Key mission findings

1. Bhutan is a development success with decreasing poverty and improvement in human development; however, the forces of globalization and urbanization are causing an increase in NCDs.

2. Alcohol consumption is strongly embedded within Bhutan's cultural norms, as is chewing doma (associated with increased risk of cancer). Tobacco is widely used, despite a ban on its sale. Salt consumption is significantly higher than WHO’s recommended level.

3. Bhutan's strong commitment to health and healthcare places it in a strong position to tackle NCDs. Bhutan has in place a comprehensive set of NCD-related strategies, action plans and coordination mechanisms as well as broader development plans.

4. National steering and implementation committees demonstrate commitment to multisectoral working.

5. The 12th Five Year Plan will be launched in 2018 with an ambitious trajectory for development in Bhutan. National Key Result Area 14 includes components of a comprehensive NCD response.

6. Bhutan is committed to robust data collection: last STEPS, tobacco and national nutrition surveys were conducted in 2015.

7. There is significant opportunity for ministries and other public and private institutions to demonstrate leadership by becoming healthy institutions.

“Non-communicable diseases is a growing concern in Bhutan. As we live longer and enjoy greater prosperity, we are also succumbing to lifestyle diseases.”

Mr Tshering Tobgay, Prime Minister of Bhutan

Key adult NCD mortality and risk factors*

- Probability of premature mortality from NCDs: 23% (2015)
- 6% of adults are insufficiently physically active (STEPS, 2014)
- 9% of adults have raised fasting blood glucose (2014)
- 25% of adult men and 22% of adult women have raised blood pressure (2015)
- 34% of men use tobacco in any form (smoked and/or smokeless) (STEPS, 2014)
- 4% of adult men and 8% of adult women are obese (2014)
- Pure alcohol per capita consumption: 1.1 litres per year (population 15+, 2015)
- 67% of adults consume an insufficient amount of fruit and vegetables (STEPS, 2014)
Key recommendations

1. Integrate NCDs explicitly into the 5 Year Plan and SDG Plan.
2. Create greater engagement and accountability among non-health sectors – with health having greater technical capacity to lead and coordinate.
3. Strengthen regulatory capacity including enforcement in order to reduce NCD risk factors.
4. Conduct a national behaviour change communication campaign and community action to change drinking behaviours across society and support effective alcohol control measures.
5. Revisit taxation and pricing policies on alcohol with potential increase and differentiation of excise tax on alcoholic beverages.
6. Establish a governmental agency to lead implementation of the national response to the harmful use of alcohol as envisaged in the national policy and strategic framework. Funding can be organized through the additional surcharge tax on commercial alcohol.
7. Further strengthen the implementation of the relevant clauses of the WHO FCTC.
8. Ratify and implement Protocol to Eliminate Illicit Trade in Tobacco Products.
9. Improve maternal, infant, young child and adolescent nutrition with a focus on reducing anaemia as well as stunting, which has direct link to increasing risk of obesity and diet-related NCDs.

Next steps

Obtain final response to the joint mission report with agreement on next steps between the UN Country Team and Government.

“Like in many countries, people in Bhutan are increasingly consuming pre-packaged foods and beverages which are high in fats, sugars and salt. These foods and beverages have recently started being sold at some schools as well.”

Dr Chizuru Nishida, Coordinator for Nutrition Policy and Scientific Advice unit, WHO Headquarters in Geneva

“The health sector alone cannot address issues such as pricing, regulation and enforcement of products that are harmful to people’s health. Although we are a small team with limited resources, the UN team in Bhutan is committed to stepping up its action to support Government action against NCDs.”

Mr Piet Vochten, UN Resident Coordinator a.i. and WFP Resident Representative in Bhutan

Additional value: actions taken following the mission

1. The mission took place when Bhutan was in the early planning phase for the 12FYP (due to begin in June 2018). This provided a timely opportunity for the joint mission to successfully advocate to policy makers, including the Prime Minister, for greater inclusion and visibility of NCDs actions in the next five year plan.
2. The presence of nutrition and alcohol experts in the team allowed detailed recommendations to be made for reducing the harmful use of alcohol and the promotion of healthy diet.
3. The Prime Minister of Bhutan has tasked the UN with specific action to follow up recommendations of the joint mission.

“Due to rapid social changes more attention should be paid to the regulation of commercial alcohol that will gradually replace traditional alcoholic beverages in the country, particularly among young people.”

Dr Vladimir Poznyak, Coordinator for the Management of Substance Abuse Team, WHO Headquarters in Geneva

Additional information on the status of NCDs in Bhutan can be found on the WHO NCD DataFinder app.