after a lengthy consultative process, endorsed by the Cabinet in 2011. The National Health Policy clearly states that Bhutan shall continue to pursue a policy that prioritizes primary health care and “provide universal access with emphasis on disease prevention, health promotion, [and] community participation”, through the provision of an integrated traditional modern health-care system.

The expansion of an integrated and strong primary health-care system that effectively delivers health-care services to all, was a core element of the national 10th Five Year Plan. The Ministry of Health, through various plans, programmes, policies and strategies, continues to ensure that the people of Bhutan have easy access to quality health-care services at all times. Traditional medicine services are well integrated within health-care services at all levels. The Health Human Resource Master Plan was finalized during the 10th Five Year Plan. The first bachelors’ programmes, Bachelor in Public...
Health and Bachelor in Nursing and Midwifery, were launched with WHO support, in 2009 and 2012 respectively. The University of Medical Sciences of Bhutan (UMSB) has been established and the first batch of medical interns were inducted in 2013.

2.4.1 Maternal and child health-care services

The National Health Policy emphasizes safe maternal and child health by assuring nationwide provision of comprehensive quality maternal and child health-care services not limited to family planning; and free and equitable access to safe, quality and cost-effective vaccines for all children and pregnant women, while advocating overall breastfeeding, nutrition, and IMNCI for sound child development in Bhutan. The HPV vaccine was introduced in 2009–2010 and the pentavalent DTP–Hib–HepB vaccine was reintroduced in 2011. Bhutan is the first low-income country to implement a national vaccination programme that includes the HPV vaccine.

A policy for 100% institutional delivery coverage to reduce maternal deaths has been in place since 2005 and the Ministry of Health has actively worked to make delivery services more accessible and women friendly, to encourage institutional delivery and increase this from the current level of 66%. Midwifery standards were revised in 2004 and all health staff are now trained on these standards by district medical officers. Auxiliary nurse midwives are also trained and attached at the National Referral Hospital to increase their experience in dealing with birth complications. The programme is being expanded to include all other health-care providers who attend to deliveries, including health assistants and basic health workers, focusing on female staff. Government initiatives have included improvements in BHU facilities, heating, construction of indoor toilets in labour rooms, and increased numbers of delivery beds. The government has further increased investments in emergency obstetric and neonatal care centres. The Ministry of Health also instituted a mechanism to send consultant gynaecologists at least once a month to district hospitals with no full-time gynaecologists, to facilitate wider coverage.

Numerous standards for quality of care and protocols for different aspects of reproductive health and child-care services have been developed and are widely adopted. These include national protocols and guidelines on IMNCI; neonatal care; breastfeeding; midwifery practice; contraceptive services; management of abortion; management of STIs/HIV; management and prevention of post-partum haemorrhage; and prevention of mother-to-child transmission of HIV. Bhutan is committed to the International Code of Marketing of Breast Milk Substitutes. The Annual health bulletin 2013 reports that 48.7% of infants were exclusively breastfed for the first 6 months in 2012. The introduction of breastfeeding clinics at the Jigme Dorji Wangchuk National Referral Hospital (JDWNRH) is contributing to more mothers adopting the practice. The government provides breast-milk substitutes free of charge for mothers who are HIV positive.
Youth-friendly health services being introduced at the BHUs, and district hospitals cover counselling on teenage pregnancies, contraception, medical termination of pregnancy, and management of post-abortion complications, sexual abuse, treatment and counselling for common STIs, and menstrual disorders. Other services include voluntary counselling and testing and prevention of transmission of HIV from mother to child; and advice and treatment for anaemia, malnutrition, mental health issues and substance abuse. Outreach services include periodic health checks and community health camps. The government’s efforts are complemented by local nongovernmental organizations (NGOs) that provide more flexible access to services, especially for out-of-school youth. Education and awareness programmes are also carried out regularly and extensively in rural communities, on issues relating to maternal and reproductive health.

The Royal Government of Bhutan continues to generate greater awareness on adolescent reproductive health at the levels of middle and higher secondary schools, in both rural and urban Bhutan, through the Comprehensive School Health Programme initiated and implemented by the Ministry of Health and the Ministry of Education.

The National Adolescent Health Strategic Plan was developed in 2012. At the national level, sexual reproductive health services for the youth and young girls and women is covered under the National Youth Policy and the National standards and implementation guide for youth friendly health services, which also focuses on services for marginal and vulnerable subgroups, including bar patrons, sex workers, injecting drug users and other risk groups.

Prevention and control of communicable diseases was accorded a high priority during the period of the 10th Five Year Plan (2008–2013). National policies, strategic frameworks and plans for the National Tuberculosis Programme, the Vector-Borne Disease Control Programme, the National Policy and Strategic Framework on Prevention and Control of Non Communicable Diseases, the National Influenza Pandemic Preparedness Plan, and the Health Sector Emergency/Disaster Contingency Response Plan were developed and operationalized.

The “Healthy Ageing” Programme in Bhutan is at an early stage of development and there is no formal policy. In response to the rapidly increasing proportion of older persons in the country, the Ministry of Health established a “geriatric care” programme to address the needs of the elderly population in the country. The Royal Society of Senior Citizens’ Association, consisting of retired senior government officials, was established to formulate policy directives and strategies for the promotion of healthy ageing. The government has also created the National Pension and Provident Fund, to provide old age retirement benefits. The Ministry of Health is planning to work towards providing better services to the elderly population seeking health services under the 11th Five Year Plan. A pilot project was launched in the Khaling community (eastern dzongkhag), to determine the feasibility of providing community-based health care for elderly citizens through support from the Kyoto University, Japan.
The rising costs of health-care services, owing to increased health-care costs as well as growing demand, are major concerns. Total health expenditure per capita in 2009 was US$ 91.00, of which out-of-pocket health expenditure as a proportion of total health expenditure was 13%. The main challenge will be to ensure that sufficient resources are mobilized in order to safeguard universal health coverage and the constitutional commitment to maintain free public health care for all citizens. Innovative financing mechanisms will be required to offset the rising cost of hospital care. Modest steps have been taken to outsource certain non-clinical functions in hospitals and to test models of privatization, including after-hours clinics at the JDWNRH, and through opening private diagnostic services. While several cost-projection estimates have been made, they differ considerably, indicating the need for more solid projections of health-care costs over the next 10 years.

2.5 Health-systems response

Although the Royal Government of Bhutan has placed a strong emphasis on access and equity, observations suggest that some health facilities are underutilized, because of the distances to be covered and associated transportation costs. This is also partly attributable to migration from rural areas and rapid urbanization. Additionally, the absence of a systematic referral mechanism often results in patients bypassing primary and district-level facilities, resulting in congestion of the apex hospital, JDWNRH, in the capital. This is compounded by the fact that the hospital serves as the district hospital for Thimphu’s burgeoning population.

It has been suggested that health promotion and enhancement of community participation will be key to influencing health-seeking behaviour. At the dzongkhag level, multisectoral task forces were established in response to the HIV/AIDS epidemic. These committees now address a broader health agenda. There are few NGOs and community-based organizations in Bhutan and few are active in health. These are notably Lhaksam (an organization for people living with HIV/AIDS), NCWC and RENEW (Respect, Educate, Nurture and Empower Women). With only 52.8% adult literacy in the country, increasing functional adult literacy will be crucial to improving quality of life and well-being.

Good collaboration exists at the central level between the Ministry of Health and other sectors such as the Ministry of Education, which runs a strong school health programme; the Ministry of Information and Communications; Royal Bhutan Police on road safety; the Ministry of Works and Human Settlement on housing, water and sanitation; and the Ministry of Labour in the area of occupational health. Other sectors that actively coordinate with the health sector include the Bhutan Agriculture and Food Regulatory Authority on food security; and the Bhutan Narcotic Control Agency on tobacco control and drug abuse.
2.5.1 Key challenges

The key challenges for the national health system are related to the so-called triple burden on the health system – while Bhutan is yet to overcome the burden of several communicable diseases and reach targets set for maternal and child and adolescent health, lifestyle-related disorders, primarily noncommunicable diseases, account for an overwhelming burden of disease. Given that Bhutan is prone to frequent natural disasters, a constant high level of disaster preparedness is also required of the health system.

There are significant gaps in several areas:

- availability of qualified human resources for health;
- organization and management of health facilities;
- health information management;
- sustainable health financing;
- research and evidence for policy and action to reach the unreached and meet the needs of vulnerable populations;
- public policies and multisectoral action to address social and other determinants of health.

Sustaining free universal health coverage is a current concern in the face of escalating health-care costs and decreased external funding from traditional partners and international funding initiatives, as Bhutan is in the process of transition to lower middle-income status.

Chronic shortages of adequately skilled health staff are a major problem confronting the health sector, particularly shortages of medical doctors, nurses, technicians and specialist doctors. The Health Human Resource Master Plan suggests the need to more than double the number of health workers during the next 12 years. The skills of all cadres of health staff at the district hospitals and BHUs need to be reviewed and upgraded, due both to an increasing demand and to advances in health-care practices. There is a need to enhance the management of human resources for health in terms of aligning the training and distribution of medical and paramedical staff with the staff competencies and skills required to deliver quality services at each level of health facility. The University of Medical Sciences of Bhutan Act 2012 was approved by Parliament in early 2012, and goes some way towards addressing the shortage of medical doctors, traditional practitioners and allied health staff.
Difficulties in procuring vital drugs and medical supplies continue to be a problem. This is attributed to the small volume of procurement and lengthy and expensive procedures for this, but also reflects a lack of management capacity to effectively forecast requirements and manage supply and distribution. The essential drug list and standard treatment guidelines have recently been updated.

A recent internal comprehensive review of the health system undertaken by the Ministry of Health, and a multi-partner joint health-sector review conducted in 2012, identified similar key weaknesses. Neither of these reviews, however, comprehensively assessed the contributions from other sectors in addressing health determinants.

2.6 Contributions of the country to the global health agenda

The HPV and pentavalent vaccines were introduced during 2009–2010. Bhutan is the first low-income country in the world to implement a national vaccination programme that includes the HPV vaccine.

The Royal Government of Bhutan’s policy of free basic health care for all citizens has resulted in remarkable progress in improving the health of the people of Bhutan and bringing down morbidity and mortality. This is an example of what consistent polices on universal access and equity, if implemented effectively, can achieve in a relatively resource-constrained country over a limited span of time.

GNH deeply anchors Bhutan’s development efforts and is today enshrined in the Constitution of the Kingdom of Bhutan as a core principle of state policy. It refers to a set of social and economic interventions that evaluate societal change in terms of the collective happiness of people, and the adoption of policies aimed at that objective. Today this idea is spreading internationally and – as a result – the concept of happiness and well-being as an important alternate development paradigm has been recognized and adopted globally.

The United Nations system in Bhutan launched the “Delivering as One” (DaO) pilot initiative in 2007, to respond to the challenges of a changing world and to determine how the United Nations system could provide development assistance in a more coordinated way. The objectives were to make development operations more strategic and effective, harness expertise across the various United Nations agencies, and create synergies that would increase the ability to help countries achieve the MDGs and reduce poverty. The United Nations system in Bhutan voluntarily adopted the DaO initiative and became one of the self-starter countries to join the reform efforts.
2.7 Summary

Key health achievements, opportunities and challenges

<table>
<thead>
<tr>
<th>Achievements/opportunities</th>
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<tr>
<td>- Population access to free modern health-care services at 95%</td>
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<td>- Considerable improvements in maternal, child and reproductive health outcomes</td>
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<td>- <em>National Health Policy</em> and 11th Five Year Plan finalized; <em>National Policy and Strategic Framework on Prevention and Control of Non Communicable Diseases</em>, <em>National Strategic Plan for the Prevention and Control of STIs and HIV and AIDS</em>, <em>National Influenza Pandemic Preparedness Plan</em> and <em>Health Sector Emergency/Disaster Contingency Plan</em> developed; <em>Tobacco Control Act</em> enacted</td>
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<td>- Bhutan on track to achieve most of the health-related MDG targets – HIV prevalence remains below 0.2% of the population</td>
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<td>- Decline in total fertility rate from 5.6 in 1994 to 2.6 in 2009</td>
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<td>- Doubling of life expectancy at birth, from an estimated 36.1 years in 1950 to 67.7 years in 2011</td>
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<td>- Pentavalent DTP–Hib–HepB vaccine, as well as HPV vaccine introduced</td>
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<td>- Population access to safe drinking water and improved sanitation increased to 96.1% and 58.4% respectively</td>
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<tr>
<td>- Decline in poverty levels from 36.3% in 2000 to 23.2% in 2007</td>
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<td>- The United Nations in Bhutan has voluntarily adopted the DaO approach for greater synergies and coordination of the United Nations’ work in country</td>
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<tr>
<td>- Bhutan has developed national disaster risk reduction, contingency, and safe health facility plans and conducted South-East Asia Region emergency preparedness and response benchmarks assessments, as well as training on emergency and disaster risk management for all levels of staff</td>
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### Challenges

#### Evolving changes in demographic profile and disease patterns
- Changes in demographic profile have resulted in an increasing demand on health services, contributing to increased social expenditure incurred by the Royal Government of Bhutan
- “Triple burden” on the health system – continuing burden of communicable diseases and unmet targets for maternal, infant and child health; increasing morbidity due to noncommunicable diseases; and emerging challenges due to climate and environmental changes
- Risk of HIV, owing to its proximity to countries with high prevalence, high mobility across borders and high rate of STIs
- Increasing drug/narcotic abuse; continuing high levels of alcohol abuse
- Food and nutrition insecurities, in terms of deficits in cereals and micronutrients, particularly in rural and remote areas

#### Health-system challenges
- Disparities in health-service utilization and in health outcomes; unreached populations among the least educated, unemployed, isolated and poorer sections of society
- Significant shortage of human resources for health, particularly of doctors, nurses and skilled health workers
- Lack of institutional capacity to strengthen health systems and services; and for human resource development, evidence-based planning and monitoring, procurement and supply management
- Inadequate resources to sustain universal health coverage and constitutional commitment for free public health-care services for all citizens
- District and urban health-service delivery reform required for greater efficiency, acceptability and cost effectiveness
- Non-integration of the Health sector Emergency/Disaster Contingency Plan into the National Disaster Response Plan. Inadequate resources to undertake all necessary risk prevention and mitigation measures.
- Limited academic institutes or training centres to build capacity of different categories of health professionals, as well as communities
Development cooperation and partnerships

3.1 The aid environment in the country

Guided by the development approach of GNH, the Royal Government of Bhutan has largely determined the spirit, content and pace of a sustainable development agenda. This long-term strategy and vision articulated in the GNH framework has been strongly endorsed and supported by the country’s development partners as it firmly places people and their happiness and well-being at the centre of development.

In step with its rising GDP, Bhutan is graduating from being classified as a least developed country to a lower middle-income country. This has resulted in a gradual reduction in funding support from the country’s traditional donors in recent years, causing a decline in the proportion of the health budget funded from external sources. In 2010, the proportion of the recurrent budget funded by donors was 18%.

While Bhutan is not a signatory to the Paris Declaration on Aid Effectiveness (2005), the Royal Government of Bhutan is fully committed to enhancing aid effectiveness through strengthening coordination, harmonizing development cooperation, improving fiscal and financial management, and ensuring better ownership and management of development results. The responsibility for this coordination rests with the Gross National Happiness Commission.

As a result, the contributions of Bhutan’s donors and development partners, who have more or less defined areas of interest and expertise, are largely complementary, thereby avoiding duplication of efforts. Additionally, all partners respect and align themselves to the 5-year national planning framework. For the 11th Five year Plan, partners have, as in the past, aligned their respective projects and programmes to the national planning framework.

3.2 Stakeholder analysis

The major donors providing external assistance to Bhutan are Australia, Denmark, India, Japan, the Netherlands, Switzerland, Asian Development Bank Special Funds, the International Development Association, the International Fund for Agricultural Development, the European Union institutions and the World Bank. Official Development Assistance (ODA) inflows are directed to such sectors as social and
economic infrastructure and services, namely in transport, communication and energy sectors. ODA inflows to production sectors, food aid, health and humanitarian aid are not significantly high.

There are few bilateral donors contributing to the health sector in Bhutan. The Government of India is by far the largest donor in the health sector, with funding mainly allocated for infrastructure development. It is expected that the Government of India will continue to support substantial infrastructure development during the period of the 11th Five Year Plan, based on decisions on the priorities and requests made by the Royal Government of Bhutan. The Government of India is committed to providing support for the construction of the new UMSB, a referral hospital in Gelephu; the public health laboratory; and additional district hospitals; and for the purchase of medical equipment.

During the last 5 years of the 10th Five Year Plan (2008–2013), the Danish International Development Agency, building on past support, extended a final grant support to the social sector, comprising the subsectors of health, education, and technical, vocational education and training in Bhutan. Of the DKK 136.1 million grant support, 81% was provided as fungible sector budget support, to support implementation of the planned and prioritized activities in health and education. It is estimated that the two sectors received 50% each of the grant. In addition, the health sector received technical assistance for studying access to health services in Bhutan; developing mechanisms for quality assurance and standardization of health-care services; implementing decentralized rural water supply; and assisting with transitioning the national referral hospital from solely a referral hospital to a teaching hospital for the UMSB. Denmark is, however, phasing out its assistance to Bhutan and it is expected that the bilateral funding will end in 2014.

Other bilateral donors supporting the health sector include Japan (the Japan International Cooperation Agency and the Japan Committee “Vaccines for the World’s Children”). The support from Japan is channelled mainly to infrastructure development, with needs-based inputs from time to time for the health sector, such as through the deployment of medical experts; provision of cold chain equipment for BHUs; short-term technical advice on the cold chain logistics; and procurement of medical equipment and vehicles such as ambulances, for the districts in 2011.

SNV, an NGO based in the Netherlands, has been a development partner in the water, sanitation and hygiene (WASH) sector since 1989. The current programme includes both rural and urban sanitation and hygiene programmes. The Rural Sanitation and Hygiene Programme is part of SNVs regional “Sustainable Sanitation and Hygiene for All” Programme in five countries in Asia, with support from the Australian Agency for International Development (AusAID). It is targeted at grass-roots-level projects for improved sanitation and hygiene in remote rural areas and poorer urban areas, including health education to communities.
Save the Children used to support the sanitation program in Zhemgang dzongkhag until the early 2000s; their current focus is on education, child protection and disaster risk reduction.

The World Bank has a human development strategy for Bhutan that aims to provide support to the Royal Government of Bhutan for evidence-based decisions on policies and programmes for more sustainable and effective delivery of social services in education and health. In the recent past, investment lending in the health sector in Bhutan has been through two multi-year projects, the Avian and Human Influenza Preparedness Project, and the HIV Prevention and Control Project, which strengthened the capacity to address HIV and STIs; both these projects concluded in 2011. The Country Partnership Strategy of the World Bank is currently making investments in a Development Policy Credit series that provides budgetary support and includes a focus on the health and nutrition sectors, among others. Additional work being undertaken in the health sector includes a human development public expenditure review to assess the effectiveness of government spending in health and education and the implications for sustainability; and a national nutrition assessment and gap analysis, supported by the mult Donor South Asia Food and Nutrition Security Initiative of the World Bank. A study on noncommunicable diseases in Bhutan has been undertaken as part of a regional study in South Asia, while a study on reproductive health and maternal mortality in Bhutan is planned as part of regional work in this area.

Given that Bhutan is a small country now in the process of graduating to lower middle-income country status, scaling back of external specified funding for health is expected, even from donor agencies that have worked in the country for several decades and understand that the economic progress has not yet reached a level where adequate resources can be allocated to fully address the requirements of the health sector. Domestic revenue generated is, at present, largely being utilized to repay loans and build infrastructure towards ensuring the foundations for continued economic growth in the future, a situation that is likely to continue in the medium term.

Bhutan has benefited from several global funding initiatives, notable among which are the Global Fund (GF), the Global Alliance for Vaccines and Immunization (GAVI), the Global Environment Facility, the Organization for Petroleum Exporting Countries (OPEC) Fund for International Development (OFID) and the Strategic Approach to International Chemical Management (SAICM), which have provided substantial financial assistance to the health sector in the past. However, with Bhutan moving forward to a lower middle-income status, eligibility for support through some of these initiatives has also been affected.
3.3 Coordination and aid effectiveness in the country

Development planning in Bhutan has consistently adopted a pro-poor and inclusive approach. Most donors have placed emphasis on poverty alleviation.

All donors have aligned their contributions with the national plan and priorities identified in the national planning frameworks, in close consultation with the Royal Government of Bhutan. The Gross National Happiness Commission is responsible for donor coordination and resource mobilization in Bhutan and plays a significant role in coordinating donor support and ensuring that partner inputs are well aligned with national processes and priorities set out by the Government.

Donor harmonization continues to improve in Bhutan. All external resources are channelled through national mechanisms. Prevailing good-governance norms have increased donor confidence and made the extensive reliance on country systems in Bhutan feasible. Additionally, there has been a move towards utilizing a programme-based rather than disparate-projects approach. This has resulted in a high level of effectiveness in the utilization of donor funds.

Various instruments are used to ensure strong coordination and adherence to the Paris principles. Round Table Meetings for Bhutan are held twice during each 5-year plan, to provide a forum for policy dialogue and donor coordination and to ensure that development assistance is aligned with national priorities. The last meeting was held in December 2013. The Gross National Happiness Commission regularly convenes the Development Partners Group to coordinate all development assistance. Similarly, a Joint Technical Working Group on Health has been established to coordinate the input from all partners involved in the health sector. This group is chaired by the Ministry of Health.

One area that remains a challenge, however, is the monitoring, reporting (particularly financial reporting) and technical evaluation of outcomes and results in a meaningful way. To develop in-country capacity to effectively address this gap is therefore seen as imperative. This assumes even greater importance, given the use of GNH Index screening as a tool to determine budget allocations for programmes and for financing development activities.


The United Nations Development Assistance Framework for the Kingdom of Bhutan 2008–2012 provided a collective, coherent and integrated United Nations response to national needs and priorities and is consistent with Bhutan’s overall development vision. The UNDAF was exceptionally extended for a further year, in order to align it with the 11th National Five Year Plan 2013–2018. There is full ownership and participation in the
UNDAF process by the Royal Government of Bhutan. The various sectoral ministries and agencies, including the newly established NGOs and community-based organizations, work together with the United Nations partners while developing the UNDAF for the 5-year period, as well as developing, implementing, monitoring and evaluating the annual workplans for each year. The Country Programme Board, comprising the various ministries under the Royal Government of Bhutan, and United Nations agencies, meets every year to carry out annual, mid-term and end-of period reviews. The most recent review was held in December 2013 to review past progress and to endorse the annual workplan for the first year of the current UNDAF cycle. The Country Programme Board provided guidance for the overall implementation of activities based on the progress reported by the five UNDAF theme groups.

There were five thematic areas under the UNDAF/Common Country Programme Action Plan for 2008–2012 – poverty reduction; health; education; good governance; and environment and disaster risk management. The health outcome defined in the UNDAF was: “By 2012, increased access and utilization of quality health services with emphasis on reproductive health, maternal and child health and nutrition, HIV/AIDS, TB, malaria and non-communicable diseases (MDG 4, 5, 6)”.

The contribution of WHO, as articulated through the CCS for the same period and linked to key UNDAF outcomes, is indicated in Table 3.1.

**Table 3.1: WHO strategic priorities as defined in the CCS 2008–2013 and UNDAF 2008–2012 outcomes**

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<tr>
<th>WHO strategic priority</th>
<th>WHO main focus</th>
<th>UNDAF outcome</th>
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<tr>
<td>Support for the review, consolidation and strengthening of health policies in a national health policy</td>
<td>Support the development of the National Health Policy document</td>
<td>Capacity of the Royal Government of Bhutan to formulate and implement results-oriented policies and strategies that create an enabling environment for strengthening reproductive health, maternal and child health, STIs and HIV/AIDS, TB and malaria programmes</td>
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<td>Support to further strengthen the development of human resources for health</td>
<td>Contribution to the revision of the Human Resources Development Master Plan for Health based on national health priorities Key support to the implementation of the Human Resources Development Master Plan for Health</td>
<td>Capacity of the Royal Government of Bhutan to formulate and implement results-oriented policies and strategies that create an enabling environment for strengthening reproductive health, maternal and child health, STIs and HIV/AIDS, TB and malaria programmes</td>
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<tr>
<td>WHO strategic priority</td>
<td>WHO main focus</td>
<td>UNDAF outcome</td>
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<tr>
<td>Contribute to the strengthening of the health system</td>
<td>Promotion of the efficient use of health information at all levels of the health system</td>
<td>Capacity of the Royal Government of Bhutan to formulate and implement results-oriented policies and strategies that create an enabling environment for strengthening reproductive health, maternal and child health, STIs and HIV/AIDS, TB and malaria programmes</td>
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<td></td>
<td>Development of options for sustainable health-system financing</td>
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<td></td>
<td>Improved management of decentralized health services and facilities</td>
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<td></td>
<td>Norms, standards and quality assurance for basic health care established, towards ensuring universal health coverage</td>
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<td></td>
<td>Roles of the community in supporting the health system strengthened</td>
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<td>Support for operational research</td>
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<tr>
<td>Foster the improvement of maternal and child health and nutrition (MDGs 3, 4 and 5)</td>
<td>Support for improving maternal health, with emphasis on reduction of maternal mortality</td>
<td>Capacity of the Royal Government of Bhutan to formulate and implement results-oriented policies and strategies that create an enabling environment for strengthening reproductive health, maternal and child health, STIs and HIV/AIDS, TB and malaria programmes</td>
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<tr>
<td></td>
<td>Support for interventions to reduce child mortality and improve infant and child health</td>
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<td></td>
<td>Technical assistance and support to improve the nutritional status of the population</td>
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The new UNDAF One Programme spanning the period 2014–2018 for Bhutan was prepared during the course of 2012, through a widely consultative process, which included a thorough analysis of the country situation and needs and discussions on key priorities that could be supported by the United Nations system, based on the comparative advantages of the various United Nations agencies working with the Royal Government of Bhutan.
The new United Nations Development Assistance Framework Bhutan One Programme 2014–2018 is aligned with the 16 national key result areas of the 11th Five Year Plan and structured around the four pillars of GNH, and has four main expected outcomes:

1. **Sustainable development**: by 2018, sustainable and green economic growth that is equitable, inclusive, climate and disaster resilient, and that promotes enhancement of poverty reduction and employment opportunities, particularly for vulnerable groups.

2. **Essential social services**: by 2018, increased and equitable access, utilization and quality of inclusive essential social services for all, with a focus on women, children and youth, to sustain the MDGs and address emerging challenges.

3. **Gender and child protection**: by 2018, communities and institutions strengthened at all levels, to achieve enhanced gender equality, empowerment and protection of women and children.

4. **Good governance and participation**: by 2018, governance institutions and communities exercise the principles of democratic governance at the national and local levels, with a focus on inclusiveness, transparency, accountability and the participation of women and youth.

The health-related components were formulated with the active participation of the Gross National Happiness Commission; Ministries of Health, Education, Works and Human Settlement, and Labour; agencies such as the Bhutan Agriculture and Food Regulation Authority (BAFRA), Bhutan Narcotics Control Agency (BNCA), Department of Disaster Management; and National Environment Commission (NEC); NGOs such as Lhaksam, NCWC and RENEW; and the media, together with WHO and United Nations agencies involved in the health sector.

The main focus for UNFPA is advocacy and capacity-building for high-quality sexual and reproductive health services, including safe motherhood, adolescent sexual and reproductive health services for in- and out-of school youth, and prevention of HIV/AIDS and gender-based violence. UNFPA will also contribute to upgrading the health management information system in relation to sexual and reproductive health and gender-based violence. Support will be provided to strengthening the implementation of life-skills education through capacity-building of key stakeholders and youth groups, and to humanitarian preparedness and response through application of the Minimum Initial Service Package for reproductive health, and services for prevention of gender-based violence. Support will also be provided to the Royal Government of Bhutan for
institutionalized population data management, research and use in policy and planning on population issues among sectoral agencies and local governments. UNFPA and UNICEF have committed to strengthening emergency obstetric health care through the provision of training for health personnel and upgrading of medical facilities, equipment and infrastructure.

UNICEF’s support to the Royal Government of Bhutan is through the health, nutrition, water and sanitation programmes that focus on young child survival, growth and development, through technical support for maternal, neonatal and child health, including prevention of mother-to-child transmission of HIV and paediatric care; immunization plus; maternal, infant and young child nutrition; community development through the Village Health Worker Programme; and WASH in schools, including monastic schools and nunneries. The programme is in line with the Royal Government of Bhutan’s priorities of reducing infant, child and maternal mortality; sustaining high immunization coverage; reducing malnutrition of children under 5 years; and improving access to safe drinking water and sanitation facilities in both secular and monastic schools. UNDP is working closely with the government to support the national system for the collection of data disaggregated by gender and other demographics, to evaluate and monitor Bhutan’s progress towards the MDGs and overall socioeconomic development.

UNAIDS, together with WHO and UNFPA, will continue to facilitate the operationalization of the National Strategic Plan for the Prevention and Control of STIs and HIV and AIDS. UNICEF and UNFPA will also support national capacity to conduct multiple-indicator demographic and health surveys during the period of the UNDAF cycle 2013–2018.
### 3.5 Summary

**Key health achievements, opportunities and challenges**

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<th>Achievements/opportunities</th>
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<tbody>
<tr>
<td>- A long-term strategy and vision (<em>Bhutan 2020: a vision for peace prosperity and happiness</em>), based on the GNH framework, which has been strongly supported by the development partners, as it firmly places people and their well-being at the centre of development</td>
</tr>
<tr>
<td>- There is strong country ownership and coordination of all donor/development partner contributions</td>
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<tr>
<td>- Bhutan is in the process of transitioning to lower middle-income country status</td>
</tr>
<tr>
<td>- The United Nations family has developed a strong cohesive partnership with the Royal Government of Bhutan, adopting the DaO approach</td>
</tr>
<tr>
<td>- The UNDAF has been developed in very close partnership with the Royal Government of Bhutan and other key implanting partners, including NGOs and civil society organizations</td>
</tr>
<tr>
<td>- Through the UNDAF, several agencies contribute to maternal &amp; child health and water and sanitation programmes, as well as nutrition</td>
</tr>
<tr>
<td>- Substantial infrastructure development will continue during the period of the <em>11th Five Year Plan</em>, mainly supported by the Government of India.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Challenges</th>
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<tbody>
<tr>
<td>- Decline in the proportion of the health budget funded from external sources; in 2010 the proportion of the recurrent budget funded by donors was 18%</td>
</tr>
<tr>
<td>- Monitoring and evaluation of processes, outcomes and impact, as well as the use of data and evidence for planning and implementation remains weak.</td>
</tr>
</tbody>
</table>
4 — Review of WHO’s cooperation over the past Country Cooperation Strategies

4.1 Review of WHO’s cooperation with stakeholders

The agreement for collaboration with the Royal Government of Bhutan was signed in 1983 and WHO established a Country Office for Bhutan in that year. While WHO remains the main technical partner for the Ministry of Health, the Organization also works very closely with other sectoral ministries and national agencies active in the area of health. All national policies, plans and programmes are developed and implemented by the Ministry of Health and national partners, thus ensuring full national ownership. WHO has continued to work closely with United Nations agencies, both those based in the country and those based elsewhere in the South-East Asia Region, to shape and support the health-related components of successive UNDAFs over a period of three decades in the country.

Over the past decade, the international public health landscape has changed, with many new partners and stakeholders working in international health. Similarly, the national health landscape has changed in recent years, with changing population dynamics, epidemiological transition and rapid socioeconomic development. The establishment of new regulatory bodies and emergence of new NGOs and community-based organizations has added to the number of partners working in health.

WHO, together with the Ministry of Health, continues to work in partnership with the Ministries of Agriculture and Forests, Education, Labour, and Works and Human Settlement, as well as specialized agencies such as BAFRA, BNCA, the Drug Regulatory Authority (DRA), NEC, and the few NGOs that are now actively working in health, namely Lakhsam, NCWC and RENEW.

The CCS 2008–2013 addressed six broad strategic areas:

1. development of national health policies and strategies;
2. support for strengthened human resources for health;
3. contribution to strengthened health systems;
fostering improvements in maternal health, child health and nutrition;

assistance to reduce the burden of diseases, through key interventions focused on health promotion and mitigation of risk factors;

enhanced partnership and resource mobilization.

The CCS priorities were consistent with the health priorities of the 10th Five Year Plan (2009–2013) and guided the development of the WHO workplans for 2010–2011 and 2012–2013 (see Table 4.1).

The WHO Country Office for Bhutan drew on resources from the WHO Regional Office for South-East Asia, as well as WHO headquarters, towards providing the required technical assistance as requested by the Ministry of Health. The Country Office was also able to raise substantial voluntary contributions, largely through the regional level, to fulfil most of the requirements for the agreed activities in the biennial workplans over the period of the CCS cycle.

Table 4.1: WHO CCS priorities: alignment with the 10th Five Year Plan

<table>
<thead>
<tr>
<th>Core areas of work under the 10th Five Year Plan</th>
<th>CCS priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and curative services</td>
<td>Contribute to strengthening of the health system, including human resources for health, for improved health-service delivery at all levels Build capacity for quality assurance of laboratory services</td>
</tr>
<tr>
<td>Health management and development</td>
<td>Support the review, strengthening and consolidation of health policies into the National Health Policy and Plan Foster efficient use of health information at all levels of the health system Enhance partnerships and resource mobilization for health</td>
</tr>
<tr>
<td>Health promotion and disease prevention</td>
<td>Help reduce the burden of disease: interventions with a focus on health promotion, and risk-factor mitigation through a multisectoral approach Foster improvements in maternal and child health and nutrition Build capacity for emergency preparedness and response, including reduction of seismic vulnerability of health facilities</td>
</tr>
<tr>
<td>Sustaining regulatory and monitoring systems</td>
<td>Implementation of International Health Regulations (2005), the WHO Framework Convention on Tobacco Control and other international conventions Technical support for the work of BAFRA, the Bhutan Medical and Health Council, BNCA and DRA</td>
</tr>
</tbody>
</table>
WHO’s technical assistance for the development of the *National Health Policy* was a significant milestone. The major conclusions from the stakeholder analysis of Bhutan were that, since national expertise in public health and health systems is limited, Bhutan would continue to rely heavily on technical support from WHO in many areas, mainly technical advice on norms, standards and guidelines; policy development; planning and development of human resource capacity; catalytic implementational support; research; and monitoring and reporting of health trends. WHO’s access to a wider network of technical expertise, information and online resources was also appreciated.

Based on consultations with various stakeholders, a review of the collaborative work of WHO in Bhutan over the past CCS cycles was assessed, including findings from the joint multi-partner health sector review of 2012. From these reviews, and in the context of the ongoing WHO reform, a consensus emerged that the WHO programme should focus on a smaller number of health areas, in order to increase the impact and effectiveness of WHO’s work in Bhutan.

### 4.2 Analysis of WHO contribution to health development through implementation of the WHO Country Cooperation Strategy 2008–2013 Bhutan

The main focus of work has been on capacity-building to support the provision of quality primary health-care services throughout the country. Previous CCSs focused on programmes such as immunization and the control of communicable diseases. With the successful reduction in infant, child and maternal mortality, the focus of WHO’s work has moved towards technical support in health policy and systems development, building human resource capacity for health, supporting evidence-based policy and strategy formulation, and supporting implementation in various programme areas. The prevention and control of noncommunicable diseases; ensuring preparedness for health emergencies due to natural disasters, disease outbreaks and pandemics; and support to the country in meeting its commitments to international agreements and frameworks have emerged as focus areas for the future.

The detailed contribution of WHO though the CCS 2008–2013 is as described below.

#### 4.2.1 Strengthening the national health system

WHO provided technical support and facilitated the formulation of the *National Health Policy* and of the health-sector components of successive national Five Year Plans. This has contributed to strengthening and extending universal health coverage based on primary health care, as a result of which over 95% of the population has access to basic health services. Reviews of several public health programmes, as well as reviews of the
health system as a whole, have been supported, as have annual health conferences. This has helped to assess the impact of various programmes and steered national strategies and plans towards realistic targets based on a thorough analysis of progress, opportunities and challenges for various programmes and the health system. An in-depth health-sector gap analysis undertaken in 2012 contributed to the development of the 11th Five Year Plan.

At the policy level, WHO provided consistent normative guidance and technical support for the development of several national acts, including The Food Act of Bhutan, the Tobacco Control Act of Bhutan, and the National High Level Declaration on Noncommunicable Diseases.

Following the establishment of Quality Assurance Standardization Division under the Ministry of Health, WHO provided technical support for the development of quality-standardization guidelines for health services. Considerable efforts have also been made, through technical assistance and funding support, to improve the quality of laboratory services for diagnosis and detection of disease outbreaks, emerging drug resistance, and basic drug-quality testing.

A telemedicine programme was initiated, with the aim of improving access to specialized advice from specialists at the national level to health personnel at district and gewog levels.

Support was also provided to strengthen the procurement and supply-management system of the Ministry of Health, following the institution of changes in the systems for procurement in 2009, and to meet critical shortages in drugs and essential supplies. This helped to ensure the availability of essential drugs at health facilities at all times during this period.

Technical assistance to enhance the prevention and control of hospital infections, as well as for the work of committees for hospital infection control, resulted in development of a strategy and plan for prevention of hospital infections at the tertiary care hospitals in Thimphu and various district hospitals. Surveillance systems, including pharmacovigilance, have been put in place for monitoring health-care-associated infections.

4.2.2 Human-resource development

Recognizing the need to address the shortage in skilled health personnel at all levels of the health system, WHO continued to place strong emphasis on development of skills towards improving the quality and reach of health services at all levels. Over 40% of WHO’s biennial budget supports human resource development through in-country and ex-country long-term and short-term training in technical and management areas. WHO also provided technical support to update the Master Plan for Human Resources for Health.
4.2.3 Institutional capacity-building

Technical assistance and funding support were provided to establish the country’s first bachelors’ programmes in health – Bachelor in Public Health and Bachelor in Nursing and Midwifery, at the Royal Institute of Health Sciences. The Royal Institute of Health Sciences and National Institute of Traditional Medicine have continued to receive technical and financial support to build faculty capacity. Similarly, WHO supported the Faculty of Medicine under the newly established UMSB. WHO contributed to institutional capacity of BAFRA, BNCA and DRA, through staff training and observation tours to neighbouring countries. The Village Health Worker programme was strengthened through training for these workers on community-based health care, thereby extending the reach of health services within the community.

4.2.4 Health financing

Given that the costs of health care continue to rise, WHO supported the Ministry of Health in the area of health-care financing. Several staff of the Planning and Policy Division of the Ministry of Health have benefited from training and study tours, to both developed and developing countries, to improve their understanding of health-systems structures and financing. Support has been provided for national health accounts. Technical and logistic support was also provided for resource mobilization, especially for the Bhutan Health Trust Fund, through which Bhutan aims to achieve self-reliance for drugs and vaccines.

4.2.5 Health information management

Support has continued over the years to further strengthen the national health information system, with a particular focus on improving data recording and reporting from the district level, for use at the national level. The national vital registration system has also been reviewed and capacity built through technical assistance and study tours for key national staff to observe systems in other countries.

4.2.6 Resource mobilization and partnerships

WHO supported Bhutan in developing proposals for submission to the Global Fund for HIV/AIDS, Tuberculosis and Malaria, resulting in a total of US$ 31.85 million being mobilized for these three programmes, through successive rounds of GF applications. WHO also supported the country to prepare proposals for GAVI support, which included assistance through a comprehensive multi-year plan for the immunization programme. Support was also provided, resulting in funding for the development and implementation of both urban and rural water safety plans through AusAID; assessing and helping to mitigate the effects on health of climate and environmental changes through the Global Environment Fund; and towards addressing the health risks of carcinogenic chemicals through the United Nations Environment Programme. Critical resources have also been
mobilized through OFID, for improving the quality of blood-banking services in the country, and AusAID for initiating work on the Package of Essential Interventions for the early detection and management of common noncommunicable diseases at BHUs and district hospitals in the country.

**4.2.7 Prevention and control of communicable diseases**

Bhutan is recognized to be on track towards achieving the targets set for HIV, TB and Malaria under the MDGs. WHO continued to provide technical and catalytic financial support for the prevention and control of specific communicable diseases, namely HIV/AIDS, TB and malaria; vector-borne diseases; and zoonosis. Support was provided for the development of national strategies and multi-year plans in each of these programme areas, which have served to provide strategic direction for the programmes, and in operational planning towards meeting set targets. This contributed to maintaining treatment and care for all the people living with HIV/AIDS (PLWH) and to early detection of new HIV infections. The prevalence of HIV in the country continues to remain below 0.2 per 100 000 population and the prevalence of TB continues to decline. Bhutan is on track towards the goal of malaria elimination and has been successful in maintaining leprosy-elimination targets at national level. Support continues to be provided towards achieving the goal of eliminating kala-azar, including through cross-border collaboration with neighbouring countries.

**4.2.8 Prevention and control of noncommunicable diseases**

A National Policy and Strategic Framework on Prevention and Control of Non Communicable Diseases has been developed, and a high-level multisectoral task force and national steering committee established, comprising the Royal Government of Bhutan, donors, multilateral organizations, and civil society and private sector organizations. This resulted in the National High Level Declaration on Prevention and Control of Noncommunicable Diseases, which has set the stage for an “all of government” approach to noncommunicable diseases. The Package of Essential Interventions for the early detection and management of common noncommunicable diseases was introduced and plans for scaling up developed. WHO has continued to provide support in tobacco control, through provision of a legal framework and advocacy.

One of the major causes of disability in Bhutan is attributable to traffic injuries as a result of the growing road network and increase in motorized vehicles. WHO has worked in partnership with Ministry of Health, Ministry of Information and Communication, and Road Safety and Transport Authority, to raise public awareness, introduce regulatory measures, and train traffic police, schoolchildren and staff of the Road Safety and Transport Authority in first aid and basic management of traffic injury. The promotion of this multisectoral implementation approach is proving useful for wider application of measures to promote road safety. Together with the Ministries of Health and Labour,
national guidelines and information material on safety in the workplace have been published and operationalized. Support was also provided for the formulation of a National Ophthalmic Policy.

Key environmental risk factors such as occupational and other exposure to chemicals, which are associated with noncommunicable disease, are discussed in Section 4.2.12, in relation to sustainable development.

### 4.2.9 Mental health and alcohol abuse

A community-based mental health programme (Mental Health Gap Action Programme – mhGAP) has been established and will be supported for wider replication. Similarly, given the high incidence of alcohol abuse, a community-based programme for the prevention of harmful use of alcohol has been supported in eastern Bhutan. Initial evaluation has shown significant reduction in alcohol use in these communities. Given the frequency of natural disasters such as earthquakes and floods, which have significantly disrupted the lives of families and communities in the past, as a result of deaths, disabilities, and loss of homes and livelihoods, there is a need to support the development of a strong community-based mental health rehabilitation programme.

In the area of immunization, WHO support continued over the years and notable contributions were the revision of the Expanded Programme of Immunization (EPI) manual, the introduction of new vaccines, namely the pentavalent DTP–Hib–HepB vaccine and the HPV vaccine, in collaboration with UNFPA and UNICEF. In 2011, the HPV vaccine was incorporated into routine immunization for girls aged 12 years, making Bhutan the first country in the WHO South-East Asia Region to have introduced HPV vaccine under the national immunization programme. Vaccine coverage remains above 94%.

### 4.2.10 Maternal, neonatal, infant, child and adolescent health

WHO provided technical support, together with UNFPA and UNICEF, to develop the capacity of health personnel in obstetric and neonatal care, including emergency obstetric care, as well as in further expansion of IMNCI services to all districts in the country. This has contributed to a gradual reduction in maternal, infant and under-five mortality.

In addition, recognizing that one third of mothers do not reach health facilities, owing to a mix of traditional beliefs and a lack of arrangements for their stay at BHUs and district hospitals in locations away from their homes, community health workers have been trained in basic skills and in recognizing and managing danger signs during pregnancies, as well as in referring high-risk pregnancies to higher-level facilities. The introduction of the Bachelor in Nursing and Midwifery will further strengthen the skills and competencies of health assistants and nurses at the larger BHUs and district
hospitals, to improve maternal and neonatal care. The establishment of emergency obstetric care facilities at district level will also, in the future, contribute to reducing maternal, neonatal and infant mortality. These efforts have contributed to increasing the proportion of health facility-based deliveries to 66% in 2012. The capacity of health personnel and the national health system also continues to be built to expand the IMNCI approach to every district in the county, with support from UNICEF. Together with the Ministry of Education, UNFPA and UNICEF, WHO provided technical support to introduce life-skills training for adolescent health. WHO supported the development of the National Adolescent Health Strategic Plan 2013–2018 in 2012, building on the support provided in 2008 in developing the National standards and implementation guide for youth friendly health services, including the management of adolescent sexual and reproductive health, substance abuse and mental health.

4.2.11 Emergency preparedness and response

The Royal Government of Bhutan and Ministry of Health, with the support of WHO and other partner agencies, had developed a National Disaster Risk Reduction Plan, complemented by the Health Sector Emergency/Disaster Contingency Plan and National Plan for Safer Health Facilities, as part of the larger National Disaster Response Plan. To further strengthen the Disaster Risk Reduction programme, the WHO South-East Asia Region emergency preparedness and response benchmarks assessments, including 12 standards and corresponding indicators, has been conducted in Bhutan, and health-facility assessments and mitigation activities for seismic resilience have been supported.

In collaboration with the Regional Office for South-East Asia, the WHO Country Office for Bhutan has been able to offer the Public Health and Emergency Management in Asia and the Pacific courses, to build up national capacity on emergency preparedness and response. Various categories of staff have been trained in-country on disaster preparedness and response. This has proved useful during several disasters such as floods and fires, which Bhutan experiences frequently, and particularly during the two earthquakes in 2009 and 2011.

The development of the National Influenza Pandemic Preparedness Plan for Bhutan was also supported. The country was also assisted in developing preparedness for avian influenza, through strengthened collaboration between the Ministries of Health, Agriculture, and Economic and Home and Cultural Affairs. Support was also provided to implement certain aspects of this plan during 2006–2007, in terms of stockpiling drugs and personal protection equipment and training of health workers in order to establish a core group to deal with an avian influenza pandemic. Capacity-building for outbreak surveillance and response has been supported through field epidemiology training. Capacity-building for implementation of the IHR has also been an area of focus, given the need to meet core capacity for implementation by 2014.
4.2.12 Promoting a healthy environment for sustainable development

BHU staff, laboratory technicians and engineers have been trained in developing water safety plans and maintaining water supply systems for safe drinking water in both rural and urban areas throughout the country, resulting in the establishment of 300 rural and 50 urban plans for delivery of safe drinking water. Training and workshops for hospital staff on hospital waste management have been supported. This has resulted in guidelines for solid and liquid waste management and in the establishment of a model for waste management that will serve to establish appropriate measures in hospitals and health facilities in Bhutan.

WHO has also supported development of an occupational health profile and development of national standards for occupational exposure to chemicals. A multisectoral initiative to develop a National Chemicals Profile for Bhutan was completed in 2009, aiming to identify some of the major issues facing the country in the use of chemicals with carcinogenic potential. WHO also provided support to develop a national programme for reduction in use and management of these chemicals.

4.2.13 Promoting healthy lifestyles

Support for high-level policy advocacy and communication on various health issues has been further enhanced following the establishment of the Health Promotion Division at the Ministry of Health. Conformance to national guidelines on healthy diets and physical primary prevention of noncommunicable disease should increasingly be achieved through strengthened health-promotion activities and efforts to increase health literacy among the population. Activity and information materials for schools were produced to increase general awareness on healthy lifestyles. Support has also been provided to strengthen nutrition and food safety programmes, complementing the work of UNICEF, the World Food Programme and the World Bank, in assessing vulnerabilities and promoting measures to improve the nutritional status of adolescent girls, mothers and young children. Support was also provided for a community-based approach to caring for the elderly.

4.2.14 Gender equity and rights

When preparing the biennial workplan for 2012–2013, gender and equity were identified as cross-cutting areas, in terms of activities and indicators. Attention has also been paid to gender and vulnerable populations while developing the major outcomes indicators in the UNDAF plan for 2014–2018, where WHO took an active lead in developing the health component. A report on women’s health in Bhutan has been commissioned. An assessment of universal health coverage is ongoing and, as part of this, the Ministry of Health has sought guidance from WHO on measuring equity.
4.3  Internal review

4.3.1  WHO’s support to the health sector

While WHO’s support to the health sector through successive biennial workplans has contributed to significant progress in several key programme areas, there were still areas that were not sufficiently supported, largely due to insufficient funding in the biennial workplans. These areas include eye and oral care; community-based services; quality assurance of services, research; and strengthening the health information management system.

The overall funding for biennial workplans has remained limited. With the small budget distributed over a large number of activities, it has been difficult to tangibly demonstrate the impact of WHO’s collaborative work in Bhutan, including inputs into human resource development.

Significant technical assistance for various health programmes continued to be mobilized, drawing mainly on resources of the WHO Regional Office for South-East Asia and WHO headquarters during the last CCS period, given the small size and staffing structure of the WHO Country Office for Bhutan.

4.3.2  The WHO Country Office

The WHO Country Office for Bhutan is housed within the Ministry of Health. The WHO representative is the only international staff member. One fixed-term national professional officer has dual responsibilities as administrative and planning officer. Two temporary national professionals who are Ministry of Health staff are placed in WHO on a 2-year rotational basis, largely to help enhance their understanding of public health programmes, the functioning of intergovernmental organizations such as WHO, and to coordinate WHO’s work with the various departments and units in the Ministry of Health. One additional temporary national professional was recruited to support the implementation of three major projects on water and sanitation, environment and health, and occupational and chemical safety. Five administrative support staff and three drivers complete the staffing at the Country Office.

The Office for Bhutan is overstretched in terms of fulfilling technical functions in line with the mandate of the Organization, and therefore relies heavily on technical support from the departments and technical units at the WHO Regional Office for South-East Asia, as well as on the services of technical experts hired on short-term contracts to work with the Ministry of Health, mainly to provide support on specialized technical areas. This situation is likely to continue, given that the staffing structure at the Country Office is unlikely to change significantly during the period of this CCS. The need for support from the regional and headquarters levels of WHO for Bhutan will therefore...
continue to remain greater compared to other countries that have more national capacity within their Country Offices, as well as Ministries of Health, government agencies, and academic and national institutions. Closer collaboration and sourcing of expertise from larger WHO Country Offices will also serve as a mechanism to provide technical assistance to Bhutan.

4.3.3 Allocation of resources

WHO’s country programme in Bhutan is relatively small, owing to the size of the country. The allocation of resources is fully aligned towards supporting the achievement of the key results within the national Five year Plans, and responds to the needs expressed by the Government.

During the biennium 2010–2011, activities were spread across all 13 WHO strategic objectives and covered 55 office-specific expected results (OSERs). The overall achievements in terms of implementation was impressive, in that only two OSERs were not achieved, owing to circumstances beyond the control of the Country Office, and four OSERs were reported as being partially achieved. The planned cost for the biennium 2010–2011 was US$ 6.8 million while the budget awarded through both assessed and voluntary contributions was US$ 3.8 million, with US$ 1.8 million being mobilized as voluntary contributions from other levels of the Organization. The implementation rate of the awarded budget was 98%.

For the biennium 2012–2013, the approved budget for assessed contributions at the start of the biennium was US$ 3.005 million, with funding distributed across all 13 strategic objectives. Additional voluntary contributions of US$ 1.529 million were mobilized during the biennium. The implementation rate of the awarded budget was 96.03%. The implementation rate against award budgeted was 98% in 2010-2011 and 97% in 2012-2013.

The allocation of resources across the workplan for the biennium 2012–2013, at the start of the biennium is illustrated in Figure 4.1.

As a result of this spread across the entire range of strategic objectives, the number of activities was high, seen in relation to the overall budget. A total of 311 activities have been planned under 41 OSERs in the workplan, of which, however, 93 were yet to be funded at the beginning of the biennium. There was a wide variation in the planned costs across strategic objectives, which reflected the priorities identified for support during the biennium – for example, around 50% of the total budget was allocated to Strategic objective 9, Health systems strengthening, while Strategic objective 7, relating to determinants of health, was allocated 1.5% of the allocated budget.

The allocation of resources across the workplan for the biennium 2014–2015 at the start of the biennium is shown in Figure 4.2.
Figure 4.1: Resource allocations across the strategic objectives for the biennium 2012–2013


Figure 4.2: Resource allocations across categories of work for the biennium 2014–2015
4.4 Resource mobilization for the health sector in Bhutan

Since the volume of external funding assistance for the health sector has continued to decline over the past decade, the relative demand for funding assistance from WHO has increased and the Organization is today a key partner for the health sector, in terms of both technical assistance and financial support. As a result of sustained efforts to mobilize additional resources through global health initiatives, as well as through bilateral support from donors and development partners (AusAID, GAVI, GF, The Global Environmental Facility, OFID and SAICM), an additional US$ 1.8 million and US$ 1.529 million were mobilized through voluntary contributions during 2010–2011 and 2012–2013 respectively.

4.5 Synthesis of key findings and lessons learnt

- While WHO has contributed to several achievements in the prevention and control of communicable diseases, maternal and child health, immunization, and emergency and disaster preparedness, its work in the coming biennium will increasingly need to focus on health-system strengthening and emerging problems related to rapid socioeconomic, demographic and epidemiological transitions, such as noncommunicable diseases.
- Since national expertise in public health and health systems is limited, Bhutan relies heavily on technical support from WHO in many areas.
- WHO’s contribution to development of human resources in health has been perceived as being of special importance.
- The overall funding for the biennial workplan is limited. The small budget is distributed over a large number of activities and this has resulted in little demonstrable impact.
- The Ministry of Health and other stakeholders have expressed the need to be more focused, selecting a number of priorities and adapting a health-systems approach in support of the National Health Policy and the 11th Five Year Plan. This is essential in order to increase the impact and effectiveness of WHO’s work in Bhutan.
- WHO provided significant technical assistance to Bhutan during the last CCS period, drawing on the resources of the WHO Regional Office for South-East Asia and WHO headquarters. There will be a continued dependence on all levels of the WHO Secretariat for technical assistance and funding in the years to come.
- WHO will also need to continue to provide assistance to the Ministry of Health in mobilizing additional resources, through global health initiatives, as well as through
bilateral support from donors and development partners, given the reductions in external assistance as a result of the country’s transition to the status of lower middle-income country.

- In addressing noncommunicable disease through a whole-of-government approach, Bhutan has a strong potential for intersectoral/multisectoral collaboration for health at the high level. There is a need to strengthen the Ministry of Health and other sectors to operationalize a “health in all policies” approach, wherein the WHO Regional Office for South-East Asia should backstop the Country Office for Bhutan in providing technical support.

- The WHO Country Office for Bhutan is overstretched in terms of fulfilling the technical function in line with the mandate of the Organization. The structure and funding of the Country Office, as well as the support required from other levels of the Organization, will need to be reviewed to fulfil its core functions in the context of the priorities identified and in the context of the specific needs of Bhutan being a small country transitioning to LMIC status.
5 — The strategic agenda for WHO’s cooperation 2014–2018

5.1 Health and development challenges and the planning response

The 11th Five-Year Plan of the Royal Government of Bhutan will run between mid-2013 and mid-2018.

Bhutan has made considerable improvements in health and health outcomes during the 10th Five Year Plan, particularly with respect to reductions in maternal and child mortality, and is on track to reach the health-related MDGs. This is a result of sound policies based on free universal access to health care and strong commitment to health by the Royal Government of Bhutan.

The Ministry of Health, in collaboration with the Gross National Happiness Commission and key partners, developed “sectoral key result areas” for the health sector as part of the 11th Five Year Plan. These areas were prioritized principally on their contribution to the attainment of national key result areas, as envisaged for the country’s overall development between the years 2013 and 2018. These national key result areas are, in turn, intended to link to the overall goals and principles of GNH, as outlined in Table 5.1.

5.2 Criteria for priority-setting

The strategic prioritization exercise for this CCS was undertaken at the same time as, and alongside, the strategic prioritization exercise for the development of the 11th Five Year Plan 2013–2018 and the UNDAF 2014–2018. The process also benefited from the findings of the Joint health sector review Bhutan of 2012, as well as from the stakeholder consultations that were held through 2012. The criteria used to identify the strategic areas of work in the CCS 2014–2018 were the current health situation; burden and trends in disease patterns; needs of the country for WHO support to meet the requirements for internationally agreed instruments, and to expand the reach of evidence-based, cost-effective interventions to promote equity and efficiency, while developing national capacity. The process was equally guided by the ongoing WHO Reform Agenda and priorities identified under the 12th General Programme of Work.
Table 5.1: *Health and development priorities in Bhutan*

<table>
<thead>
<tr>
<th>Pillars of GNH</th>
<th>National key result areas</th>
<th>Health sector key result areas</th>
<th>Health system areas</th>
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<tbody>
<tr>
<td><strong>Equitable socioeconomic development</strong></td>
<td>Sustained economic growth</td>
<td>Curative and rehabilitative health-care services provided</td>
<td>Medical services</td>
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<td></td>
<td>Poverty reduced and MDG+ achieved</td>
<td>Preventative, promotive and palliative health-care services improved</td>
<td>Public health services</td>
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<td></td>
<td>Secure and sustainable food</td>
<td>Traditional medicinal services strengthened in a sustainable manner</td>
<td>Traditional medicine</td>
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<td>Full employment</td>
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<td></td>
<td>Needs of vulnerable groups addressed</td>
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<td><strong>Culture and tradition</strong></td>
<td>Historical, cultural property and Bhutanese identity promoted and preserved</td>
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<td></td>
<td>Indigenous wisdom</td>
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<tr>
<td><strong>Environment</strong></td>
<td>A carbon-neutral/green and climate-resilient development</td>
<td>Medical waste management improved</td>
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<td></td>
<td>Sustainable management and utilization of natural resources</td>
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<td>Integrated water management and utilization</td>
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<td><strong>Good governance</strong></td>
<td>Improved disaster resilience and management mainstreamed</td>
<td>Efficient, disaster-resilient health infrastructure in place</td>
<td>Institutional strengthening and monitoring</td>
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<td></td>
<td>Improved public service delivery, motivated public servants, Government Performance Management System</td>
<td>Efficiency and effectiveness in public service delivery enhanced</td>
<td>Medicines, technologies and logistics</td>
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<td>Democracy and governance strengthened</td>
<td>Prudent financing of health services through efficient utilization of resources</td>
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<td>Gender-friendly environment for women’s participation</td>
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<td>Corruption reduced</td>
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<td>Safe society</td>
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5.2.1 Health and strategic development directions

The 11th Five year Plan provides a good analysis of strength and weaknesses in the health systems and details of strategies and activities that will be put in place to address the health system needs.

A health-sector review undertaken in 2012 jointly by the Ministry of Health and development partners, including WHO, classified gaps in the system according to health-system building blocks. Additionally, the health sector situation and gap analysis carried out with support of WHO, provided specific direction for the identification of key priorities in the 11th Five year Plan.

The focus in the 11th Five year Plan is on health-system strengthening, with emphasis on disease prevention and promotion of healthy lifestyles, to meet the challenges of decentralized health management, rising health-care costs and identified inequities in health access and outcomes. Health-sector service reform, with an emphasis on improving access, quality and acceptability of health care at the district and BHU level, to reach these population groups, including through an effective referral system, will require a strong focus. The increasing population in urban areas as a result of the migration from rural to urban areas underlines the need for a strong and efficient urban health-care and referral network. The findings of the National Health Survey will serve as the baseline for monitoring the outcomes of 11th Five year Plan.

An important priority for WHO will be to continue to provide normative and technical advice and help build analytical and technical capacity to the Ministry of Health for implementation of the 11th Five year Plan.

WHO will need to continue to support assessments and capacity-building to ensure and then sustain universal health coverage in the post-2015 scenario. High-risk groups that account for regional and socioeconomic differentials in health access and outcomes, particularly in the areas of reproductive health and child mortality, include the poor, residents in remote, hard-to-reach populations, such as nomads, and the peri-urban poor.

There is a critical need to improve capacity for a comprehensive national health management information system to better monitor health trends, and undertake health-impact/health-equity assessments to strengthen the development of public policies, and evidence-based planning to effect improvements in the quality and scope of health-service delivery.

While the health human resource master plan will continue to serve as the framework for human resource development, shortages of skilled health personnel
are expected to continue during the plan period and will require strong support. The UMSB has been established and will train medical doctors for the first time in the country, using the JDWNRH as the main teaching hospital.

Rising health-care costs, in particular for tertiary care, may challenge the ability to sustain free health care in the future. The ongoing support for regular national health accounts and analytical work on options for health-sector financing and health-sector reform will need to be supported in this context.

Bhutan is now at the crossroads of an epidemiological and social transition, with a persisting unfinished agenda relating to major communicable diseases such as HIV, TB, malaria, acute respiratory infections and diarrhoea, which continue to be among the top conditions for which health care is sought. Technical support and capacity-building towards meeting and sustaining the national targets set for the prevention and control of major communicable diseases, including those targeted for elimination, and, equally, to meet targets set under the MDGs for maternal, infant and child health, will need to continue. Bhutan is considering introducing pneumococcal conjugate vaccine and rotavirus vaccine, and will introduce inactivated polio vaccine in light of the Polio “End Game” in the South-East Asia Region.

At the same time, the health system is challenged by an overwhelming burden of noncommunicable diseases, which now account for over 70% of reported morbidity, as a result of evolving changes in the country’s demographic and socioeconomic profile. While the National Youth Policy addresses aspects such as health education and HIV prevention, increased investments in addressing the health needs of young people will be important to ensure that concerns such as teenage pregnancies, drug abuse, HIV and STIs do not continue to rise. There is equally a critical need, therefore, to support functional health literacy and adoption of healthy behaviours and lifestyles, to improve the quality of life and well-being among the population.

In addition, emerging challenges, such as those posed by an increasing proportion of elderly people and rapid rural–urban migration, will need attention.

While Bhutan has not suffered major disease outbreaks or public health security threats in recent years, including following the most recent earthquakes in 2009 and 2011, the effect of climate and environmental change and frequent natural disasters, to which Bhutan is prone, presents a third and important dimension, requiring a high level of preparedness for disasters and ensuing disease outbreaks.

Additionally, the country’s commitment to the IHR will need to be supported, in order to ensure core national capacity to meet the requirements of the regulations, including a functional surveillance system and a multisectoral contingency plan for responding to public health emergencies of international concern.
5.2.2 Strategic opportunities

The Constitution of the Kingdom of Bhutan states “the state shall provide free access to basic public health services in both modern and traditional medicines”, and “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” (Article 9, Sections 21 and 22). This underlines key principles of accountability and transparency, non-discrimination and equal treatment, and equal access to men and women of all population groups, with attention to the most vulnerable.

The Royal Government of Bhutan plays a key stewardship role in promotion of the highest standards in health, free access to quality health services, and equity in the health-care delivery system for all women, men and children.

The unique development framework of GNH, with its emphasis on self-reliance, equitable socioeconomic development and the promotion of indigenous knowledge and environmental protection, is very well placed to foster the intersectoral collaborations that are an essential condition for reorientation of health services towards prevention and promotion, a collective “all of government” community focus required to stem the dual burden of communicable and noncommunicable diseases, and build the required level of preparedness to mitigate the effects of climate change and disasters to which Bhutan is susceptible. The enactment of the Disaster Management Bill of the Kingdom of Bhutan in 2013 calls for further work to build capacity at all levels in emergency risk management.

The democratization and decentralization process puts the country in a position of strategic advantage in terms of engaging more proactively with communities at risk of social disadvantage, particularly remote populations, the peri-urban poor and migrants. Finally, the extensive network of health facilities across the country, given a well-trained and motivated health-care workforce, will provide the basis to adapt and respond to existing and emerging public health concerns, as well as to complete the maternal and child health agenda for preventable morbidity and mortality reduction within the period of the next Five Year Plan. This also positions the Royal Government of Bhutan to better respond to the identified problems of malnutrition and underutilization of reproductive health-care services in some districts and geographic locations.

WHO’s areas of comparative advantage relate to the core functions of the Organization, namely, normative and policy-level support; technical assistance for formulation of national strategies, plans and interventions; monitoring health trends and assessing health needs; building sustainable institutional capacity to address these needs; and engaging in partnerships where joint and multisectoral action is needed. Access to a global network of expertise and the ability to leverage support through a range of donors and developmental partners are additional advantages that the Organization brings to the collaboration in support of the health sector in Bhutan.
There will be particularly critical in areas such as health promotion in the context of maternal and child health, communicable and noncommunicable diseases, climate change adaptation, and disaster response. Although the Royal Government of Bhutan has now established oversight of several these programmes, WHO brings strategic advantages in terms of global health initiative networks, innovative health technologies, global partnerships, and capacity to link these to national efforts for the adoption of best practice policies and guidelines.

As outlined in the health-sector gap analysis, escalating health-care costs, will require WHO and development partners to support the areas of health-sector costing, gap analysis and development of innovations in health-care delivery, and to continue to assist the Royal Government of Bhutan in mobilizing resources to sustain universal health coverage in Bhutan.

For both WHO and the Ministry of Health, experience with maintaining universal health care coverage, in combination with the overarching development strategy of GNH, are two areas that could contribute to the global health agenda post 2015. The challenge in the coming years will be to apply these two strategies internally, to ensure that country is well positioned to respond to the health and social challenges, alongside external influences such as the recent financial downturn and evolving policies for assistance to developing countries.

5.3 The strategic agenda

The WHO Country Office for Bhutan undertook a series of consultations with the Ministry of Health and the other Ministries contributing to the work of the health sector in Bhutan, the offices of FAO, UNAIDS, UNDP, UNFPA, UNICEF and the World Food Programme, and in-country partners and stakeholders, in the initial stages of developing the new CCS. Inputs were also received from the WHO Regional Office for South-East Asia, as well from WHO headquarters.

The strategic agenda of the CCS reflects the main findings from these consultations and the prioritization exercise with the Ministry of Health and key partners. This exercise also benefited from the discussions during the planning process for the formulation of the 11th Five Year Plan, the country analysis and strategic prioritization exercises undertaken while developing the UNDAF 2014–2018, and an analysis of WHO’s perceived comparative advantages with respect to supporting the health sector in Bhutan.

The strategic priorities for the CCS are therefore closely aligned with the core development directions of the Royal Government of Bhutan and key result areas for the health sector in the 11th Five year Plan, as well as with the UNDAF for the corresponding period. Gender, equity and human rights were selected as cross-cutting themes for all the strategic priorities.
The CCS accordingly focuses mainly on the following four areas:

- health systems development towards achieving universal health coverage that addresses the health needs of all population groups and particularly vulnerable population groups, women and children;
- scaling up of prevention, early detection, surveillance, monitoring and management of noncommunicable diseases and risk factors, including determinants of health, through intersectoral collaboration;
- maternal, neonatal, child and adolescent health. The focus on universal health coverage will also serve to address inequalities in health access and outcomes as a result of social status, level of education, income, access to adequate food, livelihood, geographic location, or recent migration, all of which have been linked to poorer health outcomes among these population groups;
- prevention and control of priority communicable diseases, and specific tropical, vector-borne and vaccine-preventable diseases, towards achieving and sustaining the targets of MDG 6.

In addition, in order to holistically address the social and other determinants of health, advocacy and technical support for the adoption of a “health in all policies” approach, to empower both providers and communities to ensure sustainable programmes at district and community level, will receive attention. The support for improving the nutrition of various population groups and to increase access to safe water and sanitation will continue. Given the vulnerability of Bhutan to natural disasters and the need for a high level of alert and response capacity for emergencies, including epidemic- and pandemic-prone diseases, and support for disaster resilience, preparedness, surveillance and response, these issues will also continue to receive attention.

The goals and main outcomes formulated for each of these strategic priorities, emphasize the focus on a better-articulated results chain in WHO’s programme planning. This is also consistent with a closer alignment and adaptation to the UNDAF results matrix.

The new CCS marks a shift in the orientation of the work of WHO in Bhutan from primarily focusing on programme management and implementation, to focusing on technical capacity-building and a stronger systems approach. This is in line with WHO’s Reform Agenda to better serve as strategic and policy adviser in health to Member States. As Bhutan now transitions to the status of a lower middle-income country, with rapid economic growth, the role of WHO as a strategic technical and policy adviser will become increasingly important.
Strategic priority 1: Achieving and sustaining universal health coverage through a revitalized primary health-care approach and sustainable service delivery through strengthening of health systems

**Goal:** Equitable access to affordable quality health care services

1.1 *Main outcome:* Strengthened health-systems capacity through human-resource development, improved health information system, effective procurement and supply management, and improved regulatory mechanisms and quality assurance of health services

**Strategic approaches**

- Capacity-building, knowledge and technology transfer to strengthen capacity for enhanced leadership, management and delivery of health services
- Technical support for strengthening policies and capacities for decentralized service delivery at district (dzongkhag and BHU) level, to adapt to demographic changes and to reach underserved mobile, urban and peri-urban populations
- Technical support for setting norms and standards and quality assurance of health services, to effectively address the needs of all population groups, particularly those at higher risk and with poorer health outcomes
- Technical and policy support to establish legal and health-regulatory mechanisms
- Support to strengthen the health information system and national capacity to monitor and analyse the evolving health situation and trends and health needs, undertake health-impact/health-equity assessments as necessary, improve interventions and service delivery, and strengthen public policies for health
- Support for operational research, related to interventions for improved health-service delivery and performance, use of services, and health-impact/health-equity assessments

1.2 *Main outcome:* Costing and economic analysis and sharing of best international practices in financing health services, based on principles of universal access and equity

**Strategic approach**

- Technical support for national health accounts, economic analysis and options for health-sector financing
1.3 **Main outcome:** Increased availability of quality-assured essential medicines and appropriate health technologies

**Strategic approaches**

- Technical support for improved selection, procurement and supply-management systems and strengthened quality assurance of essential medicines and health commodities
- Support for the National Institute of Traditional Medicine, with a focus on building capacity for further integration of modern and traditional healthcare systems
- Support for improving the quality assurance of clinical and public health laboratories and building the capacity of the public health laboratory for disease surveillance, food and water safety, and detection of priority public health threats

**Strategic priority 2: Scaling up of prevention, early detection, monitoring and treatment of noncommunicable diseases and addressing their determinants through intersectoral collaboration**

**Goal:** Reduced morbidity, mortality and disabilities from noncommunicable diseases

2.1 **Main outcome:** Enhanced national capacity and intersectoral action for the prevention, early detection and management of noncommunicable diseases and to address determinants of noncommunicable disease

**Strategic approaches**

- Support for implementation of a package of essential noncommunicable disease services, and improved capacity and skills of health workers, in prevention, early detection and management of noncommunicable disease at primary health-care level
- Technical support and capacity-building of the Health Promotion Division, to promote health literacy and adoption of healthy behaviours, including healthy diets, by all population groups
- Technical support for the development of national legislation and policies towards enabling environments for health lifestyles
- Technical support for assessment and monitoring of risk factors and determinants of noncommunicable diseases, and promotion and formulation of policy and interventions for intersectoral action to address these determinants
- Technical support for development of policy options norms and standards on nutrition, and policy options to address malnutrition among vulnerable population groups
2.2 **Main outcome:** Scaled-up response to mental health, alcohol and substance abuse, disability and injury prevention

**Strategic approaches**
- Technical support for scaling up of services for mental, neurological, alcohol and substance use disorders, including at community level, based on mhGAP
- Advocacy and technical support for the development of multisectoral interventions for improved road safety, injury prevention and rehabilitation

**Strategic priority 3: Pursuing an approach of health through the life-course, with a focus on maternal, neonatal, child and adolescent health**

**Goal:** Achieve and sustain the targets of MDGs 4 and 5 targets and contribute to the post-2015 agenda

3.1 **Main outcome:** Improved health services and enhanced equity in access to safe delivery, neonatal care and reproductive health

**Strategic approaches**
- Policy dialogue, normative guidance and capacity-building for situational analysis and implementation towards quality care for maternal, neonatal and child health, and achievement of targets set for maternal and child health, with special focus on neonatal health and reduction of under-five mortality due to pneumonia and diarrhoea
- Normative guidance for implementation of IYCF (infant and young child feeding), programme including promotion of breastfeeding and weaning practices
- Advocacy and technical support for development of strategies and interventions to improve adolescent health and increase access to and use of health services by youth
- Support to improve national capacity to monitor and evaluate women’s and children’s health, through strengthening monitoring and use of 11 indicators of maternal, neonatal and child health, disaggregated by sex and equity considerations
3.2 *Main outcome*: Action plans that promote healthy and active ageing for a continuum of affordable health services at community level

**Strategic approach**
- Technical support for a national active ageing policy and plan, including geriatric and palliative care, through a primary health-care approach, to prevent and reduce excess disabilities and premature mortality and promote active participation of the elderly, including women, in community life

3.3 *Main outcome*: Strengthened management of environmental health risks due to climate change, unsafe water, chemicals and poor sanitation

**Strategic approaches**
- Provide technical and policy support to establish and monitor the standards and quality of programmes to ensure safe water and sanitation
- Technical support for addressing priority environmental health risks through the establishment of norms and standards and improved environmental and occupational health-management initiatives, linked to climatic and environmental determinants of health

**Strategic priority 4: Strengthening prevention and control of priority communicable diseases, in particular neglected tropical, vector-borne and vaccine-preventable diseases, and achieving and sustaining the targets of MDG 6**

**Goal**: Achieve and sustain the targets of MGD 6 and elimination of kala-azar, leprosy and rabies

4.1 *Main outcome*: National capacity built to achieve and sustain elimination of leprosy and rabies and combat kala-azar and other vector-borne diseases

**Strategic approaches**
- Technical assistance and capacity-building for tropical and zoonotic diseases, and technical support, including research, to sustain leprosy elimination and achieve and sustain elimination of kala-azar and rabies
- Technical assistance and capacity-building to effectively combat vector-borne diseases
4.2 Main outcome: Sustained immunization coverage for effective control of vaccine-preventable diseases

Strategic approach

- Technical support for monitoring and surveillance of vaccine coverage, polio-free status and introduction of new vaccines

4.3 Main outcome: Measurable improvements in the prevention, early detection and control of TB and HIV and elimination of malaria

Strategic approaches

- Technical support for enhanced control and monitoring of HIV and TB trends, including situational and causality analysis, with a special focus on diagnosis and management of multidrug-resistant TB and health-sector response to HIV/STI counselling, prevention, care and treatment
- Technical support and monitoring to achieve and sustain the elimination of malaria

Strategic priority 5: Achieving national capacity to prevent, reduce the risk of, respond to and manage emergencies and health security threats

Goal: Reduced impact of disease outbreaks, emerging diseases, natural disasters and climate and environmental changes

5.1 Main outcome: Enhanced national capacity to prevent, detect, investigate and respond adequately, and in a timely manner, to outbreaks of priority communicable, foodborne and emerging diseases, in line with the IHR

Strategic approaches

- Technical support to ensure core national capacity to meet the IHR requirements, including a functional surveillance system and multisectoral contingency plan for responding to public health emergencies of international concern
- Support for training in IHR-related areas, including field epidemiology, food safety and risk communication
- Strengthening of intersectoral coordination and capacity to prevent, detect and respond to food-safety concerns
5.2 Main outcome: Strengthened risk-reduction, health-sector preparedness and response to disasters

Strategic approaches

- Technical support to strengthen national and local capacity for risk assessments and reduction, preparedness and timely response to emergencies and disasters, using an integrated risk-management approach
- Policy, technical guidance and support for the health response to emergencies and disasters, in close cooperation with the government, United Nations and other partners, in line with WHO’s role in the Health Cluster under the Health Emergency Risk Management Framework

Strategic priority 6: Forging effective partnerships and sector coordination mechanisms that support the National Health Policy and reflect the health agenda in all areas of policy across government

Goal: Strong public health leadership and promotion of aid effectiveness

6.1 Main outcome: Enhanced partnership, sectoral coordination and health agenda appropriately reflected across all areas of the government

Strategic approaches

- Provision of policy, legislative, advocacy and technical support to the Gross National Happiness Commission and Ministry of Health, for implementation of a “health in all policies” approach, including through effective communication of the health agenda to facilitate partnerships and coordination of a multisectoral response to identified health priorities
- Support to the Ministry of Health for health-sector coordination to achieve greater alignment to delivery of the 11th Five year Plan among all development partners, international organizations, NGOs and civil society organizations
- Networking with development partners, international and civil society organizations, and academic institutions, to assist in securing resources for health and promoting aid effectiveness for addressing health issues in Bhutan based on identified gaps and best international practices
6.2 **Main outcome**: National adherence to internationally agreed instruments, global and regional strategies and international norms and standards, adjusted to the country setting

**Strategic approaches**
- Provision of leadership, policy guidance and technical support to the Ministry of Health in fulfilling commitment to internationally agreed instruments, and global and regional strategies and plans.
- Strategic communication and knowledge management through updated information with links to health information, situation analysis and trends at global, regional and national levels, and to global and regional resource repositories

### 5.4 Validation of CCS strategic priorities with 11th Five year Plan

The CCS strategic priorities are closely aligned with the core development directions of the Royal Government of Bhutan and with the key result areas identified by the Ministry of Health system areas under the 11th Five year Plan for health, as well as WHO’s 12th General Programme of Work. This is summarized in Table 5.2.

**Table 5.2: Validation of CSS strategic priorities with the 11th Five Year Plan and Ministry of Health system areas**

<table>
<thead>
<tr>
<th>13 Health sector key result areas under the 11th Five Year Plan</th>
<th>CCS strategic priorities</th>
<th>MOH health system areas</th>
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<tbody>
<tr>
<td>Traditional medicinal services strengthened in a sustainable manner</td>
<td>1. Achieving and sustaining universal health coverage through a revitalized primary health-care approach and sustainable service delivery through strengthening of health systems</td>
<td>Institutional strengthening and monitoring</td>
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<tr>
<td>Medical waste management improved</td>
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<td>Medicines, technologies and logistics</td>
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<tr>
<td>Prudent financing of health services through efficient utilization of resources</td>
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<td>Medical service delivery</td>
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<tr>
<td>Preventative, promotive, palliative and rehabilitative health-care services improved</td>
<td>2. Scaling up of prevention, early detection, monitoring and treatment of noncommunicable diseases and addressing their determinants through intersectoral collaboration</td>
<td>Medical service delivery</td>
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<tr>
<td>Curative and rehabilitative health-care services provided</td>
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<td>Public health service delivery</td>
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### 13 Health sector key result areas under the 11th Five Year Plan

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<tr>
<th>CCS strategic priorities</th>
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<td>3. Pursuing an approach of health through the life-course, with a focus on maternal, neonatal, child and adolescent health</td>
<td>Medical service delivery</td>
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<td>Institutional strengthening and monitoring</td>
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<th>MOH health system areas</th>
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<td>4. Preventative, promotive, palliative and rehabilitative health-care services improved</td>
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<td>5. Medical service delivery</td>
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<tr>
<td>5. Strengthening prevention and control of communicable diseases, in particular neglected tropical and vaccine-preventable diseases, and achieving and sustaining the targets of MDG 6</td>
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<th>MOH health system areas</th>
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<tr>
<td>5. Eco-efficient and disaster-resilient health infrastructure ensured</td>
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<tr>
<td>5. Achieving national capacity to prevent, reduce the risk of, respond to and manage threats to health security</td>
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<tr>
<td>6. Forging effective partnerships and sector coordination mechanisms that support the National Health Policy and reflect the health agenda in all area of policy across government</td>
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### 5.5 Validating the CCS strategic agenda with UNDAF outcomes and outputs

The CCS has been aligned to the UNDAF 2014–2018 cycle and the UNDAF result matrix. The UNDAF 2014–2018 articulates the following four strategic outcomes:

1. **Sustainable development**: by 2018, sustainable and green economic growth that is equitable, inclusive, climate and disaster resilient, and that promotes enhancement of poverty reduction and employment opportunities, particularly for vulnerable groups.
(2) **Essential social services**: by 2018, increased and equitable access, utilization and quality of inclusive essential social services for all, with a focus on women, children and youth, to sustain the MDGs and address emerging challenges.

(3) **Gender and child protection**: by 2018, communities and institutions strengthened at all levels, to achieve enhanced gender equality, empowerment and protection of women and children.

(4) **Good governance and participation**: by 2018, governance institutions and communities exercise the principles of democratic governance at the national and local levels, with a focus on inclusiveness, transparency, accountability and the participation of women and youth.

Table 5.3 shows the links between the CCS strategic priorities and the major outcomes and outputs under the UNDAF 2014–2018.

**Table 5.3: Link between the CCS strategic priorities and the major outcomes and outputs under UNDAF 2014–2018**

<table>
<thead>
<tr>
<th>CCS strategic priorities</th>
<th>UNDAF major outcomes</th>
<th>UNDAF main outputs</th>
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<tbody>
<tr>
<td>1. Achieving and sustaining universal health coverage through a revitalized primary health-care approach and sustainable service delivery through strengthening of health systems</td>
<td><strong>Essential social services</strong>&lt;br&gt;By 2018, increased and equitable access, utilization and quality of essential social services for all, with a focus on women, children and youth, to sustain the MDGs and address emerging challenges</td>
<td><strong>Output</strong>&lt;br&gt;National health system has strengthened capacities for information management, evidence-based decision-making, effective procurement and supply management, and identification of appropriate health-financing models</td>
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<td>2. Scaling up of prevention, early detection, monitoring and treatment of noncommunicable diseases and addressing their determinants through intersectoral collaboration</td>
<td><strong>Essential social services</strong>&lt;br&gt;By 2018, increased and equitable access, utilization and quality of essential social services for all, with a focus on women, children and youth, to sustain the MDGs and address emerging challenges</td>
<td><strong>Output</strong>&lt;br&gt;Women, children, youth and other at-risk populations have enhanced knowledge and skills to adopt behaviours and practices for improved health and well-being</td>
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| 3 | Pursuing an approach of health through the life-course, with a focus on maternal, neonatal, child and adolescent health | **Essential social services** By 2018, increased and equitable access, utilization and quality of essential social services for all, with a focus on women, children and youth, to sustain the MDGs and address emerging challenges | Output  
Health facilities are strengthened to provide quality maternal, neonatal and child health care, nutrition, sexual and reproductive health and STI/HIV services |
| 4 | Strengthening prevention and control of priority communicable diseases, in particular neglected tropical, vector-borne and vaccine-preventable diseases, and achieving and sustaining the targets of MDG 6 | **Essential social services** By 2018, increased and equitable access, utilization and quality of essential social services for all, with a focus on women, children and youth, to sustain the MDGs and address emerging challenges | Output  
National health system has strengthened capacities for information management, evidence-based decision-making, effective procurement and supply management, and identification of appropriate health-financing models |

Output  
Women, children, youth and other at-risk populations have enhanced knowledge and skills to adopt behaviours and practices for improved health and well-being
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<tr>
<td>5. Achieving national capacity to prevent, reduce the risk of, respond to and manage threats to health security</td>
<td><strong>Sustainable development</strong>&lt;br&gt;By 2018, sustainable and green economic growth that is equitable, inclusive, climate and disaster resilient, and that promotes enhancement of poverty reduction and employment opportunities, particularly for vulnerable groups, is enhanced</td>
<td><strong>Output</strong>&lt;br&gt;Policies and studies for integrated natural resource management, climate change adaptation/mitigation and poverty–environment nexus are developed and implemented</td>
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<td><strong>Output</strong>&lt;br&gt;National and local institutions and individuals are better prepared and able to respond to and reduce climate change-induced and other disaster risks</td>
<td><strong>Output</strong>&lt;br&gt;Food and nutrition security policies developed, with a particular focus on productivity and food safety</td>
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<td><strong>Output</strong>&lt;br&gt;Health and education systems have improved preparedness and response plans for disaster and emergencies, outbreaks and health-security threats and ensure that all communities are able to access minimum basic services</td>
<td><strong>Output</strong>&lt;br&gt;Key national and local institutions put in place systems and mechanism for effective public finance management, evidence-based decision-making and integrated monitoring of plans and programmes</td>
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<td>6. Forging effective partnerships and sector coordination mechanisms that support the National Health Policy and Plan and reflect the health agenda in all area of policy across government</td>
<td><strong>Good governance and participation</strong>&lt;br&gt;By 2018, governance institutions and communities exercise the principles of democratic governance at the national and local levels, with a focus on inclusiveness, transparency, accountability and the participation of women and youth.</td>
<td><strong>Output</strong>&lt;br&gt;Key national and local institutions put in place systems and mechanism for effective public finance management, evidence-based decision-making and integrated monitoring of plans and programmes</td>
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6 — Implementing the strategic agenda

6.1 Core capacity requirements

The new CCS has implications for the functions of the WHO Country Office for Bhutan and the support that will be required from other levels of the Organization. The strategic priorities identified in this CCS will require coordination and provision of technical expertise by both the WHO Regional Office for South-East Asia and WHO headquarters. A close working relationship between the Country Office and relevant technical units at the Regional Office and headquarters is therefore anticipated.

6.2 Staffing

In order to achieve the strategic objectives as reflected in the CCS, the WHO Country Office for Bhutan needs to be equipped with adequate staff and financial resources. Given that the biennial budget for the country has increased to nearly US$ 5 million, and the environment in which the Country Office functions has evolved in terms of the complexity and number of programmes supported, there is a need to review the staffing structure of the Country Office, which was established during the period of the first CCS in the country, when the biennial workplan was considerably smaller.

The functions of the programme and administration are covered through a National Professional Officer position at the WHO Country Office for Bhutan, and this is likely to continue, owing to the budget limitations during this period, although the preferred modality is to have an international staff member against this position.

Currently, the WHO representative is the only international staff at the Country Office with a strong technical background in health. This constrains the capacity of the Country Office to fulfil the technical mandate of the Organization, as well as for the WHO representative to undertake the designated functions of a head of WHO Country Office. The Country Office needs to have ability to serve better in its role as strategic and policy adviser to the Member State. This calls for greater in-house technical capacity to fulfil the core functions of WHO in Bhutan. This would mark a shift from a primary focus on programme management and implementation towards stronger technical and strategic support for the 11th Five Year Plan.
In order to strengthen the capacity for consistent and sustained WHO technical, strategic and policy support to the Ministry of Health, in line with the CCS strategic priorities, it is proposed that international professionals be recruited to provide specific technical support to the Country Office and Ministry of Health. In addition, the recruitment of a fixed-term senior national professional officer with background and experience in public health/health systems is proposed. Additional funding will need to be explored to meet the budgetary requirements for these positions.

### 6.2.1 Staff development

Several staff members have worked for over two decades at the WHO Country Office for Bhutan. It is therefore proposed that more emphasis be given to refreshing their skills and competencies to match the evolving changes within the Organization and the role of WHO at country level. Few high-level global or regional policy or technical meetings or workshops are held in Bhutan. Staff therefore seldom have the opportunity to benefit from these, compared to staff at larger WHO country offices. It is therefore proposed that opportunities for participation in regional and international technical meetings increasingly become a part of staff development and that some dedicated funding be made available for small country offices such as Bhutan. It is important that due consideration is also given to the skill set required of the head of the Country Office, to match the country-specific needs of Bhutan, given, in particular, the limited number of technical staff in the Country Office.

Several of the administrative staff have held their current posts for long periods of time. Attention is therefore being given to linking their learning needs, as expressed in their individual programme management and development assessments, to staff development and learning programmes. Efforts are also being made to allow staff to benefit from training opportunities within the country, or short-term placements at the Regional Office for South-East Asia, or at larger country offices from time to time; staff seminars; regular training activities held at the Regional Office; and job rotation within the Country Office, to enhance their skills and knowledge. Support for these opportunities should be sustained.

The rotational secondment of Ministry of Health staff against temporary national professional positions is perceived as part of the capacity-building for staff in government services and as an opportunity for young professionals from the Royal Government of Bhutan to enhance their technical knowledge and understand the international health environment.

### 6.2.2 Staff safety and security

The WHO Country Office for Bhutan is regularly assessed for compliance with Minimum Operating Security Standards (MOSS) and was deemed sufficiently MOSS compliant in 2012. In addition, given the real threat of natural disasters, specifically earthquakes
and floods, the readiness of the Country Office to respond to the needs of the country, while ensuring the safety of staff, needs constant attention. Given the small size of the country, the United Nations Interagency Contingency Plan, the United Nations Pandemic Preparedness Plan and Business Continuity Plan have been developed for all in-country United Nations agencies, including WHO. Ongoing training for staff, to ensure familiarity with these, as well simulation drills in the event of an earthquake, flood or fire, will need to be continued.

6.3 Financing

Bhutan, like other small countries, will continue to have limitations in terms of adequate skills and competencies to cover all the needs in policy development and technical areas in the medium term. The need for WHO support in Bhutan will therefore continue to remain greater compared to other countries that have more national capacity within their ministries of health, government agencies, and academic and national institutions over the time frame of this CCS. It is important that this is recognized and it may require review of budget allocations, in particular for voluntary contributions, for smaller countries such as Bhutan with special needs.

Following decreases in allocation of planned costs, and in view of the almost zero growth in the allocation of assessed contributions during 2014–2015, the WHO Country Office for Bhutan will need to continue to pursue additional resources from the WHO Regional Office for South-East Asia, as well as requesting WHO headquarters, through the Regional Office, for funds from unspecified core voluntary contributions wherever possible, to support the unfunded activities in the biennial workplan.

Efforts will also need to continue to be made for the mobilization of voluntary contributions through increased interaction with development partners and the United Nations country team, to mobilize additional financial resources.

6.4 Collaboration and coordination

Coordination between the three levels of WHO is important to maximize support for the CCS, especially through information sharing in specific technical areas with the WHO Regional Office for South-East Asia and headquarters, including horizontal collaboration with other countries of the South-East Asia Region; and for resource mobilization as a follow-up with donors and interested funding agencies and organizations; joint planning with other health stakeholders for biennial workplans; technical support for capacity-building and programme reviews; and development of partnerships.

Together with more systematic technical support in several of the programmatic areas, areas for extended technical support and back-stopping from the Regional Office and headquarters, identified in the CCS, are health systems (service delivery, healthcare financing, essential medicines, and technologies), research, health promotion,
noncommunicable diseases, neglected tropical diseases, preparedness and response to health security threats, and health-sector reviews and evaluations. The participation of national counterparts in the intercountry meetings organized by the Regional Office for South-East Asia or other Member States will continue to be facilitated and financially supported.

WHO collaborating centres and centres of excellence should, increasingly serve as a resource for technical cooperation with Bhutan. The country already has established collaboration with several regional institutions for pre- and postgraduate training of health workers and health specialists; this needs to be expanded further in the area of research. The Bhutan Health and Medical Council and the new Faculty of Medicine under the UMSB, established in Thimphu, will require support for extension of institutional collaboration with regional and international academic and research institutions and regulatory bodies, to help enhance the quality of health services in Bhutan.

Horizontal collaboration with larger WHO country offices could be more effectively deployed as a mechanism to provide expertise to Bhutan. This, together with a systematic plan for technical missions by the Regional Office and headquarters, both for specific time-limited technical and policy advice, and for technical reviews and discussions with the Royal Government of Bhutan on future directions, would be useful to enhance the technical role that WHO plays in the country.

6.5 Coordination with the Ministry of Health and Partners

In implementing the CCS, WHO will work closely with the Ministry of Health, other Ministries, national agencies, the United Nations country team and other stakeholders in the country, including bilateral and multilateral agencies, and established NGOs working in the field of health.

6.6 Expanding partnerships and the role of WHO as a knowledge hub

The WHO Country Office for Bhutan engages with the Ministry of Health and other partners contributing to the health sector, to support national health policies, strategies and plans. The Country Office will continue to facilitate communication and exchange of information with the Ministry of Health and other partners, on global, regional and country-specific health priorities and initiatives. The expanding access to global and regional repositories adds value to WHO’s role as a knowledge hub and resource centre in health. The Country Office will therefore also be engaged in improving knowledge management, including the dissemination of information on various health issues.
The Country Office will continue to support the Ministry of Health in further expanding partnership and collaboration with other ministries, organizations, agencies, civil society and donors, to achieve a truly multisectoral approach to address the determinants of health, towards further improving the health of the people of Bhutan.

There is greater scope for more effective collaboration within the United Nations system for pursuing health-sector support in Bhutan. Given that all the United Nations agencies in the country have limited numbers of staff, the United Nations system in Bhutan voluntarily adopted the DaO approach. While this presents opportunities for harmonization and alignment of joint United Nations activities, it places an increasing demand on staff time.

6.7 Delivering on results

The formulated goals and main outcomes, as articulated in the *WHO Country Cooperation Strategy Bhutan 2014–2018*, underline a result-oriented approach for the WHO collaborative programme in Bhutan. The strategic priorities and main outcomes under each are consistent with the increased focus on the results chain for WHO programmes. The CCS is closely aligned with the key result areas for the health sector within the *11th Five Year Plan* for 2013–2018, and with the results defined under the *12th General Programme of Work 2014–2019*, in line with WHO’s Reform Agenda. The contribution of WHO’s work through this CCS is also aligned to the major outcomes of the *UNDAF Bhutan One Programme 2014–2018* under the DaO approach adopted by the United Nations system in Bhutan.

6.8 Monitoring the Country Cooperation Strategy

Besides the internal mid-year, annual and biennial reviews of implementation, regular periodic consultations and review meetings with the Ministry of Health and other key stakeholders will continue to be organized. Multi-partner programme and health-systems reviews will continue to supplement the review of achievements and inform the direction of the collaborative workplans for each biennium.

An internal review will also be conducted during the CCS cycle, to analyse the extent of implementation of the strategic agenda. The review will consider whether the strategic priorities, workplans and allocation of human and financial resources are consistent with the outputs and outcomes planned. The aim of the review will be to identify elements that affect WHO’s capacity to contribute to further improvements in the health system and services in the country, including through intersectoral collaboration, towards achieving better health outcomes. The WHO Country Office for Bhutan will also participate in implementing the United Nations system-wide action plan to determine and enhance the level of gender equality and women’s empowerment, from the health perspective.
The possibility of conducting a “Health in Transition” study in Bhutan, through Asia Pacific Observatory on Health Systems and Policies, linking systematic and scientific analysis of health systems with the decision-makers in the Royal Government of Bhutan, should be considered.

6.9 Using the Country Cooperation Strategy

The WHO Country Cooperation Strategy Bhutan 2014–2018 will be widely disseminated to the Royal Government of Bhutan, United Nations and other partners working in and with the country. The priorities as agreed within the CCS will guide the development of the new biennial workplans, the first of which is for 2014–2015. The CCS document will also be used for advocacy and resource mobilization for health in Bhutan.


National accounts statistics. Thimpu: National Statistics Bureau; 2012


Polio Endgame Strategic Plan The comprehensive, long-term strategy that addresses what is needed to deliver a polio-free world by 2018. www.who.int/entity/immunization/diseases/poliomyelitis/inactivated_polio_vaccine/toolbox/en/


