

Executive Summary

The Annual Health Conference 2000 was held from May 29th to 31st. It comes at an important point of time. It is the first conference of the new millennium and it also follows immediately after several critical reviews of the health services, including the recently concluded 8th FYP mid-term review. The Hon'ble Minister for Health & Education, Lyonpo Sangay Ngedup set the stage for the conference in his welcome address. He pointed out that the conference is an opportunity to review the past performance and search for future directions.

This year's conference was special in many. Her Majesty, Ashi Sangay Choden Wangchuck, the Goodwill Ambassador for UNFPA, graced the inaugural session as the chief guest. In her inaugural address, Her Majesty said that achievements in the primary health care have brought recognition to Bhutan at both the Regional and Global level. Her Majesty also emphasized on the future challenges; emerging burden of chronic degenerative disease and life style related health issues. Her Majesty pointed out that the theme "Professionalism and Efficiency" is very appropriate and timely as a professional approach and efficient management of health services are essential to tackle those emerging health issues and to sustain our achievements. In addition, Representative of many donor partners spoke of the many achievements made so far, and the many challenges that still lie ahead.

The tone of the conference was set right from the inaugural session itself- a quiet determination to search for the tools to meet the future challenges. It was also the first conference with a theme –"professionalism and efficiency, trademarks of the health services in the new millennium." And towards this goal, even the conference duration broke from its past practice of holding it for five days to a mere three days. And at the end of the conference, the forum felt satisfied that as much has been achieved despite the short duration for the meeting.

The conference deliberated at great length on the many thorny issues- from disease control to management, from new strategies to issues of sustainability. It was a conference where everybody agreed not to be complacent and rest on

the laurels of the past, but look into the future with renewed vigor . Nevertheless, the conference reached important conclusions on the steps to be taken as health continues on its journey towards a healthy nation. Also, the conference renewed its determination and commitment to work even harder to improve the health and well being of our people, the first necessary element towards the greater goal of Gross National Happiness.

In the spirit of enhancing good governance, transparency and efficiency, ways and means to improve the financial management, including release of funds, settlement of outstanding accounts and proper accountability, both of money and matter, were deliberated ,at great length and appropriate mechanism agreed for future courses of action.

Finally the conference concluded on the 31st May. Dr. Michael Vinding, Counselor, Resident Coordinator, Liaison Office of Denmark, was the chief Guest at the closing session.

Recommendations of the Annual Health Conference 2000

After deliberating at great length on many issues pertaining to the improvement of health services in the country, the Annual Health Conference 2000 recommends the following.

1. Continuing education and up-gradation of the professional skills of health workers are critical to improve the quality of services provided. While training is going on, there is now need to conduct a proper need assessment for training at all levels. Following this, an integrated training package be developed or re-introduced so that no programs need to conduct separate training.
2. At present the HMIS is being revised with assistance from DANIDA. Therefore, till the HMIS exercise is over (June 2001), no further new forms should be introduced, unless it is absolutely necessary. In the case of the latter, a proper discussion must be held with the Health Information Unit prior to allowing any programs to introduce any new forms.
3. Infrastructure expansion is necessary to reach the widely dispersed population of Bhutan with health care services. And now the Health Department is close to reaching the maximum sustainable. Therefore, in future to provide the most appropriate infrastructure, and services in the most cost efficient manner, for constructions, a proper needs assessment with regards to population in the catchments areas and need for services, etc., will be conducted prior to approval of any further construction. This is to ensure that an appropriately sized infrastructure with an appropriate number of staff is made available and not necessarily have a standardized structure or staffing pattern.
4. That there is a likely upsurge of malaria. Therefore, all malarious districts must enhance their vigilance and, at the same time, a thorough technical review of the program strategy be carried out immediately.
5. Relevant programs that are currently managed separately should now be integrated within the framework of Integrated Management of Childhood Illness, IMCI. In particular, both ARI and CDD programs need to reassess their strategies, in line with IMCI, and look more at some of social determinants to plan for future interventions.
6. That, while IEC efforts till now had succeeded in spreading information and knowledge about health and healthy lifestyles, it is also time now to reassess its vision and strategies. Instead of many discrete IEC materials for specific issues, a more integrated approach to promoting IEC activities may be taken.
7. HIV is potentially a serious public health problem in the future. Therefore, to ensure timely recognition of those infected with HIV, the surveillance for STD /HIV be enhanced through a proper review of the existing sentinel surveillance.

8. While noting the tremendous progress in promoting contraception, in particular vasectomy, there are also now reports of failures, although the failure rate is within acceptable range. Therefore, to minimize post-vasectomy.

Failures, strict adherence to post-vasectomy additional contraceptives for least three months with proper counseling for both the partners are integrated as standard approach. At the same time, strict adherence to standard surgical protocol must be enforced to minimize technical faults.

9. Although the study on vasectomy failure was done only in Samtse this time, it is recommended that other areas should also conduct similar studies to understand the situation and, where possible, take appropriate corrective Measures.

10. At present, within the existing health information, no specific information is collected on disability, although there is column for disability on the household form. Therefore, without necessarily making changes to the form as it exists, it is recommended that CBR Program develop a coding system for the range of disabilities and provide adequate training to health workers who collect the household information.

11. Population issue is a major concern of the Royal Government. Currently there is no program manager that can effectively coordinate the activities of the program. The management capacity as well as planning programming is limited due to this. Therefore, to maintain the momentum in promoting reproductive health services, immediate steps be taken to strengthen the managerial capacity of the program.

12. To follow the proper financial management protocol and in line with the existing government's rules on release of fund to the districts, from now onwards all releases to the districts be channelled to the Dzongda. Further, in the event of any releases to individual, no further advances will be made until the previous advance is obligated and accounts settled.

13. In order to have a proper system for monitoring supplies to health facilities, an inventory system needs to be developed and computerized. If necessary, even a separate software package for it may be developed. In addition, all districts should maintain a minimum budget for maintenance of equipment.

14. In line with the restructuring exercise of the Royal Government, the RWSS engineers are now placed under the newly established District Engineering Unit Fearing that this might adversely impact the ambitious implementation plan for rural water supply, the ministry is requested to take up the matter at appropriate level.

15. To enhance the coordination at the district level, it is recommended that there should be regular coordination meetings at the district level also.

16. In order to protect the Village Health Workers from dangers of STD /HIV, they should be provided with protective gears such as utility gloves and dressing kits, as they are often called to attend to injuries and seriously ill patients in their own communities.

17. The named patient basis drug purchase is now costing the government a lot of money. Therefore, it was recommended that a proper study be conducted on it with a view to discontinue this and, present the result of this study in the next conference.

18. Given that even many of the non-communicable diseases are also preventable, IECH Division is directed to intensify advocacy activities for these.

19. The Superintendent of JDWNRH Hospital was asked to carry out a study on the types and nature of diseases for which we are referring patients outside, and present the result at the next conference.

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I Introduction

Normally the annual health conference is held around end of March or early April. However, this year due to various pressing engagements of the department, we are able to hold it only now. But it is no less an appropriate time as it falls right in the middle of the 8th FYP. As you are already aware of, we have completed the midterm review for both the government 8th FYP as well as midterm review of the DANIDA sector support. Now we are poised to initiate the planning process for the next plan. Therefore, at the start of this new millennium, we look forward to evaluate the progress of our development till now and to chart new course for the years to come. We expect your full participation and look forward to your valuable inputs into the exercise.

II Objectives of the AHC 2000

The objectives of the AHC2000 cannot be any different from what they have usually been in the past. However, to elaborate them more clearly, they are:

- To review the progress of health services implementation within the country during 1999 specifically, and in the last 4 to 5 years in general
- To discuss issues and problems that impede the progress and to look for complementary support to assist us in our endeavor, and
- To coordinate activities between districts, and between the districts and various Programs.

III Process /General Arrangements for the AHC

Contrary to past practices where we had five days of meeting this year, in the interest of efficiency, we have decided on a three-day conference. This is in no way to diminish the importance of the annual health conference, but to achieve as much in a shorter span of time. This puts additional strain on us, whereby we are expected to be well prepared and conversant with the issues placed for discussion, and to ensure that our discussions are focused. Therefore, out of necessity to control time effectively, the former practice where every district and every program will present is done away. However, a more comprehensive and an analytical report on the progress of activities is presented, based on the reports that all of you had submitted from the districts. The criteria on which the programs and other issues will be allowed an individual presentation are:

- There is a new approach or a changed strategy of an existing program, or
- A new program cycle with changed funding or development partners have begun, or
- There is an issue that is cross-cutting in nature and of such importance that debate and coordinated approach, as well as the endorsement by the conference is required.

Otherwise, much of the conference time will be devoted to technical presentation, specific to programs and areas of health services. Where relevant, administrative and financial matters will be placed for discussion..

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Minutes for the health Conference 2000

Inaugural Session

The Annual Health Conference 2000 began on the morning of May 29th at the Conference Complex. 'The Hon'ble Minister, Hon'ble Minister Sangay Ngedup, in his welcome address highlighted the luminous role that Her Majesty, Ashi Sangay Choden Wangchuck, is playing in promoting health as the Goodwill Ambassador for UNFPA. The minister also welcomed the donor partners and representatives from other sectors. "This is essential," he said, "that it is the combined strength of government and the donor partners that much has been achieved in health. Further, the collaboration between other sectors is critical to reach the targets that health has been able to reach till now. Even for the future, it *is* imperative that building partnership form the cornerstone for future development."

The Hon'ble Minister briefly highlighted the achievements made so far, but also warned of the difficult challenges that lie ahead. The Minister felt that with the same dedication and hard work of all at all stations, it is possible to improve the health of our people even further and, thereby, move ever closer to His Majesty's vision of Gross National Happiness.

Mr. Rajiva Misra, Deputy Chief of Mission, on behalf of Government of India, highlighted the close bonds of friendship between the peoples of Bhutan and India. Beginning with malaria control program from the late sixties, the support of the GOI has now moved into construction of JDWNR and Mongar Regional Referral Hospitals, and two district hospitals, Lhuentse and Tashi Yangtse. In addition governments of India also provide health care to the people of Bhutan through its hospitals such as IBFH and Haa Imtrat Hospitals. He complimented the government and the people of Bhutan, in particular the enlightened leadership of His Majesty the King, for the tremendous achievements made in health, as well as other sectors.' Not as a donor, but as a close friend and neighbor,' he said, 'is how India views its collaboration in Bhutan's development.' And, 'within that same spirit, 'he said, 'we hope to continue even in the future.'

.Ms Nevine Guirgis, the Deputy Resident Representative, UNDP/ IUNFPA, on behalf of the Resident Representative of UNDP/UNFPA, express her pleasure to be at the inauguration of this conference. She pointed out that "the recent Mid. Term review exercise revealed the present UNFPA Third Country Programme had demonstrated the effectiveness of its program especially through the advocacy sub-programme involving highly influential advocates." In this she pointed out that UNDP/UNFPA was 'privileged and grateful to receive the advocacy support of Her Majesty, the UNFPA Goodwill Ambassador, as well as the Hon'ble Minister of Health & Education." Finally she reaffirmed the strong commitment of UNDP, UNCDF and UNFPA to continue the strong partnership with the Royal Government of Bhutan and the people of Bhutan in further improving the quality of their lives.

Mr. Pawan Kucita, the acting Resident Representative of UNICEF said that UNICEF is 'pleased to be associated with the progress in the children's survival, protection and development over the years.' He pointed out that RgoB was one of the few earliest countries to sign the Convention on the Rights of the Child, because the CRC 'guarantees the provision of basic needs and capabilities for children to live in dignity.' He pointed out that

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In areas such as infant mortality. While Bhutan's rate is close to the regional average. Bhutan must strive to have the best record in the region and beyond.

The WHO Representative, Dr. Orapin Singhadej, said that while Bhutan is now close to elimination of poliomyelitis, iodine deficiency disorders and leprosy, the health workers will have to now devote time to tackle the last few remaining foci of communicable diseases as well as emerging and re-emerging health problems. She also pointed out that in the recently concluded 53rd WHA; some of the key guiding principles agreed were the strengthening and restructuring of health systems, promotion of healthy lifestyles and harmonization of modern with traditional systems of health care. Finally, she informed the gathering that the theme for the World Health Day 2001 is mental health.

Dr. Bjarne` Jensen, Chief Technical Advisor, DANIDA, expressed his utter amazement at the dedication of the health staff and felt that this was 'the real secret behind the success of health care system in Bhutan.' He pointed out that now we are at an interphase -from focus on volume to focus on quality. And 'more than ever, it is crucially important to have clear objectives, elaborate work-plans and to have activity and financial monitoring systems that provide the necessary information for managers to the appropriate decision at the appropriate time.'

Dr. Jensen pointed that donors are here to assist and not to decide. However, to enrich the collaboration between the donors and the government, donors should be fully involved in our process of developing the future objectives and strategies for the health sector. This, he believes, will increase the efficiency in the system. Within that expectation, he hoped that donors would be fully involved in the process for the planning of the 9th Plan.

Her Majesty, Ashi Sangay Choden Wangchuck, in her inaugural address said that 'this annual health conference is special because it will set the direction and impetus for our health services in the new millennium.' Her Majesty pointed out that Bhutan is probably one of the very few countries that implemented primary health care true to the letter and principle of PHC and succeeded in doing so. 'In the last 25 years, achievements in the primary health care brought us both regional and global recognition,' said Her Majesty. The success and many notable achievements in the health sector are also the results of the dynamism and the visionary leadership of our King. 'And,' Her Majesty said, 'to maintain the balance between the new and the old, our own indigenous system of health is now a harmonious part of our overall health care system.' Like many preceding speakers, Her Majesty also emphasized on the future challenges; emerging burden of chronic diseases and lifestyles related health issues. 'While we have dealt with the old problems fairly effectively, we need improved facilities, skills, and resources to deal with these new developments. The theme chosen for this conference, 'professionalism and efficiency' is, therefore, appropriate and timely. A professional approach and a skilled management of health services are essential to tackle these emerging health issues, and to sustain our achievements,' said Her Majesty.

Finally Her Majesty thanked the donor partners for their generous assistance and skilled guidance for our development. And that 'we look forward to a continued partnership on this important challenge of building a strong and healthy nation.'

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Business Session

I Introductory remarks by Chairman

The Hon'ble Minister, Ministry of Health and Education expressed his pleasure in welcoming all the members of the health family to the AHC 2000. The Hon'ble Minister said that we should not be complacent in spite of many achievements highlighted by the various speakers this morning. This is so because there are several issues that need further attention in some of the programs.

The conference members were reminded on the theme of AHC 2000 and said that the theme was very appropriate and timely so as to review the Professionalism and Efficiency in the Health Sector. This is more so as the times have changed and the demand for health services is increasing in term of quantity and range. Therefore the Minister urged every one of us to get prepared to meet these challenges. The theme is focused on the professionalism and efficiency of the current staff and for future human resources development. In the same line the Hon'ble Minister urged all the health workers to be proactive and avoid being complacent.

The Hon'ble Minister urged every one to be honest, active and open in expressing their views during the deliberations. He also welcomed constructive criticism during the conference.

II Selection of office bearers

The Hon'ble Minister will Chair the conference and the Secretary will be the Co-chair. Mr. Pemba Wangchuk, Planning Officer, was nominated as the Chief Rapporteur, and Dr. D .K. Nirola, DMO Tongsa, as the Assistant Rapporteur.

III Adoption of the agenda

The agenda was adopted without any amendments

IV General comments on the reorganization within the Department and Ministry

The Secretary, MoHE briefed the forum on the restructuring exercise carried out in November 1999 and the specific reorganization within the Ministry of Health & Education, in particular the changes in the Health Department itself. He informed that the restructuring of the organogram was based on future structural requirement, need for expansion of health services and review of 1998 Health Division organogram. He also mentioned that the Ministry of Health and Education would be bifurcated in 2002 as two separate Ministries.

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The Dzongkhags have been categorized as per the size of the Dzongkhag and accordingly the staff requirement re-structured. Following the formation of the Dzongkhag Engineering Unit, the DPHE staffs currently under Health have now been put under Dzongkhag Engineering Unit.

The concern was raised regarding absence of DMO in Dzongkhags categorized under 'C' category. To this it was clarified that category 'C' Dzongkhags are smaller ones and the Medical Officer if at all posted would purely be on clinical aspects.

There were also some queries raised with regards to staff rotation from periphery to the headquarters and vice versa. If there are no adequately trained people, just by bringing them to the headquarters might affect the professional capacity of the department. However, it was clarified that while the principle of rotation stays, especially within the clinical areas, careful analysis will be done prior to moving any staff to any new positions within the programs.

Hon'ble Minister informed that it is not possible to incorporate any changes in the approved document for few years. However, he requested that comments if any must be sent to the Department for future reference and guidance.

V Review of the status of the 1999 AHC Recommendations

The Director, Health Department presented the follow-up carried out on the 1999 AHC recommendation. Except for two recommendations where no actions could be taken, almost all of the recommendations were taken care of. However, on at least 4 of the issues, further actions were required by either Ministry of Finance or the RCSC and the final outcome or decision on these is still awaited.

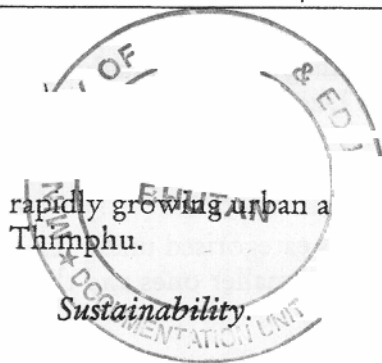
VI Eight Five Year Plan progress, Briefing on the Midterm Review (MTR)

Th Dy. Secretary, Planning and Policy Division of the Ministry of Health and Education, briefed the house on the outcome of the midterm review. Although the total recommendations were already enclosed in the folders for the participants, some of the key recommendations are reproduced below:

(a) Constructions

Till further orders, any new construction is to be frozen. This is largely due to the massive cost escalation in the construction area and that, with the already tendered constructions; whatever budget is available is already exhausted. Therefore, till such times that the budgetary situation becomes clear, no new constructions will be approved in this plan period. Further, it was recommended that in order to place the correct type of infrastructure, for all future constructions, a proper needs assessment with regards to population in the catchments area and need for services, etc., will be conducted prior to approval of any health infrastructure. This is to ensure that an appropriately sized infrastructure with an appropriate number of staff is made available and not necessarily have a standardized structure or staffing pattern.

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(b) City clinics

In order to cater to the needs of the un-reached population, especially in large and rapidly growing urban areas, it was recommended to establish two satellite clinics in Thimphu.

(c) Sustainability.

Many issues on the sustainability were discussed and deliberated and one of them being the proposal to introduce the user fees. It has been decided that an in depth study will be carried out in the 8PYP and that actual implementation of it will be initiated 9PYP. The conference recommended that the study on user fee system should be accelerated and the report presented in next AHC.

DVED highlighted the concern over the increasing cost in drugs and non-drugs. To this the Hon'ble Minister urged all the members to cut down the wastage in drugs and non-drugs. He further instructed that any equipment not utilized for more than six months must be reported to DVED for redistribution to facilities where required.

There was also concern raised regarding the high cost of the present ambulances and their maintenance cost. To this some of the members suggested that the cheaper alternatives could be looked for, at least for some of the easily accessible areas such as Phuentsholing and Thimphu. However, after deliberation the forum decided to maintain the present standard land cruisers and that this will again be reviewed in the next AHC.

(d) Monitoring and evaluation

One of the major issues with regards to the evaluating the progress is the poor information base. It was felt that a proper and a more comprehensive system of M&E was needed. Of course, the Planning Secretariat is already working towards streamlining the Dzongkhag Planning Unit and monitoring and evaluating process itself. However, it was suggested that the districts must play a more proactive role in the M&E of activities in their respective districts.

Further, it was reiterated that as far as possible, the districts must adhere to their 8th FYP activities as outlined in their respective district plan documents. During the MTR, it was even noticed that some of the districts did not quite follow the planned activities as per their district 8th FYP.

VII General Overview of the progress in the health sector

In general 1999 has been a busy year for the Health Department. It was the year of the celebration of the 25 Years of Golden Reign of His Majesty the King. During this time, the Health Department put up a huge health exhibition as well as released the documentary, "A King in the service of his people." It was also a year of evaluations; both DANIDA and

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ADB conducted a comprehensive health sector review, looking at not only the successes in the past, but also charting the course to meet future challenges.

Also, in 1999, Her Majesty Ashi Sangay Choden Wangchuck assumed the Goodwill Ambassadorship for UNFPA. Since then Her Majesty has toured most of the districts, spreading the message of healthy living and promoting reproductive and adolescent health.

1999 also saw the formation of Emergency Medical team (EMT), the opening of the Trashi Yangtse and Lhunte Hospitals, the introduction of laparoscopic surgery at the JDWNR Hospital.

And finally, following the government's restructuring exercise, there was also changes at both the ministry and department level. Dr. Sangay Thinley assumed the position of Secretary to the Ministry of Health & Education and, Dr. Gado Tshering was appointed the Director of Health Department. In addition there were also minor changes of responsibilities.

In general it was observed that most of the health activities in the year had gone as planned without any major setbacks. Also, in 1999 there were no major outbreaks of diseases or other disasters.

The pattern of morbidity reported both from the BHUs and hospitals do not see any discernable changes in the last so many years. In particular, acute respiratory infections and diarrhoeal diseases continue to hold the top position. If the sanitation and hygiene efforts are going well and if our coverage of safe water supply is reaching ever-higher levels, then one should expect to see a decline in these. But this is not the case. Therefore, it was recommended that perhaps a proper in-depth review of both the programs is required.

With regards to mortality, from the available data, there is a definitive indication that infant mortality is falling. There wasn't enough data to make a trend analysis of U5 mortality. And estimating maternal mortality is a meaningless exercise given the small number of deaths. In

fact, it is now suggested that maternal mortality surveillance be given more attention rather than attempt to obtain a maternal mortality ratio as the indicator to monitor progress in this.

While there has been tremendous progress in all spheres, there are also some key issues that need to be addressed.

(1) Health Information and Data Issues

At the present moment the existing information system does not yield the kind of data for a good analysis. Also, there appears to be a lack of interest at the district level to analyze and validate the data that they collect and send to the headquarters. When the data is asked at different points of time, there are always discrepancies in the figures. Due to this, it has become necessary to request for a full set of data at the end of the year for the annual health conference exercise, despite having a quarterly system of data collection and collation. Also, it was observed that there actually a data overload on the skeletal staff in the periphery as many programs had introduced their requirements for information, without necessarily routing through the Health Information Unit.

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Therefore, to streamline these, the following are recommended:

(a) At present the HMIS is being revised with assistance from DANIDA. Therefore, till the HMIS exercise is over (June 2001), no further new forms should be introduced, unless it is absolutely necessary. In the case of the latter, a proper discussion must be held with the Health Information Unit prior to allowing any programs to introduce any new forms

(b) That the Health Information Unit review its current data requirements and urgently set up a standard set of information that is required for monitoring of the various programs, in addition to the existing morbidity information.

(c) Even at the district level, both the DMO and DHSO need to sit together and review their quarterly reports carefully in terms of accuracy prior to their submission.

(d) The DPHE and DHSO need to collaborate more closely to come up with the same statistics, particularly the number of households and the access to safe drinking water.

(2) Training and Human resources development

Human resources continue to be a major concern for the department. While meeting the requirements of paramedical staff, there is increasing pressure to send for more specialized trainings. Without any major push in this particular area, as highlighted in the 8th PYP MTR, severe shortages of staff at the professional level is likely to result. This would inevitably impact on the quality of services.

Also to enhance the professional capacity of the health workers at all levels, be it a field worker or a program manager, careful selection of people for appropriate training is important. Once trained the person must be retained to perform the work that he/ she is trained to do. At the same time.

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((b)) that continuing education, especially the clinical practice, of health workers be given attention to continue to improve their professional competency.

The Joint Director, Health Care Division and the Personnel Sections of the Ministry of Health and Education, were given the responsibility to look at this and to present the results of it in the next AHC.

(3)

Professional competency and quality of care

At the current rate of production of doctors it is unlikely to meet the demands for medical officers; in 1999 only two new medical officers joined service. It is also felt that while the government continues to pursue a policy of same grade and benefits to all graduates without consideration for the nature and demand of the work, that there is an emerging trend that the best of the new graduates are not necessarily opting for the medical profession. Even while sending the best of the best, if the return from the medical colleges is this poor, it is likely that it would even get worse as time passes.

Also, the new GDMOs when joining service are now paid only Nu.3000.00, at par with any other graduates, while he/she is expected to perform, live and work like any other medical officers. This is something that needs to be discussed with the government again as it is proving to be very disheartening for the medical graduates.

The forum, while acknowledging the tremendous personal effort that the Hon'ble Minister had put in improving the welfare of the health workers, still requested that these issues be taken up at higher levels. Only by attracting the best can we offer the best; mediocre health workers will only provide mediocre services at best. And the best of the best cannot be attracted to a profession that is demanding without any concomitant benefits in their personal lives.

(4) *Program Specific issues*

While the progress of the implementation of the various programs was satisfactory, there are some specific program concerns. After debating in great details, the following recommendations were made:

- a) That IMCI strategy, if considered relevant to Bhutan, should be introduced at the earliest and the existing vertical states of these programs integrated into a more cohesive unit with proper visioning and strategisation for the future.
- b) For those programs without any funds at present, a proper need assessment for such a program needs to be carried out by the Department. If found necessary, then appropriate program strategy development with proper objectives and realistic milestones is needed. If not found to be priority, they be deleted from, the list of programs.
- c) That there is a likely upsurge of malaria. Therefore, all malarious districts must enhance their vigilance and, at the same time, a thorough technical review of the program strategy is timely.
- d) That both ARI and CDD programs need to reassess their strategies, in line with IMCI, and look more at some of social determinants to plan for future interventions.

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(e) That, while IEC efforts till now had succeeded in spreading information and knowledge about health and healthy lifestyles, it is also time now to reassess the its vision and strategies. Instead of many discrete IEC materials for specific issues, a more integrated approach to promoting IEC activities may be more relevant.

(f) That the surveillance for STD/HIV be enhanced through a proper review of the existing sentinel surveillance.

The day ended with the video, "Health Care, the Bhutanese Way" which was on the evaluation of the health sector by DANIDA.

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Day 2. May 30th 2000

1 The nutritional status of Bhutanese Children; results of a nation-wide anthropometric survey

In 1999 the Health Information and Research Unit conducted the anthropometric survey. The data was analyzed by WHO and the report now circulated widely. The findings of the survey show that there has been significant improvement in the nutritional status of the children since the last survey in 1988/1999. The proportion of children 'stunted' is only 37.7%, down from 56.1 %, 'wasted,' 16.7%, down from 37.9%. While acknowledging the significant improvement, there are still more to be done. Therefore, the following are recommended:

- (a) For future assessment, regional analysis should be given more focus. This is largely because from the present survey, it is quite evident that there are significant regional differences in the nutritional situation of the children. Therefore, a nation-wide estimate may not necessarily serve the program best for planning interventions.
- (b) That more attention needs to be given to understand some of the socio-cultural determinants of malnutrition so that appropriate interventions could be designed.

2 Report of the study on Vasectomy Failure

Dr. KC Burahogain and Dr. Daniel Otaljele together made a presentation on study on vasectomy failure and infertility in Samtse district. This was a follow up of last year's AHC recommendation.

The main findings of the study were that, out of 3191 cases of vasectomy done since 1990 in Samtse, 29 cases reported failure (0.75%). Of the total failure reported, only 24 cases came for evaluation.

From this 10 cases had sperms in their semen, thereby indicating that they were actual technical failure. The remaining 10 tested negative for sperm and, four could not produce semen. According to WHO, it is estimated that 0.1 to 0.5% failure is expected for vasectomy during the first year. Therefore, the failure rate of 0.75% was within expected range. However, the data set is too small to make any generalizations on it.

Reasons for failure were also analyzed. While some of the failures can be attributed to technical inadequacies, many of the failures can also result from other factors, such as sexual liaisons outside the legitimacy of marital vows. However, while nothing much can be done at this point of time for those social reasons, the technical aspects need to be improved to minimize future failures.

Therefore, the following recommendations were made:

- a) Strict adherence to post-vasectomy additional contraceptives for at least three months with proper counseling for both the partners.

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- b) At least one seminal fluid examination should be mandated three months after the vasectomy before the additional contraceptives are discontinued.
- c) The surgeons who carry out vasectomy must ensure strict adherence to the standard protocol for vasectomy.
- d) Although this time the study was done only in Samtse, it is recommended that other areas should conduct similar studies to understand the situation and, where possible, take appropriate corrective measures.

Following the vasectomy failure presentation, a brief presentation was made on infertility. Although the study was too small to make any specific recommendations, it was noted that infertility is a problem. The JDWNR Hospital has facility for re- canalization and infertility management. Therefore, more comprehensive studies need to be done and the issue highlighted at an appropriate time. There also should be proper policy guidelines on infertility management. It was also pointed that many infertility could result from STDs and RTIs. Therefore, more attention is needed to be focussed on the diagnosis and treatment of STDs/RTIs.

It was clarified that at present attention on infertility management is only to back up services related to promotion of contraception and reduction of population growth. It is not the intention to go ahead with a plan to review and address infertility within its entire spectrum.

(3) STD/HIV

By the end of 1998 there were 9 HIV positive cases out of which 4 died. It was noted that **all** the cases were from the most productive period of their life, i.e. 15-35 years age group. The programme activities continue to receive major support from DANIDA.

Some constraints were highlighted, which called for closer attention to develop and make the programme more effective. In line with this he highlighted the shortage in supplies of reagents and test kits in the districts. To improve surveillance and effective implementation of the activities, he proposed that infection control team be formed at the National and Dzongkhag levels. He also highlighted the need to improve cross border activities

(4) Community Based Rehabilitation

The programme has been implemented at Khaling geog of Trashigang Dzongkhag as a pilot project, integrating with the existing Primary Health Care structure. It was noted that prevalence of disabilities was 5.8% out of which seeing difficulty was the main one. Eighty six percent of the disabled person was above 15 years of age.

It was urged that disabled children should not be based in the hospital but responsibility should be fully entrusted to the communities themselves. That is the basis of our approach to community-based rehabilitation.

At present, within the existing health information, no specific information is collected on disability, although there is column for disability on the household form. Therefore, without necessarily making changes to the form as it exists, it is proposed that CBR Program will

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develop a coding system for the range of disabilities and provide adequate training to health workers who collect the household information. Then it is possible that information related to disability can be collected and analyzed on a regular basis.

(5) Primary Eye Care Program

The Andheri Hilfe supported the Primary Eye Care Program in the country for the last 13 years. Much has been done since then, not only strengthening human resource, but also putting in infrastructure. At the same time, the program was able to reach many clients in the communities with corrective measures such as surgery for cataract, intraocular lens implants and spectacles. The Department and the people of Bhutan note the generous support from the Andheri Hilfe with gratitude.

Starting from this year, the program begins a new phase with support from the Himalayan Cataract Project. The funding is actually from an individual philanthropist of Bain and Company. The program will continue to provide community eye care, as well as train ophthalmologist and other technical cadres in ophthalmic field. The program, with close collaboration with the School Health Program, will initiate the early detection of visual impairments in school children and provide corrective glasses, either at a subsidised rate or free.

(6) Reproductive Health Program

The activities in reproductive health are progressing fairly satisfactorily. From available data, it is observed that the growth rate is declining rapidly and the contraceptive prevalence, increasing. In addition to the current support from UNFPA, recently UNICEF obtained a grant from the Gates Foundation through the Columbia University. This project also aims to strengthen the safe motherhood activities in the country, in particular, make hospitals more women friendly.

One of the major obstacles to expansion of comprehensive EOC facilities in the country is the shortage of anaesthesiologist. While contemplating, the possibility of training nurse anaesthetist, there were some issues raised concerning the medical ethics of it. It was suggested that WHO's advice be sought on this matter.

However, there are some major constraints and issues in the program that may impact negatively unless corrective steps are taken immediately.

- 1) Currently there is no program manager that can effectively coordinate the activities of the program. The management capacity as well as planning and programming is limited due to this.
- 2) Although much awareness about reproductive and adolescent health is going on, there is not a very clear strategy and a focussed approach to RH IEC and advocacy.
- 3) Reproductive health and related issues are complex matter. At the present moment, neither in the Research and Epidemiology Unit nor within the program itself, there is adequate capacity for operational research.

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Therefore, it is recommended that, in order to maintain the momentum gathered so far to push further the program initiatives for reproductive health, the managerial capacity of the program be strengthened immediately.

(7) Proposal to introduce a Cervical Cancer Screening Program

Dr. Ugen Tshomo, Gynaecologist, Yebilepsa Hospital, highlighted that histopathological report in 1998 of JDWNRH reveals that 29.6% of all malignancies are of the stomach and 20.8% are of cervical origin. Cervical cancer is the commonest cancer amongst women in Bhutan and accounts for 7% of all referrals outside and 80% of total of gynaecological cases referred in 1998/99. Further, Ca Cx is found to affect commonly the age group of 40-49 years.

She stated that as in any developing nation, an incidence of cervical cancer is expected to be high. Therefore a nation wide screening of all women at regular intervals by cervical examination and Pap smear is necessary to detect pre-malignant conditions of the cervix and plan for appropriate management.

She then presented a draft proposal for the initiation of a screening program for Ca Cx. However, due to lack of adequately trained people, it was agreed that the pilot program for screening would start only in 2001. While this is agreed, she also pointed out that there is need for colposcope. Therefore, in addition to the one already at JDWNRH, at least another is procured before the start of the project.

(8) Progress towards Polio Eradication

Mr. Thinley Dorji, Programme Manager, presented the status and the proposed SNID activities. He presented how to conduct the mop up campaigning with regard to TT and measles and SNID. Prior to the presentation Joint Director, Public Health, informed that Hon'ble Minister, Ministry of Health and Education was elected to represent one of the two members on GAVI board as a representative from the developing countries.

The team leader of the Polio Commission member presented report of NCCPE for Bhutan to the conference. He informed that towards the end of the certification of the polio International team might come to authenticate the certificate. In the report they have highlighted that AFP surveillance indicates more than 80 % reported on time and, that routine immunization coverage is more than 98%. They have found no polio cases reported during this period. Some cases of paralysis were reported but they need further investigation.

The inclusion of TT during the SNIDs need to be studied further and discussed during the technical meeting as the immunization program was started long time ago and most of the mothers are already immunized. It was also decided to define the high risk areas more accurately to bring down the cost for NID.

(9) Briefing on the HMIS exercise

In order to strengthen and improve the health information system, with support from DANIDA, Euro Health Group was contracted to develop a suitable Bhutan Health

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Management system (HMIS). Management Sciences for Health, a non-profit organization in the US was contracted by EHG to provide technical assistance. This is the most important exercise undertaken by the Health Department during the 8th FYP. The consultant from MSH highlighted the challenges, objectives, approach, and progress to date and the next steps to be taken on this project. The end of the project will *see* the development of a HMIS system with sub-systems that will have surveillance, routine service reporting, administrative information as well as civil registration, with priority health problems as its main focus.

The next steps envisaged in this project are:

- Presentation of assessment results and selection of initial sub-systems for reinforcement
 - Revise and pre-test formats and procedures for data recording and reporting
 - Design computerized procedures to enhance communications, data processing and use
 - Develop systematic methods to improve data quality and create data cultural at all levels;
- 0 BHU/district level training & supervision
- 0 Design enhanced feedback and reporting procedures

(9) National Malaria Control Program

A brief outline of the progress in the implementation of malaria was present by the Program Manager, Dr. Nado Zangppo. During the deliberation it was noted that the present multi-drug regimen initiated for the treatment of PF malaria has been viewed with some doubt and since there is reservation expressed by some DMOs and health workers, it was decided that a proper technical review be undertaken.

To combat outbreaks of epidemics of malaria, during the 1998 Malaria co-ordination meeting, an exercise was carried out –where by Rapid Response Teams at various levels were formed. It is reiterated that all the district should once again review the minutes of that meeting where flow chart of RR T is also given and implement it as soon as possible..

Since there is a concern about the potential upsurge of malaria, as already recommended above, it is agreed to;

- Have an immediate technical review of the program and its strategies.
- Also study the possibility of distributing some antimalarials even to those hospitals where malaria is not normally encountered and
- All health facilities in malarious areas should review the situation of microscope supply and ensure that functional equipment exist in those facilities to be able to diagnose malaria in time

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Enhancing credibility and accountability: Checks and balances for proper financial management

The Senior Finance Officer, Mr. Tshewang Tobgay, presented the issue of outstanding advances against various individuals, districts, program officers and as well as contractors. At present there is about Nu. 99 million standing as advances that are not settled. The Royal Audit Authority had already issued a warning that unless the Ministry settles these by the end of this fiscal year, from the next financial year, the entire ministry is likely to be black-listed, thereby, meaning that all individuals under the ministry will not get any audit clearance for any purpose. This is a matter of grave concern.

The SFO presented the proposed future modality. They are:

- For advances released to individuals, accounts will have to be submitted within 10 days after the completion of the activity
- No audit clearance shall be issued for the individuals who have not settled the OBA
- The program/ project manager will be held responsible for ensuring proper compilation and submission of accounts on time
- No further advances shall be released unless the accounts for the earlier advance is submitted and settled
- All advances shall be settled in the same financial year and no carry over will be allowed into the next financial year
- Unused funds shall be refunded along with the submission of accounts
- All advances released will be recorded in the name of the individuals by the employee ID number for future references.

In the ensuing discussions, while there are also lapses on the part of the district and program people in settling the accounts, it was also pointed out there are severe shortcomings within the AFD itself. Often, the accounts are submitted but in the Accounts Section, necessary entries are not made in the relevant ledgers, thereby, later on the accounts still lying as unsettled. Also, there is no proper system of receiving the accounts, storing the received vouchers and timely entries into the ledgers.

It was also pointed out that in the past many advances were released not in individual's name, but to designations such as DMO or DHSO. Since these people keep changing, at later dates it becomes difficult to trace who actually took the advance, but the audit memos continue to be issued to the current incumbent. Therefore, it is suggested that from now onwards, it should be only in the name of the individual and not that of the designation, that advances are made.

Also, in the past, to enhance the momentum necessary to reach some of the targets spelt out in the Health-For-All strategy, advances were released to the DMOs and DHSOs. While this has certainly made the implementation much faster, this is observed to be in contravention of the existing rules on releases to the districts. Therefore, to minimise future problems to our health workers, and in accordance with the government rules and regulations, from now

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onwards, as far as possible, no money should be released to the individuals. All releases for activities in the district should be made to the dzongdag and the information intimated to the DMO or DHSO. It will then become the responsibility of the ministry to ensure that this mechanism does not adversely affect the implementation and that dzongdags are made accountable.

(2) Inventory for hospital supplies

Currently there is no proper system of inventory of hospital supplies, especially equipment. Due to this it is not possible to assess the situation of hospital equipment supplies and evaluate the status of existing equipment. At the same time, it is also difficult to project future needs.

Therefore, to meet this shortcoming, and to have a proper system of inventory, the Jt. Director of DVED, Mr. Nado Dukpa, presented a proposal. The key features of the proposal are:

- Develop a proper inventory system and computerize it and, if necessary, even develop a separate software package for doing it.
- That DMO/DHSO should regularly monitor supplies and the stores to prevent overstocking of some supplies or running short of critical supplies and equipment. At the same, such a regular monitoring exercise would allow the re-mobilization of stocks from those centres where there are not being used to those centres where it is required.
- Further, all districts should maintain a minimum budget for maintenance of equipment
- All programs should route all purchases through DVED. The supplies need should be assessed and supplies planned in close collaboration with districts and the DVED, rather than have individual programs make individual purchases in uncoordinated manner.

The forum was informed that an Equipment Selection Committee has been formed. This committee will select the types of equipment required by different specialties at different levels of health facilities. They will also be involved in the inspection of supplies to ensure quality and appropriateness of the supplies and equipment procured.

(3) Formation of Dzongkhag Engineering Unit and the impact of it on RWSS program

The RWSS had already pledged to the government that it will do everything possible to provide safe drinking water to the rural population. However, following the restructuring exercise of the government, the engineers are now all grouped under the newly established Dzongkhag Engineering Unit. Therefore, the existing engineers that were solely responsible for the implementation of RWSS projects must now also shoulder other responsibilities. This is likely to impact adversely on the pace of implementation of RWSS programs. Therefore, the DPHE requested that perhaps the staff could continue to work only for RWSS for the next two years, even if they are administratively under the Dzongkhag Engineering Unit.

In this matter, Hon'ble Minister agreed to take up the matter personally with the Government. But at the same time he cautioned that the outcome might not be certain

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(4) Enhancing district co-ordination.

While the annual health conference *is* now an institutionalized activity to foster better coordination between districts and programs, similar coordination mechanisms can also be developed at the district level. In such co-ordination meeting, other relevant Dzongkhag officials such as planning and finance officers should also be included. DMO and DHSO together should facilitate the co-ordination at the district level.

The Village Health Workers have played important role in supporting the health sector. Unfortunately, they derive no personal benefit from being a VHW, either from the community or the government. Consequently, many of the VHWs now want to leave. Even in the past the issue of incentive for VHW s was discussed, but till date no definitive action has been taken on this. Unless some mechanism is found to encourage the VHW s to continue to work, it is likely that there will be less and less volunteers.

While the incentive issue remains unsolved, at least we could provide them with some of the protective gears such as dressing kits, gloves etc., as they are often made to handle injury cases and other emergencies in their communities.

It was suggested that where possible, we should encourage the communities to establish Village Health Committee to enhance community participation.

(5) Treatment Outside, an update

Dr. Dorji Wangchuk, Superintendent of JDNRH, briefed the forum on the status of the patients referred outside within the period, July 1998-June 99. He said that a total of 545 patients had been referred outside out of which 125, the highest, is cancer. He furthered pointed out that a total of Nu.34. 9 million has been spent within this financial year on the patients referred outside. Additional costs are also incurred due to emergency needs.

As a means to save cost, one of the participants proposed of establishing of Oncology unit, CT scan at JDW/NRH, which would help us in not referring patients outside. To this the Chairman responded by saying that setting up of the Oncology is already in the master plan and it might take another five to six years to materialize. Further the Chair informed that he was personally commanded by His Majesty to install CT scan here in the JDWNRH. However, as the study has shown that it is not economically viable to do so; it is cheaper to refer few patients outside then to set up the super specialities here. The Chair further instructed the Superintendent, JDW /NRH to study the extent and the classification of diseases that require us to refer patients outside the country. And the results of this study should be presented to the next conference.

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Though the cost of treatment outside will continue to be borne by the government, it is proposed that travel and other allowances should be borne by the patient party. Further, it was also suggested that the name-patient basis drug purchase should also be discontinued given that a large portion of the drug budget expended on this. However, it was decided that a thorough review of it would be carried and its results presented at the next annual health conference.

Since a lot of the patients that are sent outside for referral for causes that could be prevented, the IECH Division is charged with the responsibility of intensifying advocacy activities

(6) World Health Assembly

Jt. Director, Health Care Division, briefed the conference on the recently concluded World Health Assembly, which was spearheaded by Hon'ble Minister. Hon'ble Minister was also the key speaker during the presentation made by the Global Alliance for Vaccine Initiatives (GA VI). Dr Rinchen also informed a comment made by Senior Japanese delegate to our Hon 'ble Minister, where he said, "Small Bhutan Big GAVI". Hon'ble Minister said that the main objective during the WHA was to let the world know what we did here so that our country featured prominently in the world map.

(7) The way forward, the importance of every individual's effort towards the greater goal of Health-For-All.

Hon 'ble Minister said, "Health services receive many praises, but one should be not be drunk and get dizzy by praises. As a health family this is something that I don't like to repeat. What makes us do well is by our own hard work and we have ability to walk that extra mile. What makes us different is the spirit that we have. And, I fear that sometimes that spirit may be lost, Let us not have the word complacency in our dictionary. No technology can match the spirit that we have. In the far-flung places, sometimes the peripheral health workers can make all the difference if they are able to take decisive actions and initiatives.

The Nepal-Bhutan problem continues to be intractable and armed insurgency groups are roaming in some parts of our country. Therefore, it is essential that all of you be alert so that we can support the country in times of need. Survival of our country is our own survival. We are brothers and sisters and have to know that we have a future and that future is our Country. On my part, I will do my best and if you have personnel problem I will do my best to solve them for you. Health family should strive to hold the national flag high and with pride.

This conference has been another success. And I wish you all success. Remember that we are one family and that we must take care of each other."

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CLOSING SESSION

The Secretary, MoH&E, warmly welcomed the Chief Guest, Dr. Michael Vinding, counselor, resident coordinator, Liaison Office of Denmark. He also sketched out briefly and outcome of the last three days of the conference.

Mr. Pemba Wangchuk, the Chief Rapporteur, then presented the executive summary and the recommendations of the Annual Health Conference 2000.

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Dr. Samdrup Wangchuk, Superintendent of Gelephu, on behalf of all the DMOs, expressed his satisfaction at the conference outcome. He felt that this year's conference, true to its theme of professionalism and efficiency, was more technical and discussions covered wider issues of concern rather than petty administrative matters.

Mr. Tshewang Rinzing, DHSO of Zhemgang, on behalf of the DHSO, expressed his happiness at the incremental progress that the annual health conference is making, not only in the manner in which it is conducted, but also in terms of the substance that deals with.

Mr. Prem Rai, Engineer, Thimphu, on behalf of the DPHE expressed his happiness at the close collaboration between the DPHE and the health team in the districts in their common quest for improving water supplies. He also said that, although he is an engineer, due to the annual meeting and discussions on health matter, by now the engineers are also fairly conversant with medical terms and health issues.

In his address, Dr. Vinding, said the reasons why Denmark provides international aid is because they "believe that the social solidarity that have provided peace and prosperity in our own society should also be extended to less fortunate people in the world -for the same reason: we believe that we come closer to peace and prosperity, globally, if we care for each other and strive to help each other." He commended the remarkable achievements in the health sector and the strong commitment and the hard work that the health workers put into provide health care to the rural communities of Bhutan. "However," he pointed out, "we *are* there on the road to health for all, where things turn quit a bit more difficult. How to reach the un-reached! If we are going to improve the health of people in Bhutan even further, we'll need to know a lot more about the population. Where are the poor and un-reached? If we don't know, we cannot focus our attention and efforts, and we'll face a hard time catering for the un-reached -and improving health in Bhutan even more." It was his hope that this conference has helped the Health Department to chart the course necessary to reach those un-reached pockets of the population.

The Director, Dr. Gado Tshering, then offered a vote of thanks.

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