

Minutes of the annual Health Conference 2001

Executive Summary

The Annual Health Conference 2001 was held from 27-29 May 2001, at the Convention Center under the Chairmanship of the Hon'ble Minister of Health and Education.

The Inaugural Session was graced by the Hon'ble Minister, Ministry of Agriculture, as the Chief Guest. In his address the Hon'ble Chief Guest highlighted the achievements of the Health Services under the stewardship of the Minister for Health and Education and the commitment of all the health workers. He also noted with appreciation the status of the Health Trust Fund to address the critical area of sustainability of the health services.

The Representatives of development partners- UNDP / UNFPA, UNICEF, WHO and Danida also addressed the inaugural session. In their addresses, they highlighted with appreciation the advocacy efforts spearheaded by Her Majesty Ashi Sangay Choden Wangchuck. They also raise the achievements of the Health Sector in the areas of maternal and child health, population and family planning; promotion of child's health, progress in polio eradication, IMCI, health care reform, reproductive health, health telematics and traditional medicine; and future support to Bhutan's health sector development. They also reminded the conference of the many challenges that still ahead.

The Business session started with the opening remarks of the Hon'ble Chair.

The conference besides discussing various important health issues also deliberated on the 9th FYP Health Sector priorities.

The conference viewed the security threat posed by the militants with great concern, and unanimously endorsed the formulation of a resolution pledging and reaffirming the full and unconditional support of health family to safeguard the security of our motherland. The conference also noted with satisfaction the improvements registered in all of our critical indicators, as shown by the results of National Health Survey 2000. While being satisfied with the achievements, the conference resolved the need to reinforce our efforts to meet some of the unmet goals and also address the challenges posed by the emerging and re-emerging diseases.

The conference also deliberated at length on many knotty issues from disease control to management, quality assurances and standardization, objectives and strategies for the 9FYP, various personnel/ administrative issues, training, human resource development to financial matters. Increasing trend in HIV cases

May 27th -30th, 2001

Was noted with alarm and recommended that the public health Division strengthen the sentinel surveillance, and advocacy activities.

The Roles and Responsibility of DMOs and DHSOs and, the District health sector organogram were also refined. The conference also reviewed the status of the essential drug list and its inventory, iodine deficiency disorder, Hospital mortality and status of malaria control programme, outside country referrals, and the proposed breastfeeding policy

For the first time, in-charges of Dzongkhag Engineering Unit also participated in the conference since public health engineers were transferred to the unit as a result of restructuring process. This was to facilitate better co-ordination and support in implementing RWSS activities, and further increase the coverage of water supply and sanitation in the dzongkhags. The Water Act and the constraints faced in the implementation of the PHE programmes were also deliberated.

The conference concluded with Indian Ambassador's remarks on Bhutan's health achievements and India's continued support to this important sector.

May 27th -30th, 2001

Minutes of the annual Health Conference 2001

RECOMMENDATIONS OF THE AHC 2001

After exhaustive deliberation on issues pertaining to the improvement of health services in the country the Annual Health Conference 2001 recommends the following ;

1. Given the grave security threat faced by the country, and recognizing the crucial role that health sector and its personnel could play in such times, the conference unanimously recommended the passing of a resolution, pledging the support of the 'health family' to the country at this critical period.
2. Being the last year of the 8th FYP and to avoid too many construction activities spilling into the 9th FYP, the freeze on sanction of new constructions recommended by AHC 2000 should be continued. Further, all effort must be made to complete the activities that have been planned in the 8th FYP.
3. To ensure proper care, responsibility and efficient use of ambulances, every ambulance should have a proper equipment and accessory list, which should be monitored by respective in-charges.
4. While standardization of medical supplies at different levels of health facilities should be adhered to, temporary mechanisms to meet additional medicines/ equipment of some specialists should be made. Further although the named patient drugs provision will be continued, mechanisms to reduce cost should be considered
5. The maternal death investigation should be revitalized by adopting new forms within the new HMIS since there are many limitations in the existing recording and reporting system leading to under-reporting and non-inclusion of social, cultural and other factors leading to maternal deaths
6. Realizing the importance of serving and reaching the old and disabled and people who desire to avail of traditional medicine service in the remote areas, the traditional medical personnel should plan and visit centrally located remote areas that have a good catchment population. Planning of visits should be done at the Dzongkhag level and visits implemented accordingly.
7. To address discrepancy and problems associated to the transfers of the Health staff, the mechanism for implementing inter-regional transfers, which is in the process of being developed, should be presented in the next AHC.
8. Being deeply concerned with the rise of HIV cases in the country, appropriate surveillance system should be put in place to monitor the spread, potentially to facilitate appropriate preventive measures in certain risk areas.

May 27th -30th, 2001

9. Noting the burden of communicable disease and the increasing trend of mortality caused by non-communicable diseases many of which could be prevented, the Department of Health should focus on preventive and promotive services backed by appropriate treatment.

10. Noting the decrease in polio target population in some areas despite unabated polio coverage, the conference recommended that the programme should review the situation.

11. Endorsing the importance of improving the quality and access to safe drinking water, it was recommended that the public health laboratory be strengthened in terms of technical as well as human capacity. A strategy to expand water-testing services to the district hospitals and BHU should also be developed. Furthermore, considering the critical role of safe-water and sanitation to rural development, Dzongkhag Health and Engineering Section should provide utmost priority to facilitate universal coverage of this service within the shortest time possible.

12. Noting the potential duplication of the Health District Programme with existing programmes, the proposal must be further reviewed at the Departmental level to ensure coordination and efficient use of human and other resources

13. Noting the potential spread of malaria during emergency situation, the Malaria Control Programme should develop and finalize an effective prevention control strategy to be implemented under emergency/security situation.

14. This year being WHO year for mental health, the Department of Health should step up activities on mental health at the central and district levels.

15. since the stores was an important aspect of the medical supplies management and the present storage space was inadequate, efforts must be made to improve the situation...

16. The roles and responsibilities of DMOs and DHSOs that were framed by the working committee were endorsed as proposed.

17. Considering that BHU-I is a ten-bedded health facility, the posting of support staff such as ward boys and cooks need to be considered and followed up with RCSC.

May 27th -30th, 2001

Inaugural Session

The Annual Health Conference 2001 was inaugurated on 27 May 2001 with the traditional *marchang* ceremony. Dr. Sangay Thinlay, Secretary of Health and Education, welcomed the Chief Guest, Lyonpo Kinzang Dorji, Minister for Agriculture, Hon'ble Minister for Health and the donor representatives, the government dignitaries and the participants. He expressed his deep appreciation to the Hon'ble Chief Guest and the dignitaries for their presence in the occasion despite it being a Sunday. He emphasized the importance of AHC as a forum to review the past achievements and discuss future health policies and strategies.

The Resident Representative of UNDP/UNFPA, Mr. Sun Ichi Murata said that the UN system had been supporting the improvement of the health services by enhancing its outreach facilities. Empowerment of peripheral health workers, he said, was important to achieve this. He expressed his appreciation for the progress made by the health sector as gleaned from the National Health Survey Report 2000. He offered special gratitude to Her Majesty, Ashi Sangay Choden Wangchuk for traveling to the districts and actively advocating reproductive health care and adolescent health in her capacity as the UNFPA Good Will Ambassador.

The Resident Representative of UNICEF, Ms. Algeria Mendoza highlighted UNICEF's commitment of making the world fit for children. She also said that UNICEF and Bhutan have had a long and fruitful partnership and that UNICEF stood committed to continue supporting Bhutan to realize its goal of gross national happiness.

The WHO Representative, Dr. Orapin Singhadhej commended Bhutan for the progress made in the year 2000 by the health sector in the field of polio eradication, IMCI, initiating health care reform, reproductive health care and safe motherhood, health telematics and traditional medicine. She informed the forum that WHO's support to Bhutan in providing technical support, advocacy and developing standards and norms have been a success and will continue in future.

Representing the Liaison Office of Denmark, the Chief Technical Advisor of DANIDA Health, Dr. Bjarne O Jensen, said that the Bhutanese and Danish health policies were very similar and therefore, DANIDA had full trust and appreciation of the Bhutanese health care system. The challenges of reaching the unreached and meeting the growing demand for sophisticated health care were DANIDA's concern for the future. He added therefore, that DANIDA would continue to support the RGOB in identifying the needs of the unreached pockets of communities and support to meet their needs. Danida was happy to put in funds into the Govt. pool if RGOB so desired.

May 27th -30th, 2001

Minutes of the annual Health Conference 2001

In his inaugural address, the Chief Guest, Lyonpo Kinzang Dorji congratulated the Minister of Health and Education, Lyonpo Sangay Ngedup for the remarkable successes achieved in the health sector under his dynamic leadership. He also commended the hard work and efforts put in by the health workers. The Hon'ble Minister pointed out that Bhutan now had the most comprehensive network of PHC in the region, which had received regional and international recognition. He added that a distinguishing feature of Bhutan's health system is the harmonious integration of the traditional with the modern. He expressed the satisfaction of his Ministry for having associated. With Health Department in development of traditional medicine. He also highlighted the role of Ministry of Agriculture in supporting the nutritional aspects of health care through kitchen garden and school agricultural program development.

The Chief Guest then presented the special trophy on mental health essay contest conducted by SEARO on the 7th May 2001 to the winner, Ms. Tshokey Nagsel Dorji, a student of Yangchenphug High School, who participated in the 15-18 years category.

Concluding the inaugural session, the Officiating Director of Health, Mr. Nado

Dukpa offered the vote of thanks to the Chief Guest, dignitaries and the participants.

May 27th -30th, 2001

Business Session

Introductory remarks by the Chairman

The business session of AHC 2001 commenced with an opening remarks by the Chairman, H.E Lyonpo Sangay Ngedup. While welcoming the participants to the conference, the Chairman urged everyone to be free and frank in expressing themselves so as to facilitate informed and wise decisions on the issues that were tabled in the agenda.

He noted with satisfaction the impact of Health Programmes and the hard work of all health workers, adding that the National Health Survey report 2000 clearly reflected improvement in key health indicators over that of 1994. While this brought the health services to the limelight, it was cautioned that this should not lead to complacency. He urged everyone to continue providing their best to improve the quality of health services and to meet new challenges.

The chairman pointed out that the Human Resource Development was a priority consideration for every department in the government. Within the Health Sector, RIHS would be up-graded into a full degree college. It was informed that a distance course in B.Sc. Nursing had already been initiated through an arrangement with La Troupe University. Up-gradation of education qualification for the other health workers was also being taken up in collaboration, with the Education Department. It was reminded that enhancement of academic and professional qualifications were integral part of the career ladder of the health workers. The intention of the Health Department, the chairman added was for all health workers and officials to continuously upgrade their skills and move up the career ladder. He added that this also conformed to the position classification recently completed as per RCSC's requirement.

The chairman also informed the conference that Bhutan Health Telematics link had been established between Mongar Regional Referral Hospital and JDWNR Hospital and added that other Dzongkhags would be included in the project very soon. The conference was informed that the Ministry of HE had signed a MOU with Aeros AG International Ltd. And an Ambulance Helicopter was expected within 4 to 5 months time. Some of the health workers would be trained to make this service fully and effectively operational.

Reflecting on the current security situation, the Hon'ble Chairman pointed out that the threat to our sovereignty affected the lives and freedom of every Bhutanese. And this called for every Bhutanese to protect one's own lives and those of relatives, one's homes, and one's way of life. While noting the active role Health personnel had been playing so far, it was hoped that the AHC would

May 27th -30th, 2001

Minutes of the annual Health Conference 2001

further deliberate on this and come up with some common declaration. Which would be submitted to Government and subsequently publicized through the media.

Hon'ble chairman concluded the address by expressing his hope of a fruitful deliberation.

II Selection of Officer bearers

The PPD proposed Mr. Thinlay Dorji from the Ministry and Dr. Nirula from the Districts as the rapporteur for AHC 2001. The proposal was adopted unanimously.

III Adoption of the Agenda

The Conference adopted the agenda with the incorporation of the following minor changes and additions;

1. Presentation of National Malaria Programme to be done jointly by Mr. Rinzin Namgyal, Entomologist and the Programme Manager
2. Presentation on Cervical Cancer by Dr. Ugyen Tshomo to be done during the presentation of Dr. Giri's Analysis of hospital mortality for 2000 on 28th May 2001.

iv) Follow-up action on ARC 2000

It was reported that all the 19 recommendations made by AHC-2000 were in various stages of implementation and were actively being pursued by responsible programmes and individuals.

The conference noted that DMOs had not reported the vasectomy failure cases to the Headquarters as agreed in the AHC-2000 and further resolved that they are required to do so henceforth so that analysis could be done and appropriate corrective measures initiated.

V Progress Review 2000

The PPD presented the overall progress of the health sector for year 2000. It was highlighted that there had been remarkable achievement in the implementation of the health activities during the year under review. The completed Dzongkhag 8th FYP Mid Term Review revealed over 70% implementation of the planned activities.

It was pointed out that as in the past years, acute respiratory infection (ARI) still remained the major cause of morbidity both in the hospitals and BHUs and that there had not been any significant change in the infant mortality pattern over the year. The EPI coverage has been sustained over 85% in all the antigens.

With one-year left to complete the 8th FYP, it was pointed out that all efforts must be focused on the remaining activities of the 8th FYP rather than on unplanned activities. This was particularly important to reduce the spillover activities. Construction activities in particular have huge implications on the next plan budget and implementation capacity. Therefore the freeze on new constructions within this year would be continued.

It was reported that human resources have remained a major constraint within the sector. Therefore there was further need to focus on the development of higher category of health professionals to improve and increase the range of services.

It was pointed out that there was a need to address the issue of sustainability in the health sector. Some strategies outlined included the issue of prioritization, cost effectiveness and improving management efficiency of health services.

As the 9th FYP goes into geo-based planning, it was cautioned that there might be a need to guide the communities on inclusion of health activities such as IEC and reproductive health in the plan. It was also pointed out that infrastructure proposals must be scrutinized thoroughly to affect consolidation and improvement of services.

VI

Quality Assurance and Standardization

The Joint Director of Health Care Division described the tremendous progress Bhutan had made within the health sector within 40 years of planned development. Not only was Bhutan able to set up a comprehensive Health Care system, it had now achieved many of the international health goals. However people were now increasingly demanding quality services and this constituted a major challenge for the Health department. This was why the Royal Government and the Health Department through the personal initiatives of the Hon'ble Minister, decided to institute Quality Assurance and Standards within the Health Care system.

He described the various factors that needed to be considered such as the human resource, the institutional capacity, equipment and support services all intractably linked to affect the quality of the services. It was also pointed out that regional equity could only be addressed through the standardization and quality

May 27th -30th, 2001

assurance. As such, this would be an important objective for the 9FYP. The conference was also informed of the fact that DANIDA had agreed to support the programme to initiate the groundwork with a sum of NU. 4 Million. The conference was further informed that the Health Master Plan currently under review would become an important component of the project.

There were a few concerns raised from the floor. Amongst it the most notable was the shortage of Manpower. The concept of Assistant Clinical Officers was discussed as a means to solve the shortages of qualified doctors. The chair also appraised the forum that following the enhanced remunerations; more doctors were expected to be recruited from Myanmar and India. Meanwhile, he called upon the Health Sector to *"Make do with what we have till we have more."*

VII

National Health Survey 2000

The Research and Epidemiology Unit of the Public Health Division presented the National Health Survey Report 2000. It was highlighted that there was remarkable improvement in the health indicators and all the health workers were commended for their efforts and hard work for making this happen. The survey result brought to attention the importance of providing accurate and complete information for every query. A special request was made to the field staff to improve their recording so as to ensure that it provided more complete and accurate information to future researchers.

On whether such surveys should be carried out annually, the representative from CSO clarified that once the HMIS is in place and functional, all data and information required for assessing the achievements would be available from the system. Therefore, annual surveys would no more be required.

The Secretary, Ministry of Health and Education pointed out that the annual reports from the Districts showed lower rates of mortality and population growth than indicated by the Survey figures and added that we should use the survey figures since it had been carried out scientifically and was statistically validated. The chair informed the forum that survey report had been approved and circulated to all donors. The conference also noted the support rendered by the Central Statistical Office of the Planning Commission especially Mr. Yeshey Dorji who had been associated with the survey right from its conception.

May 27th -30th, 2001

VIII Training Outside

The Personnel Officer appraised the forum that a total of 113 health staff benefited from HRD programme in the year 2000. The highlight of the training activity was presented as follows:

- MOU signed with the post graduate Inst. of Medicine, Colombo
- Four specialist doctors trained
- B.Sc conversion courses started
- Approval of staffing pattern

It was reported that Danida, who contributed towards 63% of the HRD costs had become the largest donor for HRD. 62% of the training slots was utilized for short courses less than 3 months and therefore, emphasis for long-term courses was emphasized, as there was acute shortage of specialists at the moment. The following HRD issues were put to the forum to generate discussions.

1. Short term versus long-term training
2. Trainings Vs utilization
3. Planned versus ad-hoc trainings
4. National Priority Vs funding agency

Following the request that specialized trainings be given equally to HAs, ANMs, BHWs along with the training of doctors, it was clarified that while training of all category of health workers was important, funding availability and the acute shortage of specialists required certain prioritization to be made.

On the request for more external training programmes for traditional medicine personnel, it was decided that to strengthen the Institute of Traditional Medicine, more overseas training in traditional medicine would be provided during the 9th FYP.

On the request for expanding PG courses for Bhutanese doctors in medicine in India, the conference was informed that quota for Bhutan in Indian medical colleges was only two in a year. Rather than allowing individuals to sit the entrance examinations as suggested, the Ministry had been seeking admission in other countries. The conference was informed that the Ministry would try its best to give PG courses to every doctor.

May 27th -30th, 2001

IX Security and EMT issues

The officiating Director, Mr. Nado Dukpa made a presentation on security and Emergency Medical Team (EMT). He pointed out that everyone was fully aware of the grave security threat posed by the presence of armed militants in our country. This required greater reflection, both in terms of implied consequence this would have to every aspect of our lives as well as the actions required to be undertaken to meet the threat. He reiterated that the duty of safeguarding the country's sovereignty and security lay in the hands of every Bhutanese and no one else. Therefore it was in the interest and duty of every Bhutanese to stand up and dedicate their services to protect themselves from such aggression. He pointed out that the current problem required us to act now, even at the risk of sacrificing ones lives.

He reported that about 101 EMT have been trained so far. Under the programme additional manpower and equipment had been provided in the risky areas. This he said, partly explained the shortage of manpower in other health centers. **It** was also informed that there were adequate supplies and buffer stocks to meet any emergencies. He mentioned that while EMT is currently deployed with the security personnel for security reasons, it can also be used for combating other national disasters. He said that despite having established an effective EMT, in times of impending crisis, every individual must be prepared to come forward for the cause of the country.

The discussions evolved on the following points:

Hon'ble Minister also clarified that training of EMT and ULFA-Bodo problem was purely coincidental, and reiterated that EMT training was initiated for natural disasters. He said that it was important for our health workers to be clear in terms of what was expected as a responsible citizen and to think of what an individual with health background could contribute, reminding that all the EMT personnel were purely recruited on voluntary basis. He called upon full support to EMT.

All the health workers expressed their support to the EMT training, which they perceived to be, useful both during emergency situation and in times of peace and opined that every health worker should be provided with such skills. To these end, a request was made that emergency medicine be included in the RIHS curriculum. Many reiterated their full support to the cause of solving the current security problem, quoting that health personnel have always been in the forefront of national crises. It was pointed out that even during the time of resettlement, health personnel had been the first to help the people, and that during the current crisis health services would continue to flourish while other

May 27th -30th, 2001

Minutes of the annual Health Conference 2001

Sectors withdraw their programmes. **All** pledged **that** they would never desert the centres.

Some health workers pointed out that only HAs were selected for EMT training, and requested that BHWs also be trained given the importance and usefulness of trainings. They said that it had benefits in terms of fresh and new knowledge, instilling an enhanced sense of dedication, better management of emergency situation, better team co-ordination and effective decision. Suggestions were also made to support EMT personnel like assistance to their family members.

A request was also made to the Government to continue exploring a peaceful solution to the problem as decided in the last National Assembly. An overwhelming number of participants including the women participants expressed their support in whatever means that was called upon to resolve the crisis.

The conference appointed a subgroup under the Chairmanship of the Secretary to draft a resolution, which was consequently adopted by the conference. The

“We, the participants of the Annual Health Conference 2001 representing the members of the Health Family in Bhutan,

Deeply concerned by the intrusion of armed militants into our country,

Fully aware that the intrusion is not only a serious threat to our national sovereignty but endangers the life and property of all Bhutanese,

Fully realizing that the responsibility for the preservation and protection of national sovereignty, self-determination, protecting our near and dear ones and upholding our dignity and independence cannot be relegated to a group of individuals or the Government alone but have to be borne by every Bhutanese,

Conscious of the strength of national unity to ward off the threats posed by militants and our detractors, and of the added power we, the Health Family hold to prevent and cure diseases, to heal injuries and to give humanity greater dignity and quality of life,

Hereby rededicate our services **to protect** our land, properties, families, way of life from the tyranny of aggression in any form, be it armed assault, propaganda war or covert plots that seek to destroy or defame us;

May 27th -30th, **2001**

Minutes of the annual Health Conference 2001

Pledge to:

- a) Participate directly in dealing with any emergency situation to **tire** best of our abilities to Save lives and lessen suffering amongst our people;*
- b) Continue to carry our normal duties with utmost dedication, honesty and earnestness and extend our services beyond tire confines of professional obligations to support our common cause;*
- c) Offer any formal of material and other contributions, including our own lives if necessary;*

Declare our solidarity with all other Bhutanese brothers and sisters to fight for our rightful heritage, sovereignty, peace, prosperity and happiness, which must be enhanced and passed down to our future generations".

X Roles & Responsibilities of DMOs and DHSOs and Dzongkhag Health Sector Organogram.

The conference decided on formation of a sub-group under the Chair of Director to discuss the above agenda. The recommendation of the group was reported in the third day of the conference and the detail report is annexed.

May 27th -30th, 2001

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I Administrative and Financial Issues

a. Personnel Issues

The Personnel Section of the AFD presented an overview of their activities for 2000. It was informed that there had been some delays in sending the transfer orders of the Health staff from the Headquarters. The Dzongkhags had further delayed the release of the transferred personnel to their respective places. 11 % of the total Health staff had been transferred during 2000. Out of this a significant number, constituting 9% of the transfer cases had to be cancelled because of various reasons.

The conference resolved that as far as possible, transfers should be undertaken after due consultations with the concerned staff. It was also agreed that transfers during school sessions should be limited to minimize inconvenience to the staff who had school-going aged children. The conference also acknowledged the need to provide special considerations in choice of posting to senior members of the staff who wished to settle down and prepare for retirement.

On matters regarding promotion, it was pointed out that Performance Evaluation forms filled at one time was not acceptable to the RCSC. Hence, the conference reiterated that the Performance Evaluation form for every staff should be completed on a yearly basis. The PE forms in respect of DMO and DHSOs should be sent to the Headquarters while the forms of other categories of health workers were to be kept in Dzongkhags. It was also noted that the promotion criteria needed to be reviewed so that it would provide appropriate rewards and motivation to staff who made extra contributions to their tasks.

On the institutionalization of outreach services for traditional medicine, it was clarified that outreach service was normally associated with preventive services that called for regular activities. On the other hand traditional medicine's strength was more on curative services. However, it was clarified that the Dzongkhags had the option to extend the outreach of traditional medicine services through extended visits by the Dungshtos, especially to provide care to the elderly patient and the disabled who may not be able to walk to the health centres.

b. Ambulance Services

The conference was informed that there were currently 40 ambulances in the country. With 7 additional ambulances arriving by July 2001, all the requirements for ambulances would be met. The conference was briefed that

Minutes of the annual Health Conference 2001

driver's discipline had *to be* enforced strictly in order to prevent misuse and get the best out of the ambulances.

Regarding the role of the Dzongdags to approve referrals, the conference noted that it required further discussion in the DMO and DHSO group discussions. It was clarified that Dasho Dzongdags were ultimately responsible for all health and education services in the dzongkhags. But this needed to be rationalized so that professional decisions were made by people trained to do so.

c. **Financial Issues -OBA and Others**

The Deputy Secretary (AFD) presented a brief outline of the status of .OBA and highlighted the problems associated with it, along with statement of advances and recoveries as of 25th May 2001. The balance OBA as of 25th May was Nu. 67.176 Million. Furthermore it was noted that accounts along with balance money, if any, was to be submitted within 10 days after carrying out the activities against which OBA was issued.

A concern of the floor was whether bills of account were to be submitted to AFD (Headquarter) or respective Dzongkhag Account Sections. To this, it was clarified that if the money was released to the Dzongkhags directly by the Department of Budget and Accounts, accountability will be the Dzongkhag Account Section. However, the money released by the AFD, MoHE should submit the bills to the AED directly as they are accountable and answerable to the auditors.

II Report by National Essential Drugs Committee

The National Essential Drugs Committee appraised the forum of the Drugs that were included and deleted from various health facilities. It was explained that the Essential Drugs Committee sat once every 2 years to review the proposed list of drugs requisitioned by the various health facilities around the country. It was clarified that the current list of Drugs approved will come in to effect from 2002- 2003.

The main issue of the forum was the misuse of antibiotic tablets by the patients. It was noted that patients resorted to self-medication of antibiotics available in local drug stores, which could lead to grave consequences. The Director stated that the matter was being perused vigorously with Ministry of Trade and Industries.

The conference also resolved that standardization of medical supplies at different levels of health facilities should be adhered to. Meanwhile it was also recommended that Department devise temporary mechanism to supply certain

May 27th -30th, 2001

Medicines and equipment to cater to some specific needs by specialists in some of the district where there were specialists, so that unnecessary referrals can be reduced.

III Revitalization of Maternal Death Investigation Form:

Presenting the Revitalization of Maternal Death Investigation Form to the conference, Dr.KC Buragohain said that the maternal death investigation was not a new activity. Since it was discontinued due to certain reasons, he called for revitalization of the activity, stating that it would not be a burden to the periphery workers. Despite much headway in reducing the maternal mortality rates over the years, he cautioned that the rate was very high. For instance National Health Survey 2001 finding of 2.5 meant that there were estimated 30-40 maternal death per year in the country. A retrospective of 31 health facilities found only 10 maternal deaths in the year 1999. He reported that many maternal deaths were not reported and the existing information system did not reflect the reasons for the death. He pointed out that there were many reasons, both socio- cultural and medical and the present information system had no mechanisms to sift such information. He therefore proposed for the revitalization of maternal death investigation for the conference's endorsement. The details of the revised forms were presented to the conference.

The conference agreed on the need to revitalize maternal death investigation, and resolved that this be included within the Health Management Information System (HMIS). The conference called upon the DMOs, DSHO and other field health workers to note the seriousness of maternal death in the country, which at 2.5 was one of. highest in the world.

The conference was also updated on health HMIS, which was currently being enhanced. Furthermore, a recommendation to attach ANMs in JDWNR Hospital for few months to provide them adequate practical training in maternal care was endorsed by the conference.

IV Sentinel Surveillance System on HIV / AIDS and rising trend of HIV cases in Bhutan.

The STD / AIDS Programme briefed the conference on the trend of HIV cases and its sentinel surveillance system. The surveillance was started in 1989 by collecting blood samples from five population groups in 10 sites, and till date 59,059 samples had been tested. With the objective of understanding the magnitude of HIV/ AIDS and intensify intervention programme, surveillance was undertaken in nine population groups. The conference was informed that within 6 months of

May 27th -30th, 2001

Minutes of the annual Health Conference 2001

2000, seven cases of new HIV positive cases were detected thereby increasing the total figure of HIV confirmed cases in Bhutan to 18.

The conference noted that the presentation was the first detailed report of the HIV / AIDS situation in the country. Discussion arose on the need for renewed advocacy, surveillance, level of confidentiality, donor screening, and contact tracing counselling. Concerns were expressed on increasing trends and large number of non-national workers. The conference noted that the Mia prediction of AIDS epidemics in South East Asia, the problems in neighbor country and need for Bhutan to be better prepared to address the potential threat. On the issue of screening Tala project labours, the conference decided that .the issue would be dealt separately between the department and the project.

In conclusion, the conference noted with concern the increasing trend in HIV / AIDS cases, end reaffirmed the need to intensify the advocacy and Surveillance.

V Polio Eradication Status

The Chairman of NCCP appraised the Conference on the developments in the Polio Eradication programme the conference was informed that during the 4th meeting of International Certification for Polio Eradication, the Bhutan Document on Polio eradication was reviewed by the Regional committee. It was further reported that the report for the next year and the updated document to January 2002 had already been submitted.

The Chairman emphasized that though the AFP surveillance was effective through timely zero reporting, it was a passive reporting system. As such it was recommended that some sort of social marketing be initiated to educate the general public so that volunteers within the community would report all cases of AFP. To support this, active surveillance from headquarters to periphery at six months intervals was proposed to be initiated to crosscheck such reports.

It was further noted that:

- There had been a decline in the OPV target population from 1994 to 1999 for which a through investigation was recommended.
- Although there had been no reported case of AFP, OPV immunization had to be continued in the 9FYP due to the existing problem across the border.
- As per the timetable for certification process, the revised and updated document should reach the Regional Committee one month before the next 5th ICCPE meeting in March 2002.
- as per the WHO's requirement for the laboratory containment of wild Polio Virus, Bhutan has to form a National Task Force with finalized Plan

May 27th -30th, 2001

Minutes of the annual Health Conference 2001

Of Action involving even the military hospitals so as to ensure there is no lab with wild polio virus when we are about to declare complete eradication. These whole activities constitute pre-global eradication phase

The conference decided that all the recommendation and proposals presented by NCCP would be taken up by the Department as per the rules and guidelines of WHO.

VI. Presentation on Named-patient Drugs

As **per** last year's **AHC** recommendation, a detailed analysis on the expenses incurred on named-patient drugs was carried out by DVED.

It was reported that named-patient drugs are categorized broadly under rare diseases, referred cases, cancer patient and -multi drug resistant TB. It was highlighted that every year about 10 to 15 percent of the total drug budget was spent for such drugs and the trend was going up every year. Heavy expenditure are usually incurred on chemotherapy drugs, Renal Allograft recipient drugs and drugs for Multi-drug resistant TB.

The conference decided that the named-patient drug needs to be maintained in terms of having essential care delivered free and also in terms of equity. At the same time it recommended the Department to find ways and means to cut down the expenses by looking for other cheaper and equally effective alternative drugs.

VI. Inventory of Medical supplies -findings

Following the visit to all the Dzongkhags on the status of storage and stock of medical supplies, DVED presented the findings.

It was highlighted that feasibility study needs to be made before making any supply of medical equipment to the health centres in terms of accessories and other requirements like power supply , space availability , patient population requiring such facility and the availability of trained manpower in hospitals and BHUs.

It was pointed out that adequate space and storage conditions were essential pre- requisites to manage the supplies. Constant supervision by the heads, adoption of a systems approach developed in close coordination with the Headquarter and the districts, a proper equipment and supply management system, understanding the general underlying problems in the supply and maintenance

Of medical equipments, training of people in the fields for maintenance of equipment were some of the recommendations made by the presenter.

The conference resolved that DVED conduct a further exercise to sort out the supplies and equipment problems. In addition, it was recommended that minor maintenance could be carried out within the purview of individual dzongkhags and that when equipments are supplied, on-the-job training would be provided to relevant staff to carry such tasks. It was also agreed that the staff strength of HERM would be increased.

VII. Iodine Deficiency Disorder Report

The conference was apprised that the first study on IDD in Bhutan was conducted in 1964. The comparison of the past studies indicated that sustaining of on-going effort is important as 1999 study showed that the iodine deficiency had increased over that of 1996. The conference was apprised that one of the main objective of Iodine Deficiency Disease Control Programme (IDDCP) focused on the declaration of elimination of IDD by 2001-2002. The conference was informed that the current level of TGR, which is over 8 percent, was still unacceptable.

The conference reaffirmed the commitment to eliminate IDD and sustain the achievement made so far.

The conference resolved that VHWs would not be involved in monitoring of salt, as their target populations are same as the ones that the BHUs are taking up. It was also decided that the supply of iodised salt to the National Work Force under the Department of Roads would be ensured, while dialogue would be initiated to cover even the armed forces. In case of unacceptable level of iodine in salt, it was recommended that the trade officers be intimated to stop the sale of such products.

VIII. Analysis of Hospital Mortality for 2000.

The Medical Specialist of JDW /NR Hospital outlined a brief analysis of the hospitals and BHU mortality in Bhutan. It was the first kind of study ever done in Bhutan. The study revealed that in the year 2000, 615 deaths were reported from the Hospitals and 903 deaths from the BHUs. The Cardiovascular Disorder was the leading cause of mortality with 21.5% followed by injuries and cirrhosis of liver. Malignancies were found to be emerging as an important cause of death in the recent years. In general the study showed the non-communicable diseases were the major cause of mortality associated with 54.6% of the deaths. While the

May 27th -30th, 2001

Minutes of the annual Health Conference 2001

Burden of communicable disease still remained; there was an increasing trend of mortality caused by non-communicable diseases. Therefore the forum resolved to intensify preventive and promotional interventions to control non-communicable diseases.

The need for Cancer registry was also appraised to the forum along with the analysis of hospital mortality. The conference resolved that registration of Cancer patients would be initiated in the three regional hospitals of Mongar, Yebilapta and Thimphu. In addition, it was decided that given the importance of screening for cervical cancer in Bhutan, a pilot study was to be conducted in Paro hospital for screening women from age group 30 to 50 years. The conference noted that if review of cervical cancer patients was initiated in Bhutan, it would reduce the high cost of referring patients to Kolkata.

May 27th -30th, 2001

Day 3, 29th May 2001

I. Draft Water Act and Constraints in Implementing RWSS activities

The Head of Public Health Engineering Department presented The Draft Water Act. She informed that while there would be a comprehensive Bhutan Water Act incorporating all the issues of different sectors, the present act was drafted by PHE to address the drinking water supply issue. She welcomed any relevant comments to help improve the draft. Various constraints faced in implementing RWSS activities like access to source, pipes and structure, facility vandalism, irrigation and drinking water conflicts, accessibility to and use of water sources were also shared with the forum.

After a lengthy discussion it was recommended that Public Health Laboratory be strengthened to improve the water quality in the RWSS. Some BHUs with appropriate catchment areas could be developed into resource centres by providing additional equipment and manpower.

The forum also shared concern on the sustainability of the RWSS. Therefore, it was recommended that greater considerations should be provided to the modalities of fund generation for maintenance. In similar line, it was also endorsed that the planning of RWSS should be based on the foreseen development and expansion of the villages. The conference also recommended that village health committee should be strengthened and given the responsibilities of looking after the schemes in their respective communities.

The conference resolved that some drungtshos should also be included as members of the task force while framing the Bhutan Water Act to promote the use of medicinal and hot springs for medical purpose. The conference also recommended that the Act include alternative technology in respect for age-old water usage mechanism and tradition of the communities. The conference also endorsed the posting of a Legal Expert in the Ministry to enable a proper drafting of the act and to contribute to future legal drafts.

The conference also recorded its appreciation to the Ministry of Communication and the Dasho Dzungdags for enabling the District Engineers to participate in the conference.

II. Discussion on the constraints of implementing RWSS

Between 1998-2000 when the RWSS was planned and implemented through the PH Engineers in the Dzongkhags, there was a dramatic progress in both water

May 27th -30th, 2001

Minutes of the annual Health Conference 2001

Supply coverage in the rural areas and improvements in terms of accessibility and sanitation activities.

After the PHE engineers have been integrated into the Dzongkhag Engineering Unit in 2000, the progress has slackened. This is attributed to the lack of coordination among the health workers and the district engineers at the district level. Besides, there is a consensus that RWSS engineers are given additional works, which are not often within the purview of their job responsibilities.

The conference noted the need for both software (training, awareness and management) and hardware as they are the foundation for a sustainable and efficient use of the water supply and sanitation facilities.

The conference also recognized the importance of community participation in monitoring of water supply and sanitation with technical support from BHU staff.

Acknowledging **the fact that** the RWSS programme was an essential component to improve the quality of live in the rural areas, the District Engineers committed to give priority to the RWSS programme.

III. Healthy District Programme

The **PHE** presented a paper on **the** concept of healthy district programme to create an enabling environment for the people to live healthier lives based on participatory approach. Under this scheme, communities would be encouraged to take initiatives on improving the basic services contributing to their general health and well-being. It was noted that the programme was similar to the Community Development and the Healthy City concept that has already been initiated by the Health Sector in some areas.

In view of the above, the conference noted the need for developing a common cross sect oral health and development of a vision and an integrated plan for community-based programme. The conference further noted that PHE had selected Bumthang district to carry out a pilot study and accordingly a workshop will be conducted for the stakeholders.

AHC recommended that a proper review and discussion on all related programmes like model village, healthy city etc. will be done by the Health Department in collaboration with related sectors and collaborating partners before proceeding to implement the healthy district programme.

May 27th -30th, 2001

IV. Malaria Status Report

Entomologist of National Malaria Control Programme (NMCP) presented the malaria status report. It was reported that since malaria was prevalent widely in four southern and six interior dzongkhags it remains a public health problem in Bhutan. He cautioned that there was a risk of epidemics caused by mosquito bites. He presented the need to strengthen vector and disease surveillance system, provide diagnostic test kits, and improve community awareness, and capacity building and research.

The Programme Manager presented a comparative analysis of malaria, morbidity and mortality trend of the past years. While the AHC 2000 conference raised concerns over the increased caseload, he reported a sharp decrease (41 %) in 2000. He also reported that, the role of national and dzongkhags programmes had now been clarified. He further elaborated on key issues concerning procurement and distribution of supplies, malaria microscopy training, and other vector borne diseases, need to step up surveillance and prevention programme under a defined management.

The conference noted that all issues presented could be addressed at department level. On the concerns regarding malaria control activities during emergency situation, the conference recommended that a plan be prepared by the National Malaria Programme.

V. Outside country referral report

As a follow-up of the recommendation of the AHC 2000, the status on referred cases was presented. This was intended to determine the category of diseases that were referred outside the country. A total of 541 patients and 494 patients were referred outside the country between July 1999 to June 2000 and between July 2000 to March 2001 respectively. In both the years cardiac surgery was the most expensive referral as it consumed 22% of the total referral expenditure. Expenditures on Nephrology saw a drastic reduction in the latter year due to the establishment of the dialysis unit in JDWNRH. Out of the total expenditure of Nu. 27.9 million in the latter year about 18% was actually spent on expenditures other than medical bills such as travel. It was noted that while the overall policy was to reduce outside referrals, the actual number of patients referred outside is increasing. In order to reduce referrals, it was reported that relevant facilities would be established within the country based on the feasibility and cost benefit analysis.

It was also reported that the health Department was developing modalities to strengthen the Dzongkhags and the RR hospitals so that the load of referrals to

May 27th -30th, 2001

Minutes of the Annual Health Conference 2001

Higher centers would be decreased. Further, it was noted that in dire emergency situation all the hospitals could refer patient directly with intimation to the

Referral committee in JDWNRH and the Mongar Referral committee. There were about 28 such referrals last year.

VI . Breast feeding policy- an appraisal

Recognizing the importance of breast-feeding to improve child survival, nutrition and development, a draft policy on breast-feeding was presented.

It was reported that the Draft Policy has already been put up for approval to the Ministry and had to be endorsed by the Council of Ministers for submission to the National assembly.

VII. Objectives and Strategies for the 9th Five Year Plan

The draft objectives and Strategies for the 9th Five Year Plan was endorsed by the Conference.

VIII. Roles and responsibilities of DMOs and DHSO and District Health Organogram

A working committee consisting of members from the Department, DMOs and DHSOs under the chairmanship of the Director to review the roles and responsibilities of DMOs and DHSOs and the District Health Organogram. The committee's recommendation was duly adopted by the conference as annexed.

x . Closing remarks by the Chairman

Hon'ble Minister for Health and Education, Chairman of the AHC 2001 expressed his appreciation for the frank and free discussions, which led to a greater understanding of the issues within the programmes and at the field level thereby enabling the conference to make meaningful recommendations. The chairman, while expressing his satisfaction at the progress made within the sector, cautioned the conference not to be complacent as the sector faced many new challenges. He conveyed his appreciation for the concern expressed by the conference on the security issue and commended the members on their dedication and resolve to support the country in this critical time.

May 27th -30th, 2001

XI .Closing session

The Director of Health Department welcomed the Chief Guest, HE K.S. Jasrotia, the Ambassador of India to Bhutan and other guests. He provided an overview of the three days conference proceedings and its outcomes. While recalling the achievements made by the Health Sector under the leadership of Hon'ble Minister, he announced that WHO had awarded its annual Tobacco Award to the Minister for his outstanding role in Bhutan's effort to make itself free of tobacco. He expressed that the award was indeed a great honour not only for the Minister but also for the country and all its health workers.

This was followed by the presentation of the executive summary of the conference proceedings and conference's recommendation by the Secretariat.

The Dzongkhag Engineer from Tsirang, DMO from Wangdi and DHSO from Chhukha representing the participants of the conference provided their impression and feedback of the three-day conference. They expressed full satisfaction of the deliberations and outcome of the conference. The Dzongkhag Engineer also expressed the DEs full support to the conference's resolution on the security issue.

The Chief Guest at the closing session, H.E. K S Jasrotia, Ambassador of India to Bhutan, praised the leadership and policies of the Royal Government, which had led to an impressive achievement within the health sector. He applauded on the network of health infrastructure located even in the remotest corners of the country, and the leadership and inspiration provided by the Minister for Health and Education to the health workers. He commended Bhutan's wise development philosophy of gross national happiness, which gave high priority to health, education, environment, and the general well-being of the population. He recalled India's long years of partnership in Bhutan's health development which dates back to the inception of planned development in early 60s. He stated that Indo-Bhutan friendship was not based on donor-recipient paradigm but was founded on mutual beneficial collaboration, and mentioned the Mongar Referral Hospital and the JWDWR Hospital as an exemplary manifestation of that relation. He expressed India's commitment for continued support within its own limitations.

The session concluded with the vote of thanks offered by Joint Director of Public Health Division.

May 27th -30th, 2001

AGENDA FOR ANNUAL HEALTH CONFERENCE 2001

27TH -29ST MAY 2001

VENUE: ROYAL BANQUET HALL

INAUGURAL SESSION, SUNDAY, 27TH MAY 2001

0830 -0845	Registration of Participants
0845 --0855	All Guests to be seated
0855 -0900	Arrival of the Chief Guest H.E. Minister, Ministry of Agriculture
0900 -- 0915	Marchang Ceremony
0915 -0925	Welcome Address by Secretary, MoH&E
0925 -0935	Address by Resident Representative of UNDP/UNFP A
0935 -0945	Address by Resident Representative, UNICEF
0945 --0955	Address by WHO Representative
0955 -1005	Address by Liaison Office of Denmark
1005- 1015	Inaugural address by the Chief Guest
1015-1030	Trophy presentation to Ms. Tshokey Nangsel Dorji,
1030 -1035	Vote of Thanks by Director, Health Department

(Master of Ceremony: Dr. Sonam Ugen)

1040- 1115	REFRESHMENT
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Business Session:

1115- 1125	Opening remarks, Chairman
1125-1130	Selection of office bearers
1130-11 35	Adoption of the agenda
1135-1205	Report on the follow-up actions taken on AHC 2000 Recommendations- Director
1205- 1300	Progress review 2000- achievements and constrains-Mr. Pemba Wangchuk, PPD
1300 -1400	LUNCH BREAK
1400-1430	Proposals on Quality Assurance and Standardization, Dr. Rinchen Chophel, Health Care Division
1430-1500	National Health Survey Report- Mr.Kado Zangpo, information section
1500-1530	report on training Outside-Mr. Rinchen Namgyel, personnel section
1530-1600	TEA BREAK
1600-1630	Security issues and EMT- Director/Security
1630- 1715	Roles and responsibilities of DMOs and DHSOs and Dzongkhag Health Sector Organogram- Director
1900	Dinner by Secretary, MoH&E at ITMS

MONDAY, MAY 28, 2001

0830- 0930 Administrative and Financial issues
-Personnel issues -Mr. Rinchen Namgyel
-Ambulances- Mr. Dorji Phuntsho
-Financial issues- OBA and others -Dy. Secretary, **AFD**

0930- 1000 Report by National Essential Drug Committee- **Dr. B.R. Giri**,
Chairman, NEDC

1000-1030 **TEA BREAK**

1030- 1100 Revitalization of Maternal Death Investigation Form -Dr. K.C Buragohain

1100- 1130 National Surveillance System on HIV/AIDS, and the rising trend of HI V cases,
In Bhutan-Ms.Sonam Wangmo, STD/AIDS Program

1130-1230 Presentation on Named-patient Drugs- Mr. Nado Dukpa, DVED

1230-1300 Inventory of Medical Supplies-findings- Mr. Sonam Dorji, DVED

1300-1400 **LUNCH BREAK**

1400-1430 Iodine Deficiency Disorders (IDD) Report- Mr. Tandin Dorji, PHL

1430-1500 Polio Eradication Status- Chairman, NCCP

1500 -1530 **TEA BREAK**

1530-1615 Analysis of hospital mortality for 2000- Dr. B.R Giri, Medical
Specialist, JDWNRH

1615-1700 Malaria status report- Dr. **Nado** Zangpo, NMCP

1900- Dinner by Dr. Bjarne Jensen, Chief Technical Advisor at RIBS

TUESDAY, May 29, 2001

0830-0915 Draft **Water Act**- Ms. Payden, **PHE**

0915-1000 Discussion on constraints of implementing RWSS- Ms. Payden

1000-1030 TEA BREAK

1030- 1115 Outside country referral report -Dr. Ugyen Dophu, JDWNRH

1115-1145 9th **FYP Objectives & Strategies**- Mr. Pemba Wangchuk, **PPD**

1145 -1300 Health **District Programme**- Ms. Payden, **PHE**

1300 -**1400** LUNCH BREAK

1400 -1430 Breast Feeding Policy, an appraisal" Ms. Karma Tshering, Nutrition on Programme

1430-1500 Draft Report Presentation- Rapporteur, AHC

1,500-1505 Closing remarks- Chair

CLOSING SESSION

1545-1600 Arrival of the **guests**

1600 -**1605** Arrival of the Chief Guest H.E. The Ambassador of **India to Bhutan**

1605-1615 Welcome, **Director**, Health Department

1615-1630 **Presentation** of recommendations of the AHC2001

1630-1645 Views of the **participants**

1645--1705 Address by the Chief Guest

1705 -1710

Vote of Thanks- Dr. TenzinPenjore
(*Master of Ceremony- Dr. Sonam Ugyen*)

1710

REFRESHMENT

1900

Dinner by Minister, Ministry of Health and
Education, Royal Banquet Hall

ANNEX

List of participants for ARC 2001

Ministry of Health and Education

- 1 Lyonpo Sangay Ngedup, Chairman
- 2 Dr. Sangay Thinley, Vice Chairman
- 3 Dorji Penjore, PS to Hon'ble Minister/International Health

Policy and Planning Division

- 4 Tenzin Choda, Dy. Sec/PPD
- 5 Pemba Wangchuk, PO
- 6 Thinlay Dorji, APO
- 7 Kinley Penjore, APO
- 8 Sonam Rinchen, APO
- 9 Namgyel Wangchuk, APO
- 10 T.R Ghaley, DO

Administration & Finance Division

- 11 Thinley Wangdi, Dy. Sec/ APD
- 12 Tashi Norbu, Internal Auditor
- 13 Tenzin Legso, Internal Auditor
- 14 Nado Rinchen, ADMO
- 15 Dorji Phuntsho, Asst. ADMO
- 16 Rinchen Namgyel, PO
- 17 Mindu Dorji, Asst. PO
- 18 Tshewang Tobgay, SFO
- 19 Cham Thinley, Project Account

Health Department

- 20 Dr. Gado Tshering, Director

Drugs, Vaccine & Equipment Division

- 21 Nado Dukpa, Jt. Director/DVED
- 22 Sonam Dorji, Procurement Officer (Drugs)
- 23 Tshering Dorji, Herm Engineer'
- 24 Golong Tshering, Procurement Officer, MSD, P/ling

Health Care Division

- 25 Dr. Rinchen Chhophel, Jt. Director/HCD
- 26 Samten Wangmo PO

IECH Division

- 27 Dr. Sonam Ugen, Jt. Director/IECH
- 28 Sonam Phuntsho, PO
- 29 Sonam Pelden, APO
- 30 Karma Derna, APO
- 31 Gyem Dorji, APO
- 32 Perna Uden, APO
- 33 Palden Lepcha, PO
- 34 Ugyen Wangmo, PO
- 35 Perna Dorji, ADMO

Public Health Division

36 Dr. Tenzin Penjore, Jt. Director/PHD
37 Ugyen Wangdi, IO/Information Unit
38 Kado Zangpo, Incharge, Research/Epidemiology
39 Sonam Wangmo, PO/STD
40 Kunzang Namgyel, PO / ARI
41 Dorji Tshewang, PO/CDD
42 Nawang Pelzang, EPI I/C, S/jongkhar
43 Tshewang Dorji Tamang, EPI I/C, Gelephu
44 Bhim Bahadur Thada, EPII/C, Thimphu
45 Dr.Tapas Gurung, PM/TB
46 Kaka Tshering, PO /Leprosy
47 Dr. Nado Zangpo, PM/NMCP
48 Rinzin Namgyel, Entomologist NMCP, Gelephu
49 Pem Zam PO /RH
50 Tobgay, APO/RH
51 Ugyen Zam, APO /Nutrition
52 Karma Tshering, APO /Nutrition
53 Dorji Phub, PO / CBR
54 Tandin Chogyal PO/Mental Health
55 Dr. N.K, Sharma, PEC
56 Dr. Pratap S Tamang, PM/Oral Health
57 Tandin Dorji, Head PHL
58 Dr. K.C. Buroguhain, Technical Adviser to RH, JDWNRH

Health Engineering Division

59 Tsheten Getshen, PD/GOI
60 Norbu Gyatshen, PM/GOI, Mongar
61 Paydey, Head, HE
62 Sangay Tenzin, Store/PHE, PHE p/ling
63 Phub Tshering, Project Co-ordinator,
64 PK Sharma, Dy, EE

Traditional Medicine Services

65 Drungtsho Perna Dorji, Director
66 Drungtsho TsheringTashi, Supdt.
67 Drungtsho Yeshey Dorji, Principal
68 DorjiThinley, Pharmacist
69 Ugyen Dorji, PM/EEC
70 Phub Rinchen, ADM
71 Phurba Wangchuk, Research Officer
72 Dunchthso Ngawang Gyaltsen, P/gathsel
73 Drungtsho Sangay Wangdi, Paro

RIHS

75 Dorji Wangchuk, Principal
76 Dr. Chencho Dorji, Sr. Lecturer

DMOs

77 Dr. Ritulal Sharma, Gedu

- 78 Dr. Gembo Dorji, Bajo
- 79 Dr. Perna Choden, Bali
- 80 Dr. C L Mongar, Bumthang
- 81 Dr. Parsutam Sharma, Dagana
- 82 Dr. Pakila Dukpa, Damphu
- 83 Dr. T B Rana, Thimphu
- 84 Dr. Manbir Geshing, Lhuntse
- 85 Dr. NgawangTenzin, Mongar
- 86 Dr. Pandup Tshering, Para
- 87 Dr. Chabilal Adhikari, P/ Gatshel
- 88 Dr. Guru Prasad Dhakal Punakha
- 89 Dr. Dupthop Sonam, S/J
- 90 Dr. D K Monhanty, Samtse
- 91 Dr. Karma Lhazin, Sarpang
- 92 Dr. D K Sharma, T/Gang
- 93 Dr. Kapila Mani Sharma T/Yangtse
- 94 Dr. D K Nirola, Trongsa
- 95 Dr. Rajni Rai, Chukha
- 96 Dr. Ugyen Tshomo, Yebilapsa
- 97 Dr. Samdrup R Wangchuk, Supdt. Gelephu
- 98 Dr. Ugen Dophu, Dy. Supdt. JDWNRH
- 99 Dr. Deki Choden, Supdt. P/ling
- 100 Dr. Garjaman, Supdt. Riserboo

DHSO

- 100 Dorji Dukpa, Bumthang
- 101 Chakcho Tshering, Chgukha
- 102 Dawa Tshering, Dagana
- 103 Gunjaraj Gurung, gasa
- 104 Ganga Prasad Rai, Haa
- 105 Sonam Dorji, Lhuntse
- 106 Thinley Wangchuk, Mongar
- 107 Ugyen Wangdi, Panbang
- 108 Wangchuk Dukap, paro
- 109 Tenzin, P/G
- 110 Namgay Dorji, Punakha
- 111 Nima Palden, Riserboo
- 112 Sonam Zangpo, S/J
- 113 Karma Wangdi, Samtse
- 114 Perna Wangchuk, Sarpang
- 115 Tsewang Rinzin, Thimphu
- 116 Tshering Dorji, T/ Gang
- 117 Tsewang Phuntsho T/Yangse
- 118 Perna samdrup, Trongsa
- 119 Kalu Dukpa, Tsirang
- 120 Lok Bdr., Galay, Wangdi

121 Tsewang Rinzin, Zhemgang

Nursing Representatives

122 Tandin Pem, JDWNRH

123 Sumitra Rai, Mongar

124 Norden Peljor, Yebilapsa

District Engineers, R WSS

125 T empa Gyeltshen, Bumthang

126 D.C Dhimal, Chukha

127 J.N.Pradhan, Dagana

128 Lungten Thinley, Gasa

129 M.B. Mongar, Haa

130 H.R. Ghalay, Lhuntse

131 Penden Norgay, Mongar

132 Tshering Gyeltshen, Pemagatshel

133 Aku Dorji, Paro

134 Kinzang, Punakha

135 Sangay Dorji S/jongkhar

136 Tshering Nidup, Samtse

137 Pasang Dorji, Sarpang

138 Langa Dorji, Trashigang

139 Tshering Peljore, Trashy yangtse

140 Lhapchu. Thimphu

141 Thinley, Trongsa

142 Phuntsho Gyeltshen, Tsirang

143 Sonam Tshering, Wangdue

144 Kuenga Dorji, Zhemgang

Health Trust Fund

145 Leki Dorji, Director HTF

Polio Commission

146 Dasho Kunzang Tangbi

147 Dasho (Dr) P.W.Samdrup

1 48 Dasho Phub Dorji

149 Dr. Anayat

Specialist

150 Dr. B.R. Giri, Medical Specialist JDWNRH

151 Dr. D.S, Mothey, Radiologist .JDWNRH

152 Dr. K.C. Buroguhail, Technical Adviser to RH, JDWNRH

53 Dr. I. K. Mahanta, Pathologist JDWNRH

Health & Religion

154 Lopen Tashi Gelay, PM

WHO

155 Dr. Kuenzang Jigme

Planning Commission

56 Mr. Yeshey Dorji, CSO