



2006

**ANNUAL HEALTH
CONFERENCE 2006**

**Minutes
19th – 21st April 2006**

**Policy and Planning Division
Ministry of Health**

I. Inaugural Session

The Annual Health Conference 2006, (AHC 2006) began on the 19th of April with the traditional “*Marchang*” ceremony.

His Excellency Lyonpo Jigmi Y. Thinlay, Minister, Ministry of Home and Cultural Affairs, graced the inaugural session of the AHC 2006 as the Chief Guest. Dasho Nado Rinchen, Dy. Minister, National Environment Commission, Senior Officials of the Royal Government, representatives of bilateral and multilateral donor agencies, and other invitees were also present.

In his welcome address, Dr. Gado Tshering, Health Secretary, expressed his gratitude and appreciation to the Hon’ble Chief Guest and all the other guests for gracing this august gathering with their presence. While delivering his address, the Health Secretary made the forum aware of the importance of conducting such conferences annually. He also briefed the participants on the historic overview and mandates of AHCs. Further, the Health Secretary presented the existing situation in the Health Sector, the achievements made in the health care delivery system and the challenges that lie ahead.

After the welcome address by the Health Secretary, the development partners & international donor agencies commended the achievements made in Health Sector, and further pledged their ongoing support.

In his address to the forum, Mr. Torben Bellers, the Resident Coordinator, Danida, Thimphu, while lauding the dedication of health workers in the country reminded that dedication itself was not enough and that, to cope with the success of the health sector where more and more people are using health facilities, it should be bolstered with sufficient staffing and continued in-service trainings for the health

workers. He also pointed out that with the new hospital in Thimphu and the regional hospital in Mongar coming up the challenge for health sector would be to provide sufficient numbers and adequate quality of health staff. Mr. Bellers said that the health sector could play a crucial role in fighting the consequences of poverty. Ending his address, Mr. Bellers, praised the many achievements made by the health sector and expressed his pleasure for the fact that Danida had been able to be partners in many of these achievements.

On behalf of the UNFPA, the Resident Representative of UNDP addressed the forum on the development partnership between the Ministry of Health and the UNFPA. Applauding the achievements made by the Health sector, he cautioned the participants on the challenges that lie ahead. He also expressed gratitude for the contribution made by Her Majesty Ashi Sangay Choden Wangchuck, the Goodwill Ambassador of UNFPA in promoting reproductive health activities.

Addressing the forum, the UNICEF Representative, Anoja Wijeyesekera congratulated the Ministry of Health and all the health workers for many achievements especially in terms of achievement of Universal Child Immunisation, polio eradication, achievement of normal iodine status, and successful conduction of the nation-wide measles/rubella campaign. She expressed that UNICEF was happy to have been associated with these programmes. She warned the conference of allowing any complacency creeping in as there were many more health challenges that needed to be confronted. She pointed out that maternal mortality was particularly an important challenge and expressed pleasure in noting that the Ministry of Health had taken the bold step of having a policy of institutional deliveries. She requested the forum that the conference should among other

important issues, also focus on reducing maternal and neo natal mortality in Bhutan.

Dr. Ei Kubota, Representative of WHO in Bhutan briefly spoke about the WHO and how it works. He then described the numerous WHO partnerships with the Health sector in the areas of communicable and non-communicable diseases, and international regulations. He expressed his satisfaction over this successful partnership and being able to support the Royal Government in its effort to improve the health of the Bhutanese.

Delivering the inaugural address, the Chief Guest, His Excellency Lyonpo Jigme Y. Thinley, Hon'ble Minister of Home and Cultural Affairs expressed his gratitude and joy for having been invited to the AHC 2006. In addition to voicing his personal appreciation and gratitude for the health workers around the country, he informed the participants that he was indeed honored to participate in such a forum.

Reiterating the Health Secretary's stand that health is one critical component of the overall Government development philosophy of Gross National Happiness, His Excellency informed the forum that Health is given special focus by the Government. This special attention, he said, can be deduced from the 10-12% budgetary allocation to the Health sector in the 9th FYP. His Excellency said that the trust and confidence placed by His Majesty and the Royal Government have been well shouldered.

Led by His Excellency, a special commendation was given to the members of the Polio Commission for their contribution.

His Excellency expressed his appreciation for the tremendous progress made in the Health sector from infrastructure and disease control to

human resource development. Appreciation was also expressed on the integration of allopathic and indigenous system of medicine in the country and urged the participants to further streamline and strengthen the integration.

His Excellency expressed gratitude for the support, collaboration and understanding extended by development partners and said that these had been instrumental for the many achievements made in the Health Sector.

His Excellency, however, reminded the forum that while we should be proud of these achievements, we should not let complacency creep in. This was said in view of the rising cost of healthcare against the limited resources and the new emerging diseases. His Excellency reminded the members on the threats posed by HIV/AIDS, cancers, alcohol and mental health along with challenges of sustaining the tobacco ban and other health initiatives. In view of this, preventive activities should be given prime focus. H.E urged the participants to dwell on them and develop appropriate strategies for the future. Members were also informed of rooms for improvement in areas of patient care into humane approach in the hospitals. He stressed upon the need to increase the number and quality of health workers in the periphery and upon the need to enhance the quality of care in the hospitals. He highlighted the problem of alcohol abuse in the country and made a plea to enhance efforts to curb its abuse. He assured the commitment and support of MoHCA in these initiatives. His Excellency further emphasized on the need for multisectoral efforts to combat the emerging problems in health through information dissemination to the masses.

Concluding the inaugural speech, the Hon'ble chief guest extended his kind gesture to the Ministry of Health for giving him the opportunity

to address such an august gathering. He reminded the participants that it was a time for contemplation, introspection and honesty and wished all a fruitful, productive and rewarding Annual Health Conference.

Dr. Dorji Wangchuk, DG, DMS delivered the vote of thanks. He thanked the Hon'ble Minister of Home and Cultural Affairs for kindly agreeing to grace the occasion as the Chief Guest. He also thanked and welcomed all the other distinguished guests.

II. Business Session

1. Opening Remarks- H.E. Lyonpo (Dr) Jigme Singay, Minister for Health & Chairman for AHC 2006

Opening the Business session, the Chairman appraised the forum of the recent promotion of Dr. Gado Tshering as the Secretary of Health and informed the forum that this appointment reflected the dedication and hard work he had displayed over the years.

The Chair reminded the members that the presentations and discussions needed to be in line with reviewing the Ninth FYP achievements and challenge and focus on what could be achieved in the remaining period. He informed the forum that discussions would also be held on formulation of the Tenth FYP based on the guidelines distributed by the Planning Commission.

Hon'ble Lyonpo urged all officials who would be making presentations during the conference to strictly adhere to the time allocated so that there would be sufficient time for fruitful discussions on all the agenda items.

2. Selection of rapporteurs (two)

The forum unanimously endorsed the nominations of Dr. Lobzang, DMO, Punakha and Ms. Sangay Wangmo, Planning Officer, PPD as the rapporteurs for the Annual Health Conference 2006.

3. Adoption of the Agenda

The members of the forum unanimously adopted the Agenda for the AHC 2006.

4. Report on the follow-up actions of 2005 AHC recommendations – Secretary, MoH

The Secretary of Health presented the follow-up actions on the recommendations of the Annual Health Conference 2005.

It was noted that all the recommendations were satisfactorily followed-up.

On the recommendation regarding the implementation of a revised monitoring and evaluation mechanism, Hon'ble Secretary expressed concern as there are still lots of work to be done in continuation to the guideline preparation.

After deliberating on the follow-up activities regarding the previous conference's recommendation that release of transferred personnel should be affected right after the office orders were issued, the Annual Health Conference further recommended that any defaulters in implementing transfer exercises should be dealt with serious administrative actions.

5. Review of Polio Eradication Certification – Chairman, Polio Eradication Commission

The Chairman of the Polio Eradication Commission made a presentation on the Review of Polio Eradication Certification in Bhutan. It was found in 2004 that the overall coverage of EPI in the country was 92% with Thimphu and Zhemgang Dzongkhags having the lowest of less than 80%.

The WHO ICCPE accepted Bhutan's National Documentation for Certification of Poliomyelitis Eradication and a Joint National-International AFP Surveillance review conducted from 22nd to 31st Oct 2005 found that there was an active surveillance system in Bhutan and that there were no evidences of wild polio virus.

Hon'ble Lyonpo expressed appreciation to the members of the commission on their achievement of above maintaining coverage to above 90% and further stated that he expected that this would be sustained in the future as well.

Hon'ble Lyonpo directed Dzongkhags to make sure that regular vaccination coverage should be above 90%. The conference was also directed to look into the possibility of strengthening, intensifying & accelerating surveillance for AFP.

6. Appraisal Report on Nationwide MR Campaign – Hon'ble Secretary, MoH

The Secretary of Health presented an Appraisal Report on the Nationwide MR Campaign conducted from 16th-21st March 2006 with coverage above 98.17%. This was feasible with the support and

coordination from CCM, Parliament members, dzongkhag authorities and the dedication of the health workers with intensive IEC by the media and the financial assistance received from the development partners. The members were reminded that the inclusion of MR vaccine in the routine immunization programme will lead to congenital rubella syndrome and its associated disabilities being a thing of the past.

The Secretary of Health expressed gratitude to Her Majesty Ashi Sangay Choden Wangchuck for gracing the opening ceremony of the campaign and to Hon'ble Lyonpo, MoH for his guidance during the entire campaign. He further noted with appreciation the commitment by the parliament members, DYT and GYT members and all the health workers during the campaign without which the campaign wouldn't have been successful.

The AHC recommended that a proper report of the entire nation-wide MR campaign should be prepared and maintained for future reference.

7. Pandemic Preparedness/ Avian Flu – Dr. Sonam Ugen, Jt. Director, DoPH

The Jt. Director of Department of Public Health made an over view presentation of the avian flu pandemic preparedness. The forum was informed that although there were no outbreaks of bird flu reported in poultry population in Bhutan as yet there were however significant risks due to wide porous borders and because Bhutan lie in the path of migratory birds.

The forum was appraised that a Rapid Response team (RRT) had been established at the national level, the antiviral drug Oseltamivir had

been stockpiled and that a National Influenza Pandemic Preparedness Plan had been prepared jointly with the Agriculture sectors.

The Honorable secretary reminded the forum of the global nature of the disease & urged the Districts, especially Trashiyangtse and Wangdiphodrang to take extra precaution as they were host to migratory birds. The other recommendation was to strengthening the infection control in the hospitals.

Dr. Gampo Dorji, the ministerial focal person for avian flu, appraised the forum that there is a need to prepare appropriate action plan to tackle possible outbreaks.

8. Appraisal on the Recommendations of the Sixth Annual Traditional Medicine Conference- Director, ITMS

The ITMS presented on the recommendations that were endorsed during the 6th Annual Traditional Medicine Conference (ATMC) 2006. There were eight recommendations.

Regarding the recommendation to develop appropriate infrastructure for NITM either through expansion of the existing facilities or relocating to different Dzongkhags, it was noted that in view of the huge investments that would be incurred to implement this, the issue should be discussed in a different forum at a later time.

On the recommendation requesting EDP to organize and conduct training for store-keepers of district hospital on traditional medicine store management by inviting resource persons from the ITMS, the conference directed that the DMOs should follow-up on whether the

people trained in store management are actually implementing the jobs.

9. Prevalence of Low Birth Weight in Bhutan and ANC regularity at BHU – Mr. Gyambo Sithey, PO, Nutrition

Nutrition program presented the “Prevalence of Low birth weight in Bhutan” a retrospective study done in 2005 of all deliveries conducted in the health facilities and where the birth weights were recorded. A total of 4466 deliveries were reported from 17 districts against 2004. The low birth prevalence is 8.55 (Low birth is defined as birth weight of less than 2500g) and less than 1% of them are born with weight less than 1500g (very low birth weight). The major limitation of the study was that gestational age of the children was not available and therefore appropriate recommendations could not be made for intervention.

The program also presented the semi-qualitative study which was done in two gewogs of Shagana (Punakha) and Yangneer (Trashigang) in 2003-2004 on the “Accessibility and regularity of Antenatal Clinic Attendance”. The study revealed that though women do attend ANC, many do not come for minimum recommended of 4 ANC visits during entire gestational period. Several factors affecting ANC regularity were, geographical terrain, designate clinic dates for ANC, male health worker attending the ANC and casual perception toward pregnancy both by the women and the health workers.

The floor recommended that districts should conduct similar operational studies with the technical support of the program and present to the AHC. Also there is a unanimous coherence that ANC/PNC services should be available during all working days of the

week and not restrict to EPI clinic days. Further the female health worker should provide ANC/PNC.

10. Presentation on Maternal and Neonatal Death Investigation Forms – Dr. K. P. Tshering, Pediatrician, JDWNR Hospital

Presenting his proposal to initiate neonatal mortality investigation, Dr. K. P. Tshering highlighted the importance of investigating the neonatal deaths in the country. He outlined that Bhutan falls in the region where the neonatal death is within the range of 30-40 per 1000 live birth and is comparatively high. It was reported that 60% of the infant mortality rate was due to the neonatal deaths. Maternal mortality has received enough attention at the cost of the neonatal death & emphasized that neonatal deaths are equally important.

The correlation between trained birth attendance & infant mortality rate was also mentioned indicating that the relationship was between the two was inversely proportional. He advised the forum that neonatal deaths needed to be treated seriously as this was one of the major cause of the infant mortality in the country.

The forum unanimously endorsed the proposal for investigating the neonatal deaths in the country. It was recommended that a study be conducted based on the piloting in some selected dzongkhags rather going nationwide at once.

The details of the reporting forms could not be endorsed by such a big forum as it needs a detail analysis.

11. Strategy on Institutional Delivery- Mr. Sonam Rinchen, PO, RHU

The Reproductive Health Programme presented the strategy paper on Institutional Delivery focusing more on the present issues and initiatives and strategies. He outlined that over half a million of women die in the world due to pregnancy and obstetric related complications every year with over 90% of these deaths concentrated in Africa and Asia. It was also pointed out that Bhutan had high MMR. The figure for 2005 indicated that there have been improvements in terms of skilled care at birth with better trained human resources and with increased number of EmOC centers. The targets for both institutional delivery and skilled care at birth in the Tenth Plan are over 90% coverage.

Low institutional delivery could be due to shortage of skilled personnel and poor infrastructural facilities. Studies have also shown that there is low demand for reproductive health services from women in the country although they have access to health facilities.

Strategies proposed from the programme were to improve human resources both in terms of number as well as skills, to create community awareness and encourage participation, enhance infrastructure development, and strengthen the Royal Institute of Health Sciences.

The Hon'ble Chair informed the forum that the aim of the Health Sector was to attain 100% institutional delivery and emphasized that it was important to have high aims. He informed the floor that the current MMR of 255 per 100,000 live births was unacceptable and that unless the strategy of increasing institutional deliveries was adopted, there was no other way to bring down MMR. He further stated that

most BHUs were underutilized and that to improve utilization of these facilities, focus should be directed at improving the facilities by making them more user friendly and comfortable such as having attached toilets, standard delivery beds, proper lighting, heating and cooling facilities, and having friendly health staff.

Discussing EmOC services, Hon'ble Lyonpo said that there should be first and second line of services developed simultaneously so that second line services would have back up facilities like caesarian section and blood transfusion. There should be continuity of services like PNC follow up and the women should stay in the health center for a minimum of five to seven days following delivery of children. A cluster of BHUs should have a Grade I BHU as back up. More doctors and nurses should be sent for training on EmOC and anesthesiology in order to have adequate number of EmOC teams. Conceptually, it should be clear where to refer and when to refer. During Tenth FYP preparation the districts should study and see which BHUs need upgradation. It is important that BHUs having a female health worker is increased from the present figure of 60%.

The possibility of setting up Maternity Waiting Homes in BHUs and providing in-patient diet arose during the discussion. The conference decided that this would have huge cost implications on the Government and that the Ministry would take up this issue with the Government at an appropriate time. It was recommended that the RH Programme work out the financial aspects of providing this service.

The possibility of providing incentives to VHWs for bringing pregnant women to health centers for institutional deliveries also came up. The forum was appraised that at the moment exemption from certain labour contributions is in place and that the MoHCA may need to be approached with a request to standardize this practice.

12. Standardization of Health Services – Mr. Sonam Dorji, Jt. Director, QASD

Jt. Director, QASD presented the basics of standardization in Health Care. He outlined that standards were required to avoid duplicated services, repeat tests and of inappropriate facilities and treatment; to develop and implement minimum national standards within the available resources; to protect both the service providers and the service users; to meet the increasing expectations and demands of the service users; to improve reliability, efficiency and utilization of products and services; and to minimize risks and provide the highest level of satisfaction to the service users.

The chairman noted that the services being provided at present were primarily “person driven”. The conference was informed that presently there were no standards to measure health services. Given that standard is important, a good standard should be introduced, keeping in mind the cost implications. Health workers should sit together and set standards for different levels of facilities like BHUs, District Hospitals, and Referral Hospitals. The Minister also said that each specialty should be involved in drawing up the standards. The forum was informed that the Bhutan Health and Medical Council had set some standards and that these should be taken as starting points.

13. Diagnostic Services Expansion, Challenges and Future Direction in relation to:

❖ Clinical Laboratory and Radiological Services – Mr. Rup Narayan Chapagai, Jt. Director, DMS and Dr. K. P. Sharma, JDWNRH

Jt. Director, HCDS, DMS made a presentation on the status and future plans regarding Radiology, Ultrasonology and other diagnostic services in the country. He outlined that there was a need for further expansion of these critical services to improve quality of health care, enhance early diagnosis, reduce referrals, and ensure equity and efficiency of service. He pointed out that the cost of introducing new services and technologies, need for additional trained human resources and infrastructure facilities were major challenges faced while developing diagnostic services in the country. The forum was appraised that the proposal was to have CT MRI and Interventional ultrasound services at NRH and RRH. Conventional and interventional radiological services with 100mA X-Ray and basic ultrasound services in District Hospitals and BHU Grade I to have 60mA X- Ray machine and basic ultrasound services. The Annual Health Conference recommended the above proposal except 60mA X-Ray in BHU-I.

The forum further recommended having telematics and teleradiology services in NRH, RRH and District Hospitals during the 10th FYP period.

Dr. Krishna P. Sharma made a presentation on the clinical laboratory services in the country. He outlined the present status of the services in terms of existing manpower and services being provided. Highlighting the challenges faced in these services, it was pointed out that shortage

of trained manpower and infrastructure, supplies, and maintenance of equipment were key areas.

The forum noted that the importance of laboratory services should not be overlooked and should be looked into in a holistic and comprehensive way. Similarly, other professionals must take proactive roles in development of their own respective services.

**❖ Endoscopy Services – Dr. Lotay Tshering,
Surgical Specialist, MRRH**

Dr. Lotay Tshering made a technical presentation on endoscopy services. He appraised that the goal was to have diagnostic and basic therapeutic Endoscopic facilities at the referral-hospitals and busy district hospitals. He outlined that setting up of the endoscopic suit, lack of skilled team, and the cost and sustainability factors were major challenges in provision of this service. He proposed that GP holders or senior GDMO and interested and capable ACO could be trained as endoscopists and got concurrence from the forum.

**14. Service Charges in relation to Laparoscopy,
Echocardiography, Haemodialysis, CT/MRI – Dr. Ugen
Dophu, Medical Director, JDWNRH**

The Medical Director, JDWNRH made a presentation which outlined that advanced medical technologies like ultrasonography, laparoscopic cholecystectomy, other endoscopies, haemodialysis, echocardiography, CT scan and MRI services had been introduced in Bhutan despite many challenges. These technologies have advantages like early and accurate diagnosis, proper disease staging and treatment planning. They are less invasive and cause less pain/suffering to

patients, leads to shorter hospital visits with early recovery and resumption to work. However, the advanced medical technologies are expensive both in capital and recurring costs.

While cost sharing in laparoscopic cholecystectomy is continuing at the National Referral Hospital, the same facility available at the MRRH since April 2004 is provided free of cost. The advanced technologies introduced at the National Referral Hospital on cost sharing basis are:

1. Laparoscopic cholecystectomy on 23/11/1999 with a unit cost of Nu. 5000 per patient
2. Echocardiography on 22/11/2003 with a unit cost of Nu 350/-
3. Haemodialysis in mid 1998.

According to existing guideline on haemodialysis:

First three months free of charge,

Next three months Nu. 750 per session (half the cost)

After 6 months Nu. 1,500 per session. (full cost)

Total estimated cost per patient per year Nu. 2, 16,000

(Approximately Nu. 1,500 x 3 sittings a week x 4 weeks in a month x 12 months to a total of Nu. 2,16,000 in a year)

Although a guideline exists, this has never been implemented from the onset of the services due to various reasons.

Keeping in view the government's policy to provide free basic medical care to Bhutanese populations, the issue of whether the Health Ministry should impose charges on a cost sharing basis for the use of the advanced medical technological facilities, was also discussed.

During the discussion it was noted that advanced medical technologies are expensive both in capital and recurring costs and therefore the cost sharing was introduced. When a facility is provided free of charge, there is a tendency to abuse its use, for example using it without any medical indications.

The cost sharing principle must continue in areas where the need is not a basic need such as the provision of secondary dental facilities which are of cosmetic nature.

The advantages of advanced medical technologies override the cost of it and that all these technologies provide the basic facility for a patient. Economically, cost sharing for a facility is not viable.

The forum recommended that cost sharing in advanced medical technology facilities that provide basic medical services should be stopped while cost sharing in medical facilities for cosmetic reasons could continue.

Keeping in line with the above consideration, the Conference recommended the following:

1. Advanced medical technology for intervention or treatment, though expensive, should be provided free of charge when dictated by medical necessity. While cost sharing should be imposed when patient demands without medical intervention.
2. Cost sharing for cosmetic and non medical services should continue as per the present price.

15. Decentralization of Treatment and Care in HIV/AIDS – Dr. Gampo Dorji, PM, HIV/AIDS Programme

The Program Manager, HIV/AIDS in his presentation highlighted on the health sector's response for comprehensive treatment and care for HIV/AIDS. He also appraised the forum that HIV/AIDS is no more a death sentence although it still remains a chronic disease. The forum was also informed that Bhutan is the only country in the region to have 100% coverage of antiretroviral therapy (ART). Nevertheless, the requirement of routine follow-up, psychosocial support and counseling services along with the provision of ART were identified as the integral component of comprehensive treatment and care.

As an outcome of the discussion, the forum endorsed the following proposals:

- Formation of treatment teams in all the hospitals.
- Counseling services to be enhanced through the proper utilization of trained Counselors.
- BHU staff will now be engaged in care and treatment while HIV testing facilities at the BHU level will be introduced gradually.
- Confirmatory testing facilities to be installed in all the district hospitals (3 rapid tests).
- Mobilizing family support, formation of self-help groups among the PLWHA to be initiated.

Also, taking into consideration the point raised from NITM, the forum recommended to conduct a workshop on the HIV/AIDS to educate the NITM staff on its preventive and treatment measures.

16. National Strategy to screen Cervical Cancer in all Health Centers – Dr. Ugyen Tshomo, Gynaecologist, JDWNR Hospital

The findings of the cervical cancer screening were presented to the forum by Dr. Ugyen Tshomo, Gynaecologist, JDWNRH. In the presentation the following recommendations were made:

- i. Pap smear services to be expanded to all the BHUs in the pilot Dzongkhags.
- ii. All other hospitals should carry out Pap smear for the time being. BHUs should be included in a phased manner.
- iii. In Lhuntse, Dagana, Trashiyangtse and Pemagatshel VIA to be carried out either through mobile or static clinics.
- iv. All abnormal Pap smears must be signed out by the Pathologists.
- v. Quality assurance program in cytology to be in place.
- vi. Strengthen supervision and monitoring both at district and central level.
- vii. Increase advocacy to attract more women to use the services.

The forum deliberated on the quality of training and staffing of the trained people at different health facilities and recommended that training be given to the both national and expatriate doctors on colposcopy by 3 doctors who have already received this training. A nation wide study on the feasibility of VIA was also suggested by the forum. The conference also suggested that the male health workers must be encouraged to carry out the pap smear wherever accepted by beneficiaries instead of leaving it to ANMs alone.

17. Scaling up of Malaria control – Mr. Tashi Tobgay, PO, VDCP.

The Programme Manager of the Vector Borne Diseases Control Programme made a presentation briefly touching on the strategies, challenges & future proposals. Presenting the current statistics of the malaria programme, the PM reported a reduction in malaria deaths 4 in 2005 from 14 in 2001. Similarly the program also reported the reduction in number of cases over the years.

The presentation also touched upon the MDG goal of halting and reversing the incidence of malaria GOAL OF HALTING & REVERSING THE INCIDENCE OF MALARIA BY 2005. To this effect, it was reported that there was a need to intensify the current strategies to achieve the goal.

Some of the strategies adopted by the programme were: scaling up the IEC activities with objectives to change behaviors, developing strategies for early diagnosis and prompt treatment and prevention activities for the un-reached and mobile population.

Some other issues concerning the programme were shortage of human resources especially the technical staff. While acknowledging the shortage of staff at all levels the main problem is the under utilization of the existing staff in some of the health facilities, leading to creation of artificial shortages.

Further, programme stressed the need to have correct policy and legislative framework on prevention activities such as environmental management, use of chemicals and vector control so that control activities could be carried out effectively. To this effect, it was

proposed that a national advisory committee & a technical committee be formed.

The forum also discussed on the introduction of biological control measures such as introduction of larvivorous fish. In this regard, the forum felt that the introduction of biological control should not be at the cost of ecological imbalance and would need a wider sectoral involvement.

The programme proposed to observe month of March as the malarial month. The forum endorsed the need and suggested a one day Malaria Day may be observed in non-endemic areas where as in endemic areas Malaria Week may be observed to intensify the IEC activities.

The forum decided that the recommendations suggested by the Programme Manager as mentioned below were pertinent and were endorsed.

- i. The cross border issues need to be strengthened to harmonize information sharing, prevention and technical standardization.
- ii. Understanding the importance of human resource in the success of the programme, the human resource need assessment of technical staff should be carried out with a vision for tenth plan.
- iii. An epidemic forecasting, prevention and management could prevent epidemics and save life during epidemics. Therefore, an effective tool needs to be designed using all variables for epidemic predictions.

The conference noted that the momentum of vector borne disease control needs to be maintained at such a level where it is not a public health problem. The programme has to aim at suppressing the morbidity below one thousand.

18. Risk Approach to Non Communicable Diseases- Dr. B. R. Giri, Sr. Medical Specialist, JDWNRH

After a presentation by Dr. B. R. Giri on risk approach to Non Communicable Diseases, the forum recognized that non-communicable diseases are an emerging problem and are a double burden in developing countries. The management and treatment cost are becoming very expensive and prevention activities need to be intensified. The forum felt that it is a serious issue, especially the problem of alcohol abuse, and that the Health Sector should lead by creating awareness and garnering public support in fighting these problems. The Chairman instructed that non-communicable diseases should be dealt with together instead of singling out some diseases. It was also felt that guidelines on hypertension, diabetes and Alcohol Liver Diseases (ALD) should be developed and distributed to the districts. Similarly, operational research on these could be carried out by interested health workers.

In line with the Chief Guest's address during the opening ceremony of the conference, the Chair recommended that the issue of alcohol abuse must be given due priority.

Suggestions from the floor included ideas such as observing some days as no alcohol days or weeks; creating more parks, playgrounds and other facilities for indoor and outdoor recreational activities; multi-sectoral approach such as involving officials from the Ministry of Trade and Industries, RSTA, media and involving monks and other

religious figures; supply of IEC materials to districts for advocacy and creating awareness; and involvement of students as vehicle of change.

19. Performance Improvement – Mr. Kado Zangpo, Head, HIU

A Managerial Tool for Performance Improvement on HMIS was presented with the following proposals:

- Uniform BHU Bulletin Board proposed
- Postponement of Annual Household Survey
- All information collection from the district be routed through HMIS except TB, Malaria & RWSS. Information will be released by the HMIS once a year.

Consequently, the forum endorsed the proposal to have a uniform BHU bulletin to have data consistency all over.

One of the issues was pertaining to the supply of computers to the BHUs having electricity supply. To this, the secretary directed PPD to look into the feasibility of issuing some in the future.

There was also a proposal from the field to have their own Annual Health Bulletin to serve as a planning tool. The Secretary welcomed such proposals but also informed the forum that such proposals might be only feasible with the fully developed BHMIS upon which the districts can form their basis.

Need to create the data usage culture at all levels to facilitate local level planning was also brought out as an issue.

The forum was made aware on the existence of ICT and its role in sharing information in association with BHMS through the telemedicine system.

20. Appraisal on Referral Abroad – Medical Director, JDWNRH

The presentation on patient referred to India by the Medical Director of JDWNRH highlighted the year wise expenditure & unit costs incurred on the patient are referred to different places in India. It was then appraised on the increase in expenditure and accordingly some suggestions were made on treatment cost reduction.

The suggestions included the need to develop services within the country, enhance IEC & preventive efforts by Public Health programmes and to encourage research to guide public health programmes

The Hon'ble chair informed that with establishment of the CT/MRI the number of referrals may even go up along with the cost. Concurring on the need to strengthen the preventive measures the chair also expressed the need to study the maximum of cases being referred and the cost incurred.

In relation to cost reduction, some suggestions were made to go for tele-conference, which would help reduce the cost especially incurred on referring the patients abroad for review. Hon'ble chair concurred and said that we should encourage any interested hospital to do some operational research and apply the intervention. Nevertheless, he said

any research done should be scientifically sound, statistically valid and should be presentable at any forum.

21. TB Status and Expansion of TB DOTS in BHUs – Dr. Lungten Zangmo, PM, Dr. Ritulal Sharma, Medical Superintendent, MRRH

Dr. Lungten Zangmo, PM, TB/Leprosy Programme made a presentation on the status of the National TB status in Bhutan and outlined the strategies and short term plans to increase DOTS coverage. It was outlined that formation of geog DOTS committees and involvement of Non Formal Education groups to strengthen advocacy were some approaches being considered.

Dr. Ritulal Sharma made a presentation outlining strategies to implement TB DOTS in BHUs based on findings from the piloting of this activity in Mongar Dzongkhag. It was explained that the reason for piloting the activity was because of the facts that TB was only diagnosed in hospitals with BHUs playing no role in sputum microscopy owing to various reasons such as lack of microscopes and/or reagents. This led to problems such as difficulty in following up on cases, low levels of detection, low cure rates and higher numbers of relapse cases. Introduction of TB services to BHUs would enhance early detection, improve control activities and improve follow up.

The forum was appraised that experience from the few BHUs that have already been included in the piloting showed that provided that the trainings were well conducted and the BHUs were backed up properly from the Districts in terms of laboratory services, the results were very encouraging. The high cost of providing in-patient diet in BHUs if the patients were to be treated was pointed out as a concern.

The conference felt that TB control programmes should be “aggressively” designed since a lot have already been done with DOTS globally as well as at various other levels. It was pointed out that the challenge for every district would now be to find ways to enhance DOTS coverage in the shortest time possible without compromising on quality.

While it was felt that BHUs should be given full charges as proposed in the presentation, some concerns related to the ability of BHUs to initiate treatment of TB and proper management of drug reaction, toxicity, or intolerance and the risk of developing resistance to the present TB drugs were raised.

The Annual Health Conference recommended that TB control program be give top priority and that a committee be formed to review the proposal to expand DOTS to BHUs. The committee is to develop and come up with “aggressive” approaches to control TB and present them to the next Annual Health Conference.

22. Medico-legal service plan for Bhutan – Dr. Pakila Dukpa, Forensic Specialist, JDWNRH

Dr. Pakila Dukpa, Forensic Specialist of JDWNRH made a presentation covering major aspects the roles and responsibilities of forensic medicine; a brief background of the establishment of the Forensic Medicine Unit in JDWNR Hospital in 1995 and the activities carried out so far; and plans for expansion in the immediate future, short term and the long term.

It was noted with appreciation that clear plans on how to proceed into the future had already been developed and consultations had taken

place at various levels. It was decided that HRD would look into the needs of the unit while DVED would look into the possibility of supplying the basic equipments to begin with. The conference recommended that forensic medicine unit development plan should be incorporated in the Tenth Plan.

23. Appraisal on the organogram of Health Ministry – Mr. Nado Dukpa, Dy. Secretary, AFD

The DS AFD made a presentation on the current health organogram as per the GG Plus document. A brief emphasis was made on the roles and responsibilities of each division and unit in the ministry. Some of the major changes incorporated in the new organogram are placing of Research and Epidemiology, ICB, International Health unit with the Department of Public Health.

The Honb'le chair informed the main aim of the organogram is to organize the different organs into a common system to achieve the national goal. By passing phenomena should be discouraged at every level. The forum was also instructed to strictly adhered to the organogram formed & follow the chain of command. The chair made a staring emphasis on the chain of direction & command. The Dzonkhag were also to follow their own organogram at their respective levels.

The chair also mentioned that certain units under the ministry are cross cutting in nature and should serve the whole ministry (eg ICB).

The Chair also mentioned that PHL & the clinical laboratory should work side by side & not as a separate entity as reflected in the organogram.

The forum was instructed that the placement of HERM should be reviewed in view of the functionality. Given the importance of the HERM in maintaining the hospital equipments, there is a strong need to develop the capacity of the unit in terms of human resources. The unit should recruit more professional graduates with the minimum qualification of bachelor's degree in engineering.

The chair instructed that PPD should be solely responsible for planning & evaluation and should not be in the implementation front.

24. Proposal to Strengthen VHW programme – Dorji Drukpa, DHO, Zhemgang

Mr. Dorji Drukpa, DHO, Zhemgang made a presentation on the history of Village Health Workers in Bhutan, the roles and responsibilities, and constraints they faced. It was pointed out that although the VHW program was found to be indispensable in the community, there was a high dropout rate. Lack of remuneration and compensation, inadequate monitoring & supervision and lack of uniformity in compensation systems were identified as key problems faced.

The forum felt that in view of the important roles that VHWs played in PHC activities and high dropout rates, some form of remuneration and compensation needed to be formalized.

While there were lots of discussions for need for trainings, compensations and study tours for the VHWs, the forum was informed that initially the VHWs were working purely on voluntary basis.

The conference recommended that the Ministry should carry out a detailed study on the Village Health Workers programme. The districts were also instructed to discuss this issue in their respective Dzongkhags. The finding of this study is to be presented to the next annual health conference.

25. Strategy to Achieve Universal Coverage for RWSS – Mrs. Payden, EE, PHED

Executive Engineer, PHED informed the forum that the projected RWSS coverage as of June 2006 is about 87% and there is still about 13% coverage to be implemented within the next one year to achieve the 9FYP objective of universal coverage. She outlined on the strategies adopted to achieve the last 13% coverage. Dzongkhags were requested to focus on geogs with low coverage and then to intensify and accelerate RWS in these areas within the next one year. It was planned to transport RWS materials to Lunana geog, which has only 3.4% coverage by helicopter as transporting materials by people was impossible. She solicited the commitment and support of the Dzongkhag Health workers to achieve the last 13% RWS coverage within next one year.

The conference recommended and urged the Dzongkhag Health workers to provide full support in the intensification of RWS to reach over 95% by June 2006.

26. RIHS Plans and Future Expansion to Augment the Human Resource Shortages – Dr. Chenko Dorji, Director, RIHS

The Director of RIHS made a presentation outlining the present scenario; strengths and constraints; and future plans and strategies of

the institute in terms of augmenting the human resource shortages in the health sector. It was outlined that although there presently was a shortages of all categories of health workers, particularly nurses, laboratory technicians and female health assistants, there was however, strong commitment from the ministry for institutional development and an adequate number qualified staff in the institute.

Inadequate candidates for GNM, Inadequate infrastructure (classrooms, hostel), and lack of faculty in some key areas such as Public and Community Health, Basic Sciences, and Clinical aspects were pointed out as key constraints for increasing the intake of students in the institute.

It was outlined that the future plans and strategies of the institute were to:

- Increase intake of GNMs, Lab Tech, Female HA
- Enhance entry qualification to Class 12
- Upgrade all courses to 3 year Diploma
- Upgrade into College of Nursing and Health Sciences
- Start Bachelor in Nursing and Public Health
- Intensify up-gradation courses for BHW and AN
- Conduct CME courses for all health workers
- Upgrade infrastructure and facilities
- Expand field training sites
- Continue faculty development

The conference noted that RIHS would need a very dynamic faculty to cope with the rapidly changing needs and agreed that having more emphasis should be placed on the quality of the faculty would ultimately lead to better quality of future health workers.

**27. Review of Central Ninth FYP – Ms. Sangay Wangmo,
Planning Officer, PPD, & Review of Dzongkhag Ninth FYP
– Mrs. Khina Maya, DHSO, Mongar**

The presentations on the review of 9th FYP highlighted the objectives and the effectiveness of the strategies in addressing the objectives. A brief picture on the fund allocation and expenditure till June 2005 was highlighted to the forum along with progress indicators of 9FYP for both central and dzongkaghs.

On discussing the review, many queries and concerns were raised on the need to construct staff quarters and on the training needs of the staffs in the districts. Pertaining to this the hon'ble chair expressed that there strong efforts needs to be put in by the district staff to justify the needs for the staff quarters. He said that strong justification would make fund acquisition easier.

The hon'ble chair then recommended that HRD should make a presentation on the procedures of nominations for the staffs from the districts.

The hon'ble chair also commented that the reviews need to be more qualitative and suggested that the reviews of the dzongkaghs should be more specific and the objectives, progress and the indicators needs to be co-related.

**28. Preparation and direction for Tenth FYP – Mr. Thinlay
Dorji, Sr. Planning Officer, PPD**

The forum was briefed on the planning guidelines for the preparation of the 10th Plan circulated by the Planning Commission. Along with

this, the probable/draft goals and objectives of the Health sector for the 10th Plan was presented to the members. In view of the 10th Plan, the forum noted the following:

- The 10th Plan for the Health sector (both center and Dzongkhags) should be drafted keeping in mind the indicators within the framework of government policy. It should be result oriented and there should be continuity and consistent to the 9th FYP.
- Through a series of consultations and discussions, the objectives and targets would have to be revisited and refined.
- All concerned should clear off the 9th FYP activities and start the 10th Plan afresh. There should not be any spillover of activities as far as possible.
- Central plan should be sufficiently referred while drafting the 10th Plan of the Dzongkhags.
- HRD capacity must be adequately assessed and the 10th Plan drafted accordingly and based on the existing and expected capacities.
- Center (PPD) and Dzongkhags should hold extensive consultations in drafting the Plan. In this regard, members suggested on training workshops for the 10th Plan preparation.
- While Achievement of MDGs would be the cornerstone of the 10th Plan, preventive, promotive and rehabilitative activities should be focused and the possible changes that would be brought about by the new government sufficiently accommodated.
- The Dzongkhags were instructed to be sensitive to the disparities existing in their respective localities in terms of health facilities.
- Dzongkhags were advised to make proper justification while presenting their budgets.

- Uniformity in the structure of BHUs and staff quarters should be maintained throughout the country.
- HRD to make a presentation on the District nominations for trainings (in-country and ex-country) in the next AHC.

29. Administrative and HR issues- AFD/HRD

The Dy. Secretary, AFD made a presentation on financial and transportation issues at the centre and at the Dzongkhag levels. The major issues outlined were difficulties in procurement of new ambulances, insufficient funds for POL and vehicle maintenance.

The floor was informed that the procurement of ambulances have been difficult because of the recent government policy of restricting the purchase new vehicles. However, this would be taken up with the government at the soonest possible time. On our part, recognizing the constraints, we should make every effort to rationalize the use of the existing ambulances. The forum was further instructed to observe good financial discipline and submit accounts on time.

Based on the recommendations of the AHC 2005, PPD made a brief presentation on the proposed investment strategies of the Health Staff Welfare Fund. The forum was informed that the funds have a balance of Nu 14.4 million which grew at an average of 12% per annum. Various investment strategies were proposed to the forum for consideration.

In view of the substantial fund that had been accumulated, Hon'ble Chair directed that any investment of the welfare fund must be formalized through prior approval of the government. Focus should be more on the welfare of the members rather than venturing into

commercial avenues. Induction of ESP as new members into the scheme needs further deliberation. A full time Fund Manager should be considered by the management board. The Secretary informed the forum that the possibility of providing the fund to the district would be further deliberated by the board.

The Deputy Chief of HRD presented a brief status on the plan, progress and future proposal of the human resource in health. He highlighted on the current constraints and challenges faced by HRD health.

The hon'ble chair agreed and stated that human resource is one of the greatest challenges faced not only by the Ministry of health but also other ministries. Dwelling on this, one of the issues highlighted was the lack of ministry's control over the placement of candidates upon completion for further studies.

The chair also pointed out that in order to address the constraints and challenges of human resource in health, focus should be given more on deployment of staff after their training. He further reiterated that different type of mechanisms should be developed for monitoring the deployment of human resource more effectively.

In conclusion the chair pointed out that everybody should shoulder the responsibility of developing human resource, giving more significance to mentoring.

30. Discussions on the recommendations of the Annual Health Conference 2006- Secretariat AHC

The rapportuer for the Annual Health Conference presented the recommendations that came out of the AHC 2005. After discussions and slight modifications, the conference finalized the recommendations and all the members were asked to actively follow-up on these pertaining to their Dzongkhags, Dvisions and Units.

31. Any other Issues

The conference noted with concern the increasing cases of rabid dog bites. The recent cases of human vulnerability to rabid dog bites in some parts of Eastern Bhutan would need to be discussed further in a technical forum in terms of timely intervention that can be made and the guidelines development and updatation. The accident cases of Eastern Bhutan should be dealt with similarly.

32. Hon'ble Lyonpo's Closing Remarks

The Chairman expressed his satisfaction on the overall proceedings of the Annual Health Conference 2006. The conference was described as an inspiring one. However, it was noted that the organizing and secretarial functions could have been a lot better particularly on the slotting of agenda timeframes.

While, the presentations and the subsequent discussions were fruitful and enriching, more participation was required from the members. Members were advised to take the opportunity of such conferences to update oneself and be more involved in the deliberations so that each and every one of the participants own the recommendations as a collective wisdom.

At a juncture where we are nearing the 9th Plan completion and beginning the preparation of the 10th Plan, the Chairman advised the members to reflect and contemplate clearly on the 9th Plan progress and strategies for the 10th Plan. In similar regard, it was advised that all 9th Plan activities, particularly the RWSS schemes, be cleared off and the 10th Plan started afresh. The 10th Plan must start in fresh environment without the hassles of previous plan's spillovers.

The Chairman moved on to share his observation of the Dzongkhag tours he had made across the country. The Chairman said that the Health service in the country has evolved and is still evolving in tandem with the changing health scenario around the globe. It is at this juncture that all health workers must adapt to the changes. Information Technology is critical factor in all these changes and everyone must be well versed on it. Discussion on IT must feature in all future AHCs. IT would also be a vital component in the 10th Plan.

The Chairman further noted that the facilities in the BHU at present have been impressive. Telecommunication and access through feeder/farm roads is slowly coming in. However, it was observed that the Dzongkhag health service was faltering. Supervision and monitoring needs further strengthening and intensification.

Similarly, central programs were not making enough consultations and monitoring in the field. Field visit would have to be more frequent, to the most needy areas and at the most difficult times. Statistics and information must improve at all levels of Health service. In a similar tune, team spirit must be emphasized and commitment revitalized.

All new inductees to the Health sector must be properly and thoroughly oriented with the health system so that they take up the responsibilities assigned to them with full confidence, dedication and

commitment. Emphasis must be placed particularly on administrative, management and financial aspects.

The Chairman expressed his appreciation to the three female DHSOs who have been effectively shouldering the responsibilities assigned to them. Acknowledging the challenges faced in assuming such a responsibility, he urged them to perform even better so that other women health workers can follow suit.

The AHC should put on record the profound gratitude to people and government of Myanmar particularly the Ministry of Health consenting to send additional 30 doctors to Bhutan.

Paying tribute to His Majesty the King for his farsighted leadership and wisdom, the Chairman briefed the members on the upcoming changes that would be brought about by the Constitution. He urged all health workers to stand firm to their commitment to improving the health of the Bhutanese while also wholeheartedly welcoming the noble initiative. Health workers must represent the health system, protect and promote the policies, mandates and targets of the health sector at all times in whatever situation they are in.

33. Vote of Thanks

Dr. Ritulal Sharma, Medical Superintendent of Mongar Regional Referral Hospital in his speech, expressed his appreciation to the chair for chairing the three days of the conference and providing wisdom, guidance and leadership during the deliberations. He also thanked the secretary and director general for making appropriate interventions. He further thanked the organizers, the polio commission members, the secretariat, and all those involved in the preparation of the conference.

Recommendations of 2006 AHC

1. The Annual Health Conference, while appreciating the successful completion of the MR campaign, recommended that a proper epidemiological report of the entire “nationwide MR campaign” is to be prepared and maintained as a baseline for future references and assessment.
2. All eight recommendations of the 6th Annual Traditional Medicine conference should be followed up by relevant organizations. Further, the issue of the need to develop infrastructure for ITMS through expansion of existing facilities or relocating to different Dzongkhags is to be discussed at a later time in a different forum.
3. Hospital and BHUs should provide antenatal care services during all working days and not to restrict to EPI clinic dates. Also, wherever female Health workers are stationed,

the ANC/PNC services should be provided by them even in the out- reach clinics.

4. To help reduce MMR, Under Five mortality and IMR in the country, hospitals and BHUs should carry out neonatal and maternal death investigations.
5. For institutionalization of deliveries at health centres, the dzongkhags will have to ensure that:
 - BHUs are more user friendly
 - First and second lines of services are developed concurrently.
 - Feasibility of provision of in patient diet to be explored.
6. The conference recommended for setting up of CT/MRI, conventional/interventional Radiology and Ultrasound services along with telematics and teleradiology. It was then recommended to do a study on setting up of X-Ray services in BHU Grade I and similar support shown in establishing other diagnostics facilities.
7. In regard to cost sharing for advanced medical technologies, the Conference recommended the following:
 - Advanced medical technology for intervention or treatment, though expensive, should be provided free of charge when dictated by medical necessity. While cost sharing should be imposed when patient demands without medical intervention.

- Cost sharing for cosmetic and non medical services should continue as per the present price.
8. With regard to decentralization of treatment and care in HIV/AIDS, the conference recommended on the following:
 - formation of treatment teams and introduction of confirmatory testing facilities in all hospitals
 - involvement of BHU staff in care and treatment of HIV/AIDS
 - Gradual introduction of HIV testing facilities in BHUs after proper preparatory works are complete.
 - A workshop on HIV/AIDS be conducted to educate NITM staff on preventive measures.
 9. VCT activities to be immediately initiated in respective hospitals. All VCT trained staff should be transferred within the established VCT centers, so that no center is left without a trained counselor.
 10. Regarding cervical cancer screening services, the conference recommended the following:
 - Expansion of Pap smear services to all BHUs in pilot Dzongkhags and all hospitals in others Dzongkhags,
 - Conduction of the comparative study between Pap smear and VIA in women aged 30-45 yrs in four districts of Lhuntse, Dagana, Trashiyangtse and Pemagatsel”.
 - Carry out VIA through mobile or static clinics in Lhuntse, Dagana, Trashiyangtse and Pemagatsel
 - Train doctors in colposcopy to provide trainings to national and expatriate doctors

11. AHC 06 also endorsed that the cytotechnicians, besides providing screening services to their own Dzongkhags, should cover their nearby Dzongkhags as designated below:

Site	Catchment areas
Paro	Paro, Haa, Chukha
Samtse	Samtse, P/ling, Sibsoo
Gelephu	Sarpang, Dagana, Tsirang
Bajo	Wangdue, Punakha, Gasa
Trongsa	Trongsa, Bumthang, Zhemgang
Monggar	Monggar, Trashigang, Trashiyangtse, Lhuntse
S/jongkhar	S/jongkhar, Pemagetsel, Deothang, Riserboo

12. The forum recommended that the placement of HERM should be reviewed in view of its expansion and functionality. Given the importance of the HERM in maintaining the hospital equipments, there is a strong need to develop the capacity of the unit in terms of human resources. More professional graduates with the minimum qualification of bachelor's degree in engineering are to be recruited for HERM in future.
13. A review on the future roles and responsibilities of VHWs is to be carried out and reported to the next Annual Health Conference.
14. The Dzongkhag Health Sectors should facilitate to intensify their RWSS activities to achieve more than 95% coverage by the end of 2006.

15. For the preparation of the Health Sector Tenth Plan, a series of consultations and discussions between the center and the Dzongkhags would have to be held. In view of time constraints, all concerned must work and prepare the plan within the time frame.
16. Since there is a management board for the Health Staff Welfare Fund in place, all matters related to the Fund should be dealt by the board including the possibility of providing the funds to the districts.
17. It is recommended that during the next Annual Health Conference, Human Resource Division should make a presentation:
 - a. on the procedures adopted for nominating candidates for trainings (in-country and ex-country)
 - b. Carry out a detailed study to find out why people are not opting to join nursing courses.
18. In order to address the constraints and challenges of human resource in health, focus should be placed more on the area of deployment in view of overall shortage of human resources. It was recommended that different type of mechanisms should be explored.
19. The Annual Health Conference 2006 urged all Dzongkhags to facilitate the release of health staff on receiving transfer orders. Failure to comply will be viewed seriously.
20. The Annual Health Conference recommended that TB control program be given priority and a committee should be formed to

review the proposal to expand DOTS to BHUs, spearheaded by Honorable Secretary or Director General.

21. Recognizing that Non-Communicable Diseases is a serious emerging problem, especially the problem of alcohol abuse, the forum recommended that ICB should create awareness to get public support to address these problems. It was further recommended that guidelines on hypertension and endoscopic services be developed and distributed to the districts. Similarly, operational research on these could be carried out by interested health workers.
22. Recognizing the importance and application of forensic services in Bhutan, Department of Forensic medicine in JDWNRH has to be strengthened as proposed in the 10th plan. However, HRD and DVED must ensure to support the new department in their respective fields immediately.
23. Health Information System was recognized as an important tool for making evidence based decision. In this regard, revised BHU Bulletin Board was endorsed. Further the proposed postponement of Annual Household Survey from January to March was also endorsed. To streamline the health information system, the conference also endorsed that the health information will be released only once in a year. Similarly it was also endorsed that district should entertain information request/collection only if channeled through Health Information Unit.
24. In relation to cost reduction on patient referral, some suggestions were made to go for tele-conference, which would help reduce the cost especially incurred on referring the

patients abroad for review. Hon'ble chair concurred and said that we should encourage any interested hospital to do some operational research and apply the intervention. Nevertheless, it was recommended that any research done should be scientifically sound, statistically valid and presentable at any forum

25. AHC recommended QAS to develop a standard on minimum level of services to be provided at different levels of health facilities in order to facilitate appropriate development of human resources and services. To help reduce MMR, U5M and IMR in the country, hospitals and BHUs should carry out neonatal death investigations.
26. For institutionalization of deliveries, the Dzongkhags will have to ensure that:
 - a. BHUs are more user-friendly
 - b. First and second lines of services are developed concurrently